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Research Paper

A Comparative Study of Personality Traits of Parents with Normal Children and Parents of Children with Externalizing Behavioral Disorders in Elementary Schools



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ABSTRACT

Objective In the present study attempts were made to compare the personality traits of parents of children with externalizing behavioral disorders and the normal group of students.

Methods The research falls within the category of causal-comparative studies. 110 elementary school students (male and female) in Tabriz were selected by multi-stage cluster sampling. Neo personality inventory-revised (shortened version) was used to assess parents' personality traits, and Achenbach Diagnostic Scale (Parents' Report Form) was used to collect real data and diagnose children's externalizing disorders. Data were analyzed using multivariate analysis of variance (MANOVA) within the framework of SPSS-20 software.

Results The results of this study indicate that children's behaviors arise from the behavioral and personality reactions of adults. The results indicate that there is a correlation between externalizing behavioral disorders of children and parents with high scores on neuroticism and extraversion.

Conclusion High flexibility, agreeableness and conscientiousness of parents were found to not affect children's externalizing disorders.

1. Introduction

The tendency to identify children exposed to behavioral disorders has significantly grown over the recent years. This growing tendency can mostly be attributed to the fact that children with externalizing behavioral disorders such as "aggression" and "attention problems" are more likely to be affected by behavioral problems that follow them into childhood and adolescence

(Campbell & Ewing, 1990). Given the early onset and relative stability of some behavioral disorders, the identification of factors involved in the emergence of these disorders is of critical importance. Since every human is raised in a family that serves as their official domicile before they officially enters society, it can be argued that family plays the most critical role in the development of personality and education of children.

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Behavioral traits, ideology, customs, imitations and prejudices, cultural and ideological levels, as well as material and spiritual perspectives of parents and those on whom one is indirectly dependent, can affect personality in childhood (Yousefi Shahir, 2009).

Family Relationships perceived by Children (Lubenko & Sebret, 2010) bilateral and dynamic interaction between a person and different environments around them, supportive relationships, and family (ibid) are of vital importance in this field. Nevertheless, in common diagnostic systems such as the American Medical Association and the World Health Organization, Behavioral-emotional problems are, despite the lack of clear evidence for their classification into separate categories, yet to be recognized as separate diagnostic phenomena (Mohammadzadeh and Najafi, 2010). Today, the term "behavioral disorder" is not commonly used (Hallahan & Kauffman, 2012) and the classification of behavioral problems into externalizing and internalizing classes has paved the way for more detailed investigation of these problems.

Syndrome of depression, anxiety, social withdrawal, and physical complaints are fall within the category of internalizing problems, which mostly have an intrinsic nature, whereas, inter-personal problems such as hostility, violations of law, and aggression, fall within the category of externalizing problems (Achenbach & Kendall, 2001). Internalizing behaviors encompass a great variety of behaviors and activities, such as hyperactivity, uncontrollability, incorrigibility, anti-social behaviors, defiance, problems with an order, behavioral problems, anti- Social behaviors, defiance, and unmanageable behaviors. Externalizing problems are chronic and pervasive syndromes that cause severe damage to the child-parent relationship and increase tensions between parents and increase the risk of poor outcomes in the child's future life. Criminality, physical and mental health problems, and marital and professional adjustment problems are among the problems that fall within this category (Featherstone, 2002).

In general, three types of externalizing disorders have been identified: Attention deficit hyperactivity disorder (ADHD), Oppositional Defiant Disorder, and conduct disorder.

Although all these disorders can be detected in children, the diagnosis of conduct disorder, despite its solemn nature, is rarely raised for young children. Nevertheless, defiance disorder which is usually recognized as a milder version of conduct disorder, is

one of the most common disorders in preschoolers and primary school students. Although there is still much controversy over the need to diagnose Attention deficit hyperactivity disorder (ADHD) in young children as well as the decisions that need to be made after this disorder is diagnosed, increasing measures are being taken to diagnose this disorder in pre-school children and primary school students. However, there is a unanimous agreement over the fact that the development of ADHD symptoms is correlated with the child's developmental process. In preschool-age children, hyperactivity and impulsive behaviors are more common than attention deficit disorder (Gimpell & Holland, 2001). Personality traits of parents and the child- raising methods are considered to be the primary determinants of personality in adolescence and adulthood. Of course, this is a unilateral approach in which the unique characteristics of children are overlooked, so today bilateral relationships have received more attention. In a bilateral approach, attempts are made to account for a person's unique behavioral patterns by focusing on the interactions between two individuals. Bilateral effects refer to the fact that unique shared patterns of interpersonal interaction, emotion, and perception can explain, much more than actions, emotions, and thoughts, what is likely to affect the development of a child or adolescent (Badri and Hassan Zadeh, quoted by Mahdavi, 2012).

Over the recent years, each of the above-mentioned variables has been subjected to numerous studies which have yielded different results. For example, one of the studies carried out in this field showed that there is no significant correlation between parents' jobs and behavioral disorders of children in Ilam province (Khoshaei et al., 2007).

Investigation of the relationship between internalizing and externalizing disorders of children and maternal personality traits using structural equation modeling showed that maternal personality traits are indirectly correlated with children's behavioral disorders and maternal mental disorders serve as a mediator in this relationship. The results also showed that maternal personality traits don't directly affect children's behavioral disorders (Khanjani and Hodavand Khani, 2012). Children who have experienced different forms of domestic violence suffer from more serious forms of behavioral disorders than children who have experienced a single form of violence (Sternberg et al, 2006).

Parental Extroversion serves in most cases as a predictor of increase in child's negative affectivity (Komsil et al, 2008).

Maternal pessimism can affect adolescents' behaviors (Jenkins, 2010).

Adolescents with more conscientious mothers had fewer externalizing behaviors (Oliver, 2009).

Parents' high scores on neuroticism can serve as a positive predictor of increased negative affectivity in children, and parents' high scores on extroversion can serve as a positive predictor of child control (Kumzili et al, 2008).

Mother's low score on conscientiousness serves as a predictor of externalizing disorders in boys (Van Aken et al, 2006).

The brief review of the literature above shows that similar studies have been conducted in the past, the population of elementary school students in Tabriz has - not been subjected to such a study before and a need is felt for conducting this study.

2. Materials and Methods:

The present research falls within the category of causal-comparative studies. The population of the present study consists of all primary school students of Tabriz during the academic year 2018-2019. cluster sampling method was used to randomly select 2 districts out of the five education districts of Tabriz. In the next step, 3 schools were randomly selected from among the schools in the previously selected districts and finally 110 students were randomly selected as the statistical sample. In the present study, two sample groups were taken into account. The first group consisted of students who were diagnosed with externalizing behavior disorders using the Achenbach scale (25 individuals likely to be suffering from behavior disorders based on their cut-off score in the Achenbach's test) and the second group consisted of normal students (25 individuals without behavior disorders based on the Achenbach's test score) who were already equated with the group with externalizing behavior disorder in terms of parents' education level and other inclusion criteria.

A questionnaire was used to collect field data. In this process, a letter of recommendation was received from the university in question and all the necessary details were checked with the education department of the second and fourth districts of Tabriz as well as the Tabriz security affairs department. In the next step the questionnaire was distributed among the population

(parents who had shown up at the school) after the research objectives were fully explained to them. To ensure full compliance with ethical principles, they were told that they could withdraw from the research at any stage. They were also assured that the information elicited through a questionnaire would only be used for the analysis of the current research data and that the test results could be shared with population members at the request of parents.

A. Neo personality: inventory-revised (shortened version) the shortened version of the 60-item 5-factor Neo Personality inventory, developed by McCare & Costa (1982). The questionnaire was scored based on a 5-point Likert scale. This scale consists of 5 factors namely neuroticism (items 1,6,11,16,26,31,36,41,51, 56, respectively), extraversion (items 2,7,12,17,22, 37,42,52,57), flexibility (items 2,8,13,18,28,33,38, 43,48,53,58), agreeableness (items 4,9,14,24,29,29, 34,39,44,49, 54,59) and conscientiousness (items 5, 10,15,25,30,35 55,60,40,45). The items were scored based on a 5-point Likert scale (a- strongly disagree, b- disagree, c- have no idea d) agree e) strongly agree).

The range of scores on all subscales was 0 to 48 which was obtained by summing up 12 answers. S and R correlations forms can be used to assess the validity of the scale. According to McCare McCabe and Costa, most studies have confirmed the validity of this scale (quoted by Grossi, 2001).

McCare and Costa obtained reliability coefficients of 0.83, 0.75, 0.80, 0.79, and 0.79 for factors N, E, O, A, and C, respectively. In Iran, the reliability coefficients of test factors have been reported (by Grossi and Haghshenas) to range from 0.53 to 0.87 (quoted by Besharat, 2005).

B. Achenbach Diagnostic Scale: taking into account the research topic, researchers chose to use the parent report form of Achenbach and Rescorla Diagnostic Scale (2001) for data collection purposes. This questionnaire is suitable for 6 -18-years-old age groups. On the scale, the researcher can elicit the necessary information from the parents, the teacher and the child himself. In the present study, only the parent report form consisting of 113 expressions scored based on a specific scale (0 = not correct), (1 = partially or sometimes correct) and (2 = completely "or often" correct). Expressions 4,8,10,41,78,93,104 were related to hyperactivity problems and expressions 3,22,23, 86,95 were related to conduct problems. Three externalizing behavioral disorders assessment indicators were analyzed.

According to Cronbach's alpha coefficient, the questionnaire was found to be highly valid (0.83) (Minaei, 2005).

Also, the validity of the attention deficit subscale (0.94) was obtained using Cronbach's alpha coefficient. Factor analysis was also used to determine the validity of the questionnaire. The results of the analysis (Minaei, 2005) were found to be highly consistent with results obtained by Akhenbach and Rescorla (2001).

In the present study, data analysis was performed using SPSS-20 software. Moreover, Kolmogorov-Smirnov test was used to determine the normal distribution of data, multivariate analysis of variance (MANOVA) was used to find the general difference between the two groups and Leven's test of equality

of error variance was used to test the hypothesis of equality of error variance of the dependent variable.

3. Results:

Hypothesis 1: There is a difference between **neuroticism** personality traits of parents of children with internalizing personality disorder and the normal group.

Since the normality of data and the homogeneity of variance are the main presumptions of the ANOVA test, a Kolmogorov-Smirnov test was used to check the normality of data and Leven test was used to test the hypothesis of equality of error variance of the dependent variable before the presentation of the analysis results.

Table 1. Kolmogorov-Smirnov test used to check the normal distribution of neuroticism scores

Variable	Number	Z statistic of K-S test	Result
Neuroticism	50	1	Normal

The Kolmogorov-Smirnov test was used to check the status of data distribution and make sure that they are normally distributed. According to the results presented in Table 1, the Z statistic is equal to $P > 0.05$.

Therefore, since the Z statistic is insignificant, the assumption of the normal distribution of data is confirmed.

Table 2. Leven's test results used to check the equality of variance in neuroticism groups

Variable	F ratio	Numerator degree of freedom	Denominator degree of freedom	Sig
Neuroticism	0.048	1	48	0.828

According to Table 2, Leven's test confirms the assumption of the equality of variance in neuroticism groups, because the observed F ratio is not significant. Therefore, the assumption of the equality of variances

is confirmed and the use of univariate analysis of variance is permissible. The analysis results are presented in Table 3.

Table 3. Results of univariate (between- group) ANOVA test

Model	SS	df	MS	F	P
Inter-group	480.50	1	480.50	4	
Intragroup	1710.08	48	35.62	13.80	0.0001
Total	2190.58	49			

According to the results presented in Table 3, the two groups of parents of students with externalizing behavior disorder and normal students are significantly different in terms of neuroticism. In other words, a group of parents with children suffering from externalizing behavior disorder occupy a higher position in the mean ranking. In more concrete words, parents with children suffering from externalizing

behavior disorder experience higher degrees of neuroticism. As the table shows, the significance index is $P < 0.001$. Therefore, taking into account the significant difference between the mean values of neuroticism index at the significance level of $P < 0.001$, it can be argued that the research hypothesis is confirmed.

Hypothesis 2: There is a difference between the extraversion personality traits of parents of children

with externalizing behavior disorders and the normal group.

Table 4. Kolmogorov-Smirnov test to check the normal distribution of extraversion scores

Variable	Number	Z statistic of K-S test	Result
Extraversion	50	0.97	Normal

Kolmogorov-Smirnov test was used to check the distribution of data and see if they are normally distributed. According to the results presented in Table

4, the Z test statistic is equal to $P > 0.05$. since the Z statistic is insignificant, the assumption of normal distribution of data is confirmed.

Table 5. The results of Leven's test for equality of variance of groups in terms of extraversion

Variable	F ratio	Numerator degree of freedom	Denominator degree of freedom	Sig
Extraversion	1/54	1	48	0/221

According to Leven's test results presented in Table 5, the equality of variance of both groups is confirmed since the observed F ratio is not significant. Therefore, the assumption of the equality of variances of these

scores is confirmed and the application the univariate ANOVA model is permissible. The findings of this analysis are presented in Table 6.

Table 6. Results of univariate (between- group) ANOVA

Model	SS	df	MS	F	P
Inter-group	115.52	1	115.52	9	
Intragroup	1870.40	48	38.96	2.60	0.009
Total	1985.92	49			

According to the results presented in Table 6, the two groups of parents with normal children and children with externalizing behavior disorder are significantly different in terms of extroversion. In other words, a group of parents with children suffering from externalizing behavior disorder occupy a higher position in the mean ranking. In more concrete words, parents with children suffering from externalizing behavior disorder experience higher degrees of neuroticism. As the table shows, the significance index

is $P < 0.001$. Therefore, taking into account the significant difference between the mean values of neuroticism index at the significance level of $P < 0.001$, it can be argued that the research hypothesis is confirmed.

Hypothesis 3: There is a difference between the flexible personality traits of parents with normal children and parents with children suffering from externalizing behavior disorder.

Table 7. Results of Kolmogorov-Smirnov test for check the normal distribution of flexibility scores

Variable	Number	Z statistic of K-S test	Result
Flexibility	50	0.86	Normal

Kolmogorov-Smirnov test was used to check the distribution of data and see if they are normally distributed. According to the results presented in Table

7, the Z test statistic is equal to $P > 0.05$. since the Z statistic is insignificant, the assumption of normal distribution of data is confirmed.

Table 8. The results of Leven's test for equality of variance of groups in terms of flexibility

Variable	F ratio	Numerator degree of freedom	Denominator degree of freedom	Sig
Flexibility	0/33	1	48	0/567

According to Leven's test results presented in Table 8, the equality of variance of both groups is confirmed since the observed F ratio is not significant. Therefore, the assumption of the equality of variances of these

scores is confirmed and the application of the univariate ANOVA model is permissible. The findings of this analysis are presented in Table 9.

Table 9. Results of univariate (between- group) ANOVA for flexibility differences

Model	SS	df	MS	F	P
Inter-group	154.88	1	154.88	6	
Intragroup	1122.80	48	23.39	9.20	0.013
Total	1277.68	49			

According to the results presented in Table 9, the two groups of parents with normal children and children with externalizing behavior disorder are significantly different in terms of flexibility. In other words, a group of parents with children suffering from externalizing behavior disorder occupy a higher position in the mean ranking and experience higher degrees of flexibility.

As the table shows, the third hypothesis is confirmed at a significance level of $P < 0.01$.

Hypothesis 4: There is a difference between the agreeableness personality traits of parents with normal children and parents with children suffering from externalizing behavioral disorders.

Table 10. Kolmogorov-Smirnov test to check the normal distribution of extraversion scores

Variable	Number	Z statistic of K-S test	Result
Agreeableness	50	1.21	Normal

Kolmogorov-Smirnov test was used to check the distribution of data and see if they are normally distributed. According to the results presented in Table

10, the Z test statistic is equal to $P > 0.05$. since the Z statistic is insignificant, the assumption of normal distribution of data is confirmed.

Table 11. The results of Leven's test for equality of variance of groups in terms of agreeableness

Variable	F ratio	Numerator degree of freedom	Denominator degree of freedom	Sig
Agreeableness	0/83	1	48	0/333

According to Leven's test results presented in Table 11, the equality of variance of both groups is confirmed since the observed F ratio is not significant. Therefore, the assumption of the equality of variances

of these scores is confirmed and the application of the univariate ANOVA model is permissible. The findings of this analysis are presented in Table 12.

Table 12. Results of univariate (between -group) ANOVA for agreeableness differences

Model	SS	df	MS	F	P
Inter-group	62.72	1	62.72	8	
Intragroup	1068.56	48	22.26	2.10	0.100
Total	1131.28	49			

According to the results presented in Table 12, the two groups of parents with normal children and children with externalizing behavior disorder are not significantly different in terms of agreeableness. As

the table shows, the significance index is greater than $P > 0.001$, therefore, the research hypothesis of agreeableness differences between the two groups of parents was not confirmed.

Hypothesis 5: There is a difference between conscientiousness personality traits and parents with

normal children and parents with externalizing behavioral disorders.

Table 13. Kolmogorov-Smirnov test to check the normality of distribution of conscientiousness scores

Variable	Number	Z statistic of K-S test	Result
Conscientiousness	50	1.21	Normal

Kolmogorov-Smirnov test was used to check the distribution of data and see if they are normally distributed. According to the results presented in Table

13, the Z test statistic is equal to $P > 0.05$. since the Z statistic is insignificant, the assumption of normal distribution of data is confirmed

Table 14. The results of Leven's test for equality of variance of groups in terms of conscientiousness

Variable	F ratio	Numerator degree of freedom	Denominator degree of freedom	Sig
Conscientiousness	2/33	1	48	0/133

According to Leven's test results presented in Table 11, the equality of variance of both groups is confirmed since the observed F ratio is not significant. Therefore, the assumption of the equality of variances

of these scores is confirmed and the application of the univariate ANOVA model is permissible. The findings of this analysis are presented in Table 15.

Table 15. Results of univariate (between- group) ANOVA for conscientiousness differences

Model	SS	df	MS	F	P
Inter-group	196.02	1	196.02	1	
Intragroup	4318.40	48	89.96	0.70	0.146
Total	4514.42	49			

According to the results presented in Table 15, the two groups of parents with normal children and children with externalizing behavior disorder are not significantly different in terms of conscientiousness. As the table shows, the significance index is greater than $P > 0.001$, therefore, the research hypothesis of conscientiousness differences between the two groups of parents was not confirmed.

4. Discussion and Conclusion:

The results of this study indicate that children's behaviors actually arise from the behavioral and personality reactions of adults. Children's behavioral and psychological problems have been the subject of major studies in the field of psychiatry and psychology over the last 25 years. A suitable environment is a prerequisite for adequate growth and development of children and the development of a strong and stable personality. In this growth and development ladder, the family environment determines how the parents interact with children. Prompt diagnosis of behavioral

problems will allow for a more speedy recovery. Studies indicate that child's temperament and parental behavior serve as a major mediator- between primary behavioral problems of children and the more severe behavioral problems they may suffer from in the future (Kushan and Behnam Vashani, 2001).

The research hypothesis of difference between the two groups of parents with normal children and children with externalizing behavior disorder in terms of conscientiousness was rejected. This is consistent with the findings of (Aken et al, 2007). In their research, Aken et al. argued that a mother's low score on conscientiousness can serve as a predictor of externalizing behavior disorders in boys.

The results of a relevant study showed that parental conscientiousness and emotional stability are negatively related to the initial levels of externalizing behavior problems in 4- 9-year-olds (Prinzie et al., 2003). Adolescents with more conscientious mothers showed fewer externalizing behaviors (Oliver et al, 2009).

In a similar study, the 5-factor model was used to show that emotional stability and conscientiousness are negatively correlated with children's externalizing behaviors (Prinz et al, 2003). In a study on children with different types of urinary incontinence, researchers found that parents of children with mixed urinary incontinence received lower conscientiousness scores than the parents of the healthy group (Van Hoecke et al., 2006).

The results of the aforementioned studies cannot be generalized to all statistical populations and there may not be a significant correlation between conscientiousness personality traits of children because factors such as: sample size, Sampling populations and their location, or research time can affect research findings. In general, it can be concluded that family plays the most important determinant of the severity of behavioral disorders and unsociability in children. This factor plays a fundamental role in providing the ground for the transition from dependency and unsociability and behavioral disorders.

It is undoubtedly necessary to help children with behavioral disorders. Because the lifelong persistence of behavioral disorders which mostly begin in childhood can clearly show the significance of early intervention not only to alleviate the suffering of children and adolescents but also to prevent the disorder from developing into a wide range of psychological problems in adulthood.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles are considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

The authors declared no conflict of interest.

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