






# Effectiveness of Parent Management Training on Coping Responses and Social Competence in Students with Oppositional Defiant Disorder

Tayebeh. Agha Babaei-Pour<sup>1\*</sup>, Masoumeh. Marvi<sup>2</sup>, Mahnaz. Jafari Siarestaghi<sup>2</sup>, Laleh. Kohansal<sup>3</sup>, Hadis. Kalantarian<sup>4</sup>

<sup>1</sup> Instructor, Department of Educational Sciences, Payam Noor University, Ramsar, Iran

<sup>2</sup> M.A. in General Psychology, Ayandegan Higher Education Institute, Tonekabon, Iran

<sup>3</sup> Faculty Member, Department of Psychology, Saravieh Higher Education Institute, Sari, Iran

<sup>4</sup> M.A. Student in Clinical Psychology, Andimeshk Branch, Islamic Azad University, Andimeshk, Iran

\* Corresponding author email address: taghababaeipour@hotmail.com

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## ABSTRACT

**Objective:** The present study aimed to determine the effectiveness of parent management training on coping responses and social competence in students diagnosed with Oppositional Defiant Disorder (ODD).

**Methods and Materials:** The research method was quasi-experimental and applied, employing a pretest-posttest design with a control group. The statistical population of this study included all male students aged 8 to 11 years attending counseling centers in the city of Tonekabon, along with their mothers, in the year 2024. The sample consisted of 30 individuals selected based on inclusion criteria and purposive sampling, then randomly assigned to an experimental group and a control group (15 participants per group). Data were collected using the Ayer and Sandler (1999) Children's Coping Responses Questionnaire and the Kohn (1972) Social Competence Questionnaire. The mothers in the experimental group received parent management training, while the mothers in the control group did not receive any intervention and remained on a waiting list. After the sessions were completed, the children in both groups were re-assessed. After data collection, descriptive statistics (mean and standard deviation) and inferential statistics (multivariate and univariate analysis of covariance) were used to analyze the data with SPSS version 27.

**Findings:** The results indicated that parent management training was effective in improving the social competence of students with ODD. Additionally, the findings revealed that parent management training was effective in enhancing the coping responses of students with ODD.

**Conclusion:** Parent management program can help enhancing coping responses and social competence in students with ODD.

**Keywords:** Parent management training, coping responses, social competence, oppositional defiant disorder.

## 1. Introduction

Oppositional Defiant Disorder (ODD) is a prevalent behavioral disorder commonly observed in children and adolescents, characterized by consistent patterns of defiance, opposition to authority figures, and confrontational behaviors toward figures such as parents, teachers, and other adults in positions of authority (Fallah Nejad et al., 2017). This disorder significantly impairs the affected individuals' academic performance, social relationships, and overall quality of life. Children diagnosed with ODD often face challenges in navigating daily life situations, largely due to their behavioral and social difficulties (Moharram Zadeh et al., 2022). Such children tend to struggle with managing emotions and establishing positive social connections, leading to emotional distress and strained interactions with peers and adults (Ding et al., 2020). As a result, there is a pressing need for effective interventions that address these behavioral difficulties and support the development of adaptive skills that can enhance their coping mechanisms and social competencies.

The impact of adaptive coping responses is significant in children with ODD. These responses—such as problem-solving, communication skills, and emotional regulation—can positively affect how students deal with stressful or conflict-inducing situations. By learning how to react constructively to challenges, students can not only improve their ability to cope but also boost their self-esteem and social skills (Dashtban Zadeh Nushabadi et al., 2024; Dehghan Manshadi et al., 2020; Freire et al., 2020). For instance, children taught how to effectively communicate their needs, resolve conflicts, and manage emotions are more likely to experience positive social interactions and academic success. These adaptive responses foster resilience, enabling children to cope with adversity in ways that promote healthy psychological and emotional development. In contrast, maladaptive coping responses, such as aggression, avoidance, or withdrawal, tend to exacerbate behavioral problems, leading to further social isolation, academic struggles, and the deterioration of peer and teacher relationships (Oyewobi et al., 2021). Maladaptive responses, when left unaddressed, can perpetuate a cycle of negative outcomes, making it critical to intervene early and promote positive coping strategies.

The development of social competence is another crucial factor in mitigating the challenges faced by children with ODD. Social competence involves the ability to navigate social interactions effectively, demonstrating skills in

communication, empathy, and conflict resolution (Gómez-Ortiz et al., 2019). Children with ODD often lack these skills, leading to difficulties in forming positive relationships with peers and adults, which may result in social isolation and feelings of loneliness or even depression. Social skills training programs, which focus on teaching children essential communication strategies, conflict resolution techniques, and teamwork, have shown promise in helping children with ODD improve their social interactions and reduce problematic behaviors. In addition to formal training programs, positive role models within the family and school settings—such as parents, teachers, and peers—play an integral role in shaping a child's social competence. Engaging in group activities, sports, and other collaborative experiences further supports the development of these competencies, allowing children to practice and reinforce positive social behaviors in real-life contexts.

The importance of parent involvement in addressing the challenges associated with ODD cannot be overstated. Research suggests that parent management training (PMT) is an effective intervention for improving children's behaviors and fostering better parent-child relationships. Parent management training equips parents with strategies to identify and manage their children's behavioral difficulties, offering them practical tools for responding to defiance and oppositional behaviors in constructive ways (Kosari et al., 2024). Parents who engage in PMT programs often demonstrate a greater understanding of their child's needs, enabling them to respond more effectively to their child's behavior. Through PMT, parents are taught to implement techniques that promote positive behavior, reinforce desired actions, and reduce negative or disruptive behaviors. These interventions also encourage the use of consistent discipline strategies, which can enhance children's ability to regulate their emotions and behavior, leading to better outcomes in both home and school environments (Helander et al., 2024; Salisbury et al., 2022; Thijssen et al., 2017).

Furthermore, PMT not only benefits the child but also has positive effects on the parents themselves. Participating in such programs helps reduce parental stress, anxiety, and frustration, creating a more supportive and nurturing family environment (Helander et al., 2024; Helander et al., 2018). Parents who feel more confident in managing their child's behavior are less likely to experience burnout and more likely to foster a sense of stability and predictability for their children. Additionally, PMT strengthens the parent-child bond, which can further contribute to the child's social and emotional development. Families that engage in PMT are

more likely to create environments that support positive behavioral changes, helping children with ODD develop better coping strategies and improve their social interactions. The purpose of this study is to examine the effectiveness of parent management training in improving coping responses and social competence in students with ODD.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The research method of this study is semi-experimental (quasi-experimental) and applied, conducted using a pre-test and post-test design with a control group. The statistical population of this study consisted of all male students aged 8 to 11 years who attended counseling centers in the city of Tonekabon, along with their mothers, in 2024. The research sample included 30 individuals from the population, selected based on the inclusion criteria and using purposive sampling. They were randomly assigned to an experimental group and a control group (15 participants in each group). The inclusion criteria for the study were as follows: 1) Diagnosis of Oppositional Defiant Disorder based on the diagnosis of a psychologist and the subscale of Oppositional Defiant Disorder in the Achenbach Questionnaire (Parent Form); 2) Willingness to cooperate in the research; and 3) No receipt of any concurrent psychological interventions. The exclusion criteria were as follows: 1) Lack of willingness to continue attending the training sessions; and 2) Absence from more than two training sessions.

### 2.2. Measures

#### 2.2.1. Coping Responses

This questionnaire was developed by Ayers and Sandler in 1999 for American children, consisting of 54 items and 13 subscales across 4 factors. It is one of the most widely used tools for measuring coping strategies in children aged 8–14 years. Children are asked to respond to questions on a 4-point Likert scale (Never [1], Sometimes [2], Often [3], and Always [4]). The subscales include: 1) Active coping strategies (Cognitive Decision-Making [CDM], Direct Problem Solving [DPS], Seeking Understanding [SU], Positive Thinking [POS], Optimism [OPT], and Control [CON]), 2) Attention diversion strategies (Physical Emotional Release [PRE] and Attention-Redirecting Activities [DA]), 3) Avoidant strategies (Avoidance Activities [AVA], Suppression [REP], and Wishful Thinking [WISH]), and 4) Coping strategies involving

seeking social support (Support for Activity [SUPA] and Support for Feelings [SUPF]). The Cronbach's alpha for coping strategies, attention diversion strategies, avoidant strategies, and social support seeking strategies was reported as 0.89, 0.73, 0.80, and 0.78, respectively, for 247 children (Ayers & Sandler, 1999; Ayers et al., 1996). The psychometric properties of the Persian version of this questionnaire were calculated by Dehghan Manshadi et al. (2020), who reported Cronbach's alpha for active coping strategies, distraction, avoidance, and seeking social support as 0.91, 0.76, 0.78, and 0.79, respectively (Dehghan Manshadi et al., 2020).

#### 2.2.2. Social Competence

The Social Competence Questionnaire was developed by Kohn and Resmen (1972) in two versions: a 73-item and a 64-item form. It was normed for elementary school children by Moraej (1975), and the number of items was reduced to 44 questions. This scale assesses the emotional-social functioning of children and evaluates two factors: Cooperation-submission vs. Anger-resistance, and Willingness-participation vs. Coldness-withdrawal. Scoring is based on a 5-point scale, with scores ranging from 5 for "Always" to 1 for "Never." Since each question evaluates two opposing poles, some items are scored positively, and others negatively. Moraej (1975) reported concurrent validity coefficients of 0.74 and 0.71 for the first subscale, and 0.76 and 0.77 for the second subscale (Morag, 1975). Bahramian (2013) confirmed the validity of this scale using factor analysis and assessed its reliability using Cronbach's alpha, the Spearman-Brown split-half method, and the Guttman method. The reliability coefficients for the overall Social Competence Scale were 0.80, and for the subscales of Cooperation-submission vs. Anger-resistance and Willingness-participation vs. Coldness-withdrawal, they were 0.79 and 0.85, respectively. Additionally, the reliability of the overall Social Competence Scale, as measured by the split-half method (Spearman-Brown and Guttman), was 0.84 and 0.85, respectively, and for the subscales, the coefficients were 0.85 and 0.85 for Cooperation-submission vs. Anger-resistance, and 0.77 and 0.76 for Willingness-participation vs. Coldness-withdrawal (Bahramian, 2013).

### 2.3. Intervention

#### 2.3.1. Parent Management Training

Session 1: Introduction, explanation of group therapy rules, teaching parents how to define, observe, and record behaviors, explanation of the concept of Oppositional Defiant Disorder (ODD), and the role of parents in these issues, provision of homework assignments.

Session 2: Review of homework assignments, implementation of positive reinforcement with parents, design of positive reinforcement programs to modify children's behavior at home, teaching parents how to encourage the child when they exhibit positive behaviors, provision of homework assignments.

Session 3: Review of homework assignments, teaching parents how to implement reinforcement deprivation, discussing the harmful effects of prolonged physical or verbal punishments, teaching effective discipline guidelines, rules for deprivation of reinforcement, instructions on how to explain reinforcement deprivation to the child, teaching different forms of reinforcement deprivation, motivational score tables, deprivation of reinforcement, attention, and neglect, provision of homework assignments.

Session 4: Review of homework assignments, rules for attention and neglect, practicing attention and neglect, practice sheets for attention and neglect, common problems to which neglect should be applied, motivational score tables/deprivation of reinforcement tables/attention and neglect tables, provision of homework assignments.

Session 5: Review of homework assignments, review of school-related issues, planning and designing approaches for school-related problems, provision of homework assignments.

Session 6: Review of homework assignments, review of programs and necessary changes, review of the skills taught for treatment up to this stage, practicing the application of skills to hypothetical problems, provision of homework assignments.

Session 7: Review of homework assignments, observing the relationship between the child and the parents, reinforcing parental cooperation and adherence to the program, their consistency, and positive behaviors, providing feedback to parents on their performance, ensuring the proper implementation of the programs, provision of homework assignments.

Session 8: Review of homework assignments, preparing parents for low-frequency behaviors, preparing parents to

cope with these behaviors and situations if they occur, provision of homework assignments.

Session 9: Review of homework assignments, teaching parents how to effectively use reprimands (rules for using reprimands, inappropriate behaviors to reprimand, and how to apply reprimands), provision of homework assignments.

Session 10: Review of homework assignments, teaching how to resolve parent-child conflicts, provision of homework assignments.

Session 11: Review of homework assignments, explanation of mentalization and its role in the child's defiance, teaching a strategy to parents and children for resolving conflicts, guiding them toward appropriate communication in a conflict context, provision of homework assignments.

Session 12: Practicing the application of methods and techniques for managing behavioral problems, allowing parents to teach and train the instructor as part of role reversal, summarizing the level of parent involvement in training, role reversal, and completing the final evaluation of all programs.

### 2.4. Data Analysis

The data collection tools included the Children's Coping Responses Questionnaire by Ayers and Sandler (1999) and the Social Competence Questionnaire for Students by Kohn (1972). The mothers in the experimental group received parent management training, while the mothers in the control group did not receive any interventions during this period and remained on the waiting list. After the sessions were completed, the children in both groups were reassessed. After data collection, descriptive statistics including mean and standard deviation, as well as inferential statistics, specifically one-way and multivariate analysis of covariance (ANCOVA) for the independent variable (parent training) and dependent variables (social competence and coping responses), were used. The data were analyzed using SPSS software, version 27.

## 3. Findings and Results

According to Table 1, the mean and standard deviation of the coping responses variables were presented in the form of 4 factors (active coping strategy, attention-shifting strategies, avoidance strategies, and social support-seeking coping strategies) and social competence for the control and experimental groups in both pre-test and post-test stages.

**Table 1**

*Descriptive Statistics of Research Variables*

Variables	Group	Pre-test Mean	Pre-test Standard Deviation	Post-test Mean	Post-test Standard Deviation
Active Coping Strategy	Experimental	53.27	3.990	58.73	4.992
	Control	52.20	3.256	52.40	2.971
Attention-Shifting Strategies	Experimental	22.40	1.805	26.67	2.440
	Control	22.93	2.344	22.93	1.981
Avoidance Strategies	Experimental	33.02	2.093	27.93	2.890
	Control	32.60	1.920	32.33	1.877
Social Support-Seeking Coping Strategies	Experimental	14.87	1.598	17.67	2.350
	Control	14.47	1.506	14.47	1.246
Social Competence	Experimental	88.13	4.984	98.67	3.994
	Control	87.30	3.993	86.53	2.416

Based on the results from Table 1, the mean scores of the experimental group in comparison to the control group showed changes at the post-test stage. The scores of the experimental group in the variables of active coping strategy, attention-shifting strategies, social support-seeking coping strategies, and social competence decreased, while the avoidance strategies variable showed an increase at the post-test compared to the pre-test.

Before conducting statistical analyses, the assumptions of the statistical tests were checked. First, the assumption of normality of the data distribution was tested using the Shapiro-Wilk test, and the results showed that the significance level of none of the research variables in both the experimental and control groups was significant ( $p > 0.05$ ). Therefore, the data distribution for all variables in both the pre-test and post-test for both the experimental and control groups was normal. Additionally, the Levene's test

results indicated that the significance level for all variables was greater than 0.05, confirming the assumption of homogeneity of variances for all variables. The assumption of homogeneity of regression coefficients was also confirmed as the significance level for all variables was less than 0.05, indicating that the assumption was met. Furthermore, the Box's M test for testing the homogeneity of variances was not significant ( $p = 0.443$ ;  $p > 0.05$ ).

Now, we proceed to test the main hypothesis of the research, which posits that parent management training affects the coping responses and social competence of students with Oppositional Defiant Disorder (ODD). To evaluate the effect of the experimental intervention, a Multivariate Analysis of Covariance (MANCOVA) was conducted on the post-test mean scores, controlling for the pre-test scores of the dependent variables.

**Table 2**

*Results of Multivariate Analysis of Covariance*

Test	Value	F Value	Hypothesis Degrees of Freedom	Error Degrees of Freedom	Sig.	Effect Size
Pillai's Trace	0.942	61.227	5	19	0.001	0.942
Wilks' Lambda	0.058	61.227	5	19	0.001	0.942
Hotelling's Trace	16.112	61.227	5	19	0.001	0.942
Largest Root	16.112	61.227	5	19	0.001	0.942

The results from Table 2 show that the Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Largest Root tests are significant ( $p < 0.001$ ). Therefore, there is a significant difference between the experimental and control groups in at least one of the dependent variables, namely active coping strategy, attention-shifting strategies, avoidance strategies, social support-seeking coping strategies, and social

competence. To further examine the nature of these differences, a Univariate Analysis of Covariance (ANCOVA) was performed within the MANCOVA framework for the dependent variables. Table 3 shows the results of ANCOVA on the post-test mean scores of active coping strategy, attention-shifting strategies, avoidance strategies, social support-seeking coping strategies, and



social competence, controlling for the pre-test scores in both the experimental and control groups.

**Table 3**

*Results of Univariate Analysis of Covariance*

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Value	Significance Level	Effect Size
Active Coping Strategy	176.897	1	176.897	39.242	0.001	0.630
Error	103.682	23	4.508			
Attention-Shifting Strategies	103.882	1	103.882	63.273	0.001	0.773
Error	37.762	23	1.642			
Avoidance Strategies	154.115	1	154.115	44.391	0.001	0.659
Error	79.851	23	3.472			
Social Support-Seeking Coping Strategies	58.246	1	58.246	27.945	0.001	0.549
Error	47.939	23	2.084			
Social Competence	955.352	1	955.352	73.530	0.001	0.762
Error	298.833	23	12.993			

Based on the results from Table 3, the F values from the Univariate ANCOVA for the variables of active coping strategy ( $F = 39.242$ ,  $p < 0.001$ ), attention-shifting strategies ( $F = 63.273$ ,  $p < 0.001$ ), avoidance strategies ( $F = 44.391$ ,  $p < 0.001$ ), social support-seeking coping strategies ( $F = 27.945$ ,  $p < 0.001$ ), and social competence ( $F = 73.530$ ,  $p < 0.01$ ) were all significant. These results indicate significant differences in the post-test mean scores of active coping strategy, attention-shifting strategies, avoidance strategies, social support-seeking coping strategies, and social competence between the experimental and control groups after controlling for pre-test scores. Additionally, considering the effect size, parent management training had the most significant effect on attention-shifting strategies (effect size = 0.773), social competence (effect size = 0.762), avoidance strategies (effect size = 0.659), active coping strategy (effect size = 0.630), and social support-seeking coping strategies (effect size = 0.549).

#### 4. Discussion and Conclusion

Oppositional defiant disorder (ODD) is a common childhood disorder that, if not addressed early, can lead to significant problems for both students and their families. Therefore, intervention in this disorder is necessary and critical. This study aimed to investigate the effectiveness of parent management training on the coping responses and social competence of students with oppositional defiant disorder. For this purpose, two hypotheses were proposed, and ANCOVA was used to test these hypotheses.

The results indicated that parent management training was effective in improving the coping responses of students with oppositional defiant disorder. These findings are

consistent with the results of several studies (Aini & Hajializadeh, 2020; Dashtban Zadeh Nushabadi et al., 2024; Helander et al., 2024; Helander et al., 2018; Kosari et al., 2024; Moharram Zadeh et al., 2022; Mottaqian et al., 2024; Salisbury et al., 2022; Sohrabi et al., 2014; Thijssen et al., 2017). This suggests that parent management training, as an effective method, has been widely acknowledged for improving the coping responses of students with ODD. Oppositional defiant disorder is a behavioral disorder common in children and adolescents, characterized by persistent patterns of defiance, hostility, and oppositional behavior toward authority figures (such as parents and teachers). These behaviors can lead to serious problems in social, academic, and family relationships. Parents play a crucial role in shaping and managing their children's behaviors. Incorrect interactions and inappropriate parenting patterns can exacerbate the symptoms of oppositional defiant disorder. Therefore, parent education on proper behavior management is highly important. Parent management training is based on behavioral and cognitive-behavioral theories, which emphasize changing incorrect thought and behavioral patterns. The goal of these methods is to improve coping behaviors through teaching effective techniques to parents. By gaining a better understanding of the disorder and increasing their knowledge and awareness, parents can adopt more appropriate responses. Teaching effective parenting techniques such as positive reinforcement, scheduling, and non-punitive consequences can lead to changes in inappropriate parenting patterns. Providing communication skills training to parents helps them establish better and more effective communication with their children, using behavioral therapy techniques and

reinforcing positive behaviors, which ultimately reduces oppositional behaviors. Parents are trained either individually or in groups and learn various techniques. Through workshops and practical exercises, parents practice new skills. Providing feedback and ongoing counseling to parents is highly effective in ensuring the proper implementation of techniques at home. Several studies have shown that parent management training can lead to significant improvements in the coping behaviors of students with oppositional defiant disorder. Research has demonstrated that parent management training significantly reduces defiant and oppositional behaviors in children. Furthermore, improved family relationships—such as enhanced parent-child interactions and reduced family tensions—are other positive outcomes of this training. In addition, children gradually learn how to respond more positively to challenging situations.

The results also showed that parent management training was effective in improving the social competence of students with oppositional defiant disorder, which is consistent with the findings several studies (Aini & Hajializadeh, 2020; Bonham et al., 2021; Dashtban Zadeh Nushabadi et al., 2024; Ding et al., 2020; Helander et al., 2024; Kosari et al., 2024; Mottaqian et al., 2024). These findings suggest that parent management training can be an effective approach in enhancing the social behaviors and interactions of students with oppositional defiant disorder. Parents, as the primary and most influential behavioral role models in children's lives, have a significant impact on the development of their children's social competencies. Parenting styles, including emotional support, monitoring, and communication patterns, can either reinforce positive or negative social behaviors in children. Parent management training can include teaching parents social skills, enabling them to participate in positive social behaviors themselves, thus helping to improve their children's social interactions. A supportive family environment, where parents pay attention to the children's emotions and needs, can contribute to reducing oppositional behaviors. Such an environment provides children with a sense of security and acceptance, which positively influences their social competence. Moreover, parents can model positive social behaviors, helping children learn these behaviors through observation and imitation, which is especially crucial for children with behavioral disorders. Additionally, using behavior management techniques such as positive reinforcement, setting appropriate rules, and consequences can help parents reduce oppositional behaviors and strengthen their children's social competence.

Parent participation in social support programs and counseling groups can assist them in coping with the challenges associated with parenting a child with oppositional defiant disorder and help them learn more effective strategies. Overall, parent management training can significantly improve the behavior and social interactions of children with oppositional defiant disorder by enhancing social skills, creating a supportive environment, and using effective techniques. This approach requires close collaboration between parents, teachers, and psychological professionals to achieve better outcomes.

## 5. Limitations & Suggestions

One limitation of this study is the reliance on a sample limited to students diagnosed with oppositional defiant disorder from specific geographic regions. This limits the generalizability of the findings to other populations or cultures. Additionally, the study primarily focused on the immediate effects of parent management training, without examining long-term outcomes or potential challenges in maintaining improvements over time. Further research that includes a broader, more diverse sample and longitudinal follow-ups could provide a more comprehensive understanding of the effectiveness of parent management training. Additionally, the study did not account for other factors that might influence the outcomes, such as socioeconomic status or the presence of co-occurring disorders.

Given the effectiveness of parent management training in improving the coping responses and social competence of students with oppositional defiant disorder, it is recommended to provide comprehensive and continuous training courses for parents. These courses should equip parents with the necessary information and skills to recognize and manage oppositional defiant disorder, thereby improving the coping responses and social competence of students. Additionally, educational programs for parents should be based on the latest research and scientific evidence to maximize their effectiveness and help parents learn innovative and effective behavior management strategies. Another suggestion is to form support groups for parents, where they can share experiences and solutions with one another and benefit from peer support, which can play a significant role in improving the behavior management of their children. The development of educational software can also assist parents in continuously practicing behavior management techniques and benefiting from online learning.

This method could further enhance the effectiveness of the training. Furthermore, providing specialized counseling services for parents, both in-person and online, to address their specific concerns and challenges, can help improve the management of children's coping behaviors. Organizing workshops where parents can practice managing children's coping behaviors through role-playing real-life scenarios can strengthen their skills in this area. Creating systems for continuous evaluation and feedback on parents' implementation of learned techniques can also improve their behavior management skills over time. Moreover, providing practical step-by-step guides for parents to easily implement behavior management techniques with their children can significantly increase their effectiveness. Another proposed method is to develop coordinated educational programs with schools and treatment centers, where collaboration among parents, teachers, and counselors can improve students' coping behaviors, thereby leading to better educational outcomes. Additionally, teaching parents to use positive reinforcement techniques, such as praising and rewarding appropriate behaviors, and avoiding harsh and harmful punishments, can positively impact children's coping behaviors and social competence.

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### Declaration of Interest

The authors of this article declared no conflict of interest.

### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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### Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors equally contributed to this article.

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