



Predicting Children's Behavioral Disorders Based on Mothers' Social Skills Mediated by Their Attachment Styles

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ABSTRACT

Objective: The aim of the present study was to develop a model for predicting children's behavioral disorders based on mothers' social skills, mediated by their attachment styles in the city of Isfahan.

Methods and Materials: The research method was descriptive and correlational. The research population consisted of all children aged 8 to 11 years in Isfahan in 2023, from which a multistage cluster random sample of 310 children was selected. The research instruments included the Social Skills Rating System (Gresham et al., 1990), the Attachment Style Questionnaire (Caspers et al., 2006), and the Rutter Behavioral Scale (Rutter, 1975). The study employed structural equation modeling (SEM) and AMOS-23 software to evaluate the proposed model.

Findings: The findings indicated that the path coefficient from social skills to behavioral disorders was $\beta = -0.28$, which was significant at $P = 0.05$. The path coefficient from attachment styles to behavioral disorders was $\beta = 0.47$, which was significant at $P \leq 0.05$. The results showed that social skills predict behavioral disorders through attachment styles ($\beta = 0.29, P > 0.05$).

Conclusion: It is concluded that the model predicting children's behavioral disorders based on mothers' social skills mediated by children's attachment styles in the city of Isfahan has a good fit.

Keywords: Behavioral disorders, social skills, attachment styles.

1. Introduction

Childhood is the most crucial and sensitive period in shaping an individual's personality. Neglecting this stage can have irreparable consequences, as today's children form the foundation of tomorrow's society (Cheung et al., 2017). Exposure to stressful conditions can lead to

psychological disturbance and instability, affecting children's behavior and emotions, resulting in emotional and behavioral disorders. Generally, emotional and behavioral disorders encompass all repetitive, abnormal, and distressing behaviors that disrupt the individual's and family's functioning, negatively impacting their learning, communication, and social efficiency (Mitchell et al., 2019).

Behavioral disorders include abnormal, repetitive, and distressing behaviors such as nail-biting, hair-pulling, thumb-sucking, tics, aggression, anxiety disorders, mood disorders, substance abuse, inattentiveness, hyperactivity, etc. (Lérida-Ayala et al., 2023), which can impair social functioning (Lee et al., 2022), learning (Bauer et al., 2022), and academic achievement (Mitchell et al., 2019). Studies have shown that the prevalence of these disorders in children is significant (Casseus et al., 2023; Nagata et al., 2023; Xiang et al., 2023) and has a meaningful relationship with social skills (Agbaria, 2024). Social skills are the abilities to overcome obstacles to positive social relationships and learned social functioning, contributing to effective and beneficial performance (She et al., 2023). A lack of social skills leads to various problems, causing difficulties in interpersonal relationships, behavioral disorders, and negatively affecting the child's personality development and adaptability to the environment, indicating potential precursors to psychological disorders (Cheung et al., 2017).

Behaviors such as aggression, depression, anxiety, and withdrawal are somewhat natural in children. However, in some children, the intensity of these behaviors differs significantly from their peers. They often exhibit risky behaviors like smoking, alcohol, and drug abuse, and future risky sexual activities, leading to delinquency, antisocial and unethical behaviors, academic failure, truancy, severe communication problems with peers, and weak social skills (Soares et al., 2022). Emotional-behavioral disorders refer to conditions where behavioral and emotional responses in school differ from cultural, age, and ethnic norms, negatively affecting academic performance, self-care, social relationships, individual adaptability, classroom behavior, and workplace adaptation. Often, children and adolescents with behavioral disorders have negative feelings and mistreat others. Teachers and classmates frequently reject them, reducing their educational opportunities (Wills et al., 2019).

In societies where children receive less attention, more abnormal and delinquent children are observed, with greater social issues. Therefore, understanding the physical and psychological dimensions of this age group and striving to provide suitable material and spiritual conditions for their physical, emotional, and intellectual growth is crucial. Every individual must learn appropriate social behavior and correct communication methods to achieve their goals and satisfy their desires, aligning themselves with society. This involves understanding and internalizing norms, values, customs, principles, and societal laws, along with behaviors such as

seeking help, complimenting others, and expressing gratitude. Learning these behaviors and forming successful relationships is one of the most important achievements of childhood (She et al., 2023).

Social skills refer to learned behaviors accepted by society, enabling individuals to interact reciprocally with others, resulting in positive responses and avoiding negative ones. To live successfully in a society, individuals need skills beyond personal abilities, known as social skills. These skills, acquired through observation, modeling, practice, and feedback, encompass verbal and non-verbal behaviors, fostering effective interactions and maximizing social reinforcement, developed based on individual and environmental characteristics, and grown through education (Liu et al., 2023). Many children fail to acquire appropriate social skills, leading to psychological issues such as unsuccessful peer interactions, poor academic performance, non-participation in activities, isolation, and peer rejection both in childhood and later life (Casseus et al., 2023).

Throughout growth, individuals record a set of subjective evidence for success through sufficient proximity to attachment figures, forming internal working models. Research indicates that securely attached individuals experience lower levels of negative emotions and form strong relationships with those they seek support from during emotional distress. Insecurely attached individuals, compared to secure ones, experience lower levels of positive emotions and show incapacity in managing stress, anxiety, and other negative emotions (Cooke et al., 2019; Mohammadkhani et al., 2020).

Given the aforementioned points, children's emotional-behavioral problems are influenced by factors such as social skills and family conditions. However, no research has been found that examines the variables of social skills and attachment styles concerning emotional-behavioral disorders in a single study. Therefore, the present study seeks to answer whether the model predicting children's behavioral disorders based on mothers' social skills mediated by children's attachment styles in the city of Isfahan has a good fit.

2. Methods and Materials

2.1. Study Design and Participants

This descriptive-correlational study utilized structural equation modeling (SEM). The statistical population included all children aged 8 to 11 years in Isfahan in 2023, totaling 137,383. According to Piaget's (1954) definition, the

third stage of cognitive development, the concrete operational stage, spans ages 8 to 11, considered childhood. A multistage cluster random sampling method was used to select the research sample. In multistage cluster sampling, several larger layers are randomly selected, followed by random selection of subgroups within these layers. Four out of 15 districts in Isfahan were randomly chosen, and eight neighborhoods were selected from each district. According to Tabachnick and Fidell's (2001) proposed model, the sample size can range from 2.5 to 10 participants per measured variable (item). Thus, with a total of 124 questionnaire items, the minimum sample size was 310 (124 items * 2.5). Four elementary schools were randomly selected for the study. After determining the sample size, data collection involved distributing online questionnaires to the sample group.

2.2. Measures

2.2.1. Attachment

This questionnaire, developed by Capenbrang and Halpern (2006), measures children's attachment during middle childhood (ages 3-12, preschool, and elementary school) and is completed by mothers. It consists of 20 items scored on a scale from 0 to 5 (never to always). The initial version had 36 items, refined using principal component analysis (PCA) and varimax rotation. Factors were extracted based on scree plot slope and eigenvalues greater than one, explaining 44% of the total scale variance. Sulaimani et al. (2014) validated this questionnaire in Iran, reporting a KMO value of 0.73, indicating suitability, and a significant Bartlett's test of sphericity. Factor analysis with varimax rotation confirmed four factors explaining 48.72% of the total variance. High internal consistency and test-retest reliability over a month were observed, confirming the scale's reliability and validity (Mohammadkhani et al., 2020).

2.2.2. Social Skills

The Social Skills Rating System includes three forms for parents, teachers, and students. This study used the teacher's form. Teachers are key informants on student behavior and competence (Hodge, 1983). Social skills refer to learned behaviors enabling positive interactions and avoidance of inappropriate social reactions. These skills include initiating effective communication, providing useful responses, and demonstrating generous, empathetic, and helpful behaviors

while avoiding ridicule, bullying, and aggression. Internal consistency for the teacher form ranges from 0.74 to 0.95. Shahim (2001) evaluated the scale's reliability in Iran, finding reliability coefficients of 0.87 for social skills, 0.76 for cooperation, 0.72 for assertiveness, and 0.68 for self-control. The overall reliability after two weeks was 0.81, indicating relatively high reliability (Mohammadkhani et al., 2020).

2.2.3. Behavioral Disorders

The Rutter Behavioral Scale (1975) assesses children's behavioral problems using forms completed by parents (Form A) and teachers (Form B). This 31-item scale is divided into five subgroups, with each question scored as 0, 1, or 2, representing not true, somewhat true, and certainly true, respectively. Parents consider their child's behavior over the past 12 months, scoring items accordingly. A score of 2 indicates a behavioral disorder, 1 indicates partial presence, and 0 indicates absence of the disorder. Rutter et al. (1975) reported high test-retest reliability (89%) and validity, with significant agreement between the questionnaire and psychiatric diagnosis ($p < 0.001$) and a high correlation coefficient (0.85). The Persian version, standardized by Mehryar et al. (1992), showed a split-half reliability of 0.85 (Mohammadkhani et al., 2020).

2.3. Data analysis

Upon completion, the questionnaires were collected, scored, and analyzed using SPSS 26 for descriptive and inferential statistics. Descriptive statistics included mean, standard deviation, skewness, and kurtosis, as well as frequency and percentage for demographic characteristics. Inferential statistics used SEM to test hypotheses and confirm or reject them. Data analysis utilized Amos and SPSS version 26 software.

3. Findings and Results

The mean age of participants in this study was 10.1 years with a standard deviation of 0.874; the youngest participants were 8 years old, and the oldest were 11 years old. Out of the participants, 174 (56.1%) were girls, and 136 (43.9%) were boys. Regarding mothers' educational levels, 153 (49.4%) had less than a high school diploma, 94 (30.3%) had an associate degree, 49 (15.8%) had a bachelor's degree, and 14 (4.5%) had a master's degree. Regarding fathers' educational levels, 157 (50.6%) had less than a high school

diploma, 99 (31.9%) had an associate degree, 26 (8.4%) had a bachelor's degree, 15 (4.8%) had a master's degree, and 13 (4.2%) had a doctoral degree.

Table 1

Descriptive Findings of the Subscales

| Subscale | Mean | Standard Deviation | Skewness | Kurtosis |
|-------------------------------|-------|--------------------|----------|----------|
| Aggression and Hyperactivity | 11.2 | 2.17 | -0.668 | 0.127 |
| Anxiety and Depression | 8.23 | 1.98 | -0.739 | -0.431 |
| Social Maladjustment | 9.40 | 1.31 | -0.595 | 1.62 |
| Antisocial Behaviors | 8.79 | 1.83 | -0.127 | 0.786 |
| Attention Deficit | 7.00 | 0.946 | -0.835 | 0.485 |
| Cooperation | 15.9 | 2.68 | -0.676 | -0.222 |
| Assertiveness | 16.8 | 2.28 | -0.668 | -0.033 |
| Self-Control | 15.02 | 2.02 | -0.178 | -0.265 |
| Positive Adaptive Development | 15.9 | 2.19 | -0.236 | -0.562 |
| Emotional Reaction | 14.4 | 2.37 | -0.335 | -0.850 |
| Negative Behaviors | 13.9 | 1.79 | -0.444 | -0.118 |
| Avoiding Caregiver Support | 13.8 | 2.72 | -0.837 | -1.89 |

Table 1 shows the descriptive findings of the subscales under investigation. Additionally, the reported results for skewness and kurtosis fall within the range of -3 to 3,

indicating normality. The results of the model execution in the standardized state along with some of the most important fit indices for the initial model are presented in Table 2.

Table 2

Model Fit Indices

| Fit Index | Value | Acceptable Range |
|---|-------|------------------|
| χ^2/df | 2.10 | < 3 |
| RMSEA (Root Mean Square Error of Approximation) | 0.05 | < 0.10 |
| CFI (Comparative Fit Index) | 0.94 | > 0.90 |
| NFI (Normed Fit Index) | 0.91 | > 0.90 |
| GFI (Goodness of Fit Index) | 0.96 | > 0.90 |
| AGFI (Adjusted Goodness of Fit Index) | 0.94 | > 0.90 |

Generally, when working with AMOS, each of the obtained indices alone does not justify the fit or lack of fit of the model; these indices should be interpreted together. The obtained values for these indices indicate that overall, the model has a good fit for explanation and adjustment. The measurement model indices are reported first.

Stepwise regression analysis was used to identify the most significant predictor of wisdom among the mentioned variables. Table 3 presents the results of the stepwise regression analysis for predicting wisdom based on the predictor variables.

Table 3

Coefficients and Significance of Direct Effects of Social Skills on Behavioral Disorders

| Criterion Variable | Predictor Variable | Type of Effect | Standardized β | t-value | sig |
|----------------------|--------------------|----------------|----------------------|---------|-------|
| Behavioral Disorders | Social Skills | Direct | -0.28 | -3.38 | 0.001 |
| | Attachment Styles | Direct | 0.47 | 4.96 | 0.001 |

As seen in Table 3, social skills have a direct effect on behavioral disorders. The direct relationship between social skills and behavioral disorders is ($t = -3.38, \beta = -0.28$).

Attachment styles have a direct effect on children's behavioral disorders, with a direct relationship between

attachment styles and behavioral disorders being ($t = 4.96, \beta = 0.47$).

To examine the mediating effect of attachment styles in the relationship between social skills and behavioral disorders, Sobel's test was used. Sobel's test (1982) is a method used to assess the significance of the mediating variable's effect by comparing the ratio of the product of the two non-standardized coefficients forming the mediation

paths to the standard error of this product with the normal distribution table. If the ratio obtained is greater than 1.96, it is concluded that the mediating effect is significant. Sobel believes that this ratio is asymptotically normally distributed, and when the ratio exceeds ± 1.96 for large samples, it leads to rejecting the null hypothesis at the 0.05 level.

Table 4

Coefficients and Significance of Indirect Effects of Social Skills on Children's Behavioral Disorders with the Mediating Role of Attachment Styles

| Criterion Variable | Predictor Variable | Type of Effect | Standardized β | t-value | sig |
|----------------------|--------------------|------------------------------|----------------------|---------|-------|
| Behavioral Disorders | Social Skills | Indirect (Attachment Styles) | 0.29 | 3.94 | 0.001 |

As seen in Table 4, the hypothesis regarding the existence of an indirect effect of social skills on children's behavioral disorders through attachment styles is confirmed with 99% confidence ($p < 0.01$).

4. Discussion and Conclusion

The results showed that the model predicting children's behavioral disorders based on social skills and mothers' parenting styles with the mediation of children's attachment styles in the city of Isfahan has a good fit. The results align with prior studies (Fong et al., 2022; Lin et al., 2023; Ling et al., 2022; Liu et al., 2023; Ping et al., 2023).

In explaining the obtained findings, it can be said that children exhibiting deficiencies in social skills lack the necessary social knowledge and awareness for appropriate and normative behavior in social skills. The lack of social knowledge is related to three fundamental deficiencies: firstly, some children may have difficulty forming goals for interacting with peers and adults (Drüsedau et al., 2023). The second deficiency is the lack of appropriate and correct behavioral strategies for achieving desirable social goals, often due to a lack of training and practice in social skills. The third deficiency relates to the knowledge and skills that give depth and meaning to appropriate and correct behaviors. Unlike the first group, who have difficulty forming and recognizing suitable social goals, or the second group, who lack appropriate and correct behavioral strategies for achieving desirable social goals, this group can often adapt and adjust behavioral strategies (social skills) to the social situations they encounter (Lee et al., 2022). Therefore, the relationship between social skills and children's behavioral disorders is justifiable.

On the other hand, regarding the relationship between attachment styles and behavioral disorders, it can be said that inefficient attachment styles can affect social skills. This relational pattern may later generalize in an individual's life, increasing the likelihood of social incompetence and potentially placing the individual in the role of either abuser or victim, compulsively repeating past traumas. Therefore, given the deficits in healthy emotion and coping styles, it can be expected that the pathological components due to various attachment traumas in childhood result in behavioral disorders (Murry, 2018). Hence, the mediating role of attachment styles in the relationship between social skills and behavioral disorders is justifiable.

In explaining the relationship between parenting styles and behavioral disorders, it can be said that children raised with authoritative parenting styles are self-reliant, have self-esteem and confidence, a calm and suitable temperament, appropriate social behavior, creativity and innovation, intimacy, and a sense of cooperation and participation. Thus, this parenting style has a significant negative relationship with behavioral disorders.

The study also showed that permissive parenting is significantly positively related to behavioral problems, indicating that permissive parenting is associated with increased behavioral disorders in children. Given the current cultural and social conditions of society, including the growing trend of mass communication tools, especially new information technologies such as computers, the Internet, and various computer games, the parenting style has been influenced, putting children at risk of many problems.

The results indicated that social skills directly negatively affect behavioral disorders in children in Isfahan. This

finding aligns with the results of prior researchers (Mohammadkhani et al., 2020; Murry, 2018). In explaining this finding, it can be said that social skills reduce social isolation, distraction, emotional instability, disorder, externalizing and internalizing disorders, disruptive behaviors, emotional-behavioral problems, and increase acceptable social behaviors and self-control, peer and teacher social networks, positive social interaction, interested behaviors, and initiating conversations at the right time, social adaptability, and academic performance. Various studies indicate a positive relationship between the lack or deficiency of social skills and children's behavioral disorders.

Children lacking social skills face many challenges in joining social groups, supportive friends, and acquaintances, becoming isolated over time, feeling lonely, and consequently being at risk of developing communication and social problems. Many children with social interaction problems or peer rejection are at risk of various behavioral disorders, as social skills are essential for socialization and social adaptability, and attention to social growth and education alongside other developmental aspects is crucial. A lack of social skills in interpersonal relationships and emotional-behavioral domains leads to numerous problems, as in such conditions, healthy communication is impossible, threatening and disrupting individual and social well-being. Consequently, children's adaptability decreases, leading to inability in most daily tasks (Steeves et al., 2019); children with deficient social skills report painful feelings of incompetence, anxiety, decreased motivation, and maladjustments; overall, acquiring social skills creates emotional and social transformation in adolescents, enhancing their capacity to focus on academic activities, improving psychological health, and reducing behavioral problems (Mohammadkhani et al., 2020).

The results showed that social skills indirectly (mediated by attachment styles) affect children's behavioral disorders in Isfahan. In explaining this finding, it can be said that family life is far more important for children than for adults; this is where children learn their first experiences of living with others. The family environment lays the foundation for children's future growth and activities. The quality of our relationships with others, characterized by love and affection or hostility and hatred, largely depends on family upbringing (Lin et al., 2023). All behaviors in adolescence, adulthood, and beyond, whether social or antisocial, result from past experiences, which justify these behaviors (Fong et al., 2022). Those with negative developmental experiences,

including close relationships with parents, often avoid intimacy with others and isolate themselves. This choice is an attempt to break the vicious cycle of destructive relationships, sometimes manifesting early and sometimes later in life. Healthy relationships with parents, especially mothers, play a significant role in individual development, improving behavior and social skills (Brown et al., 2022).

Another explanation is that one of the most important environments for individuals is childhood. When individuals do not experience appropriate attachment styles, they are likely to develop avoidance of emotional attachment, and avoidance of intimacy is integral to individuals with weak social skills (Clauser et al., 2020). Another explanation can be drawn from Freud's theory of deferred action, where a secondary event reactivates the initial trauma suppressed in memory. In essence, a secondary event in an individual's life can activate early traumas, rekindling an unresolved conflict or issue. Therefore, later life events, such as social participation, can activate the damage caused by inefficient attachment styles. These damages indicate a severe deficiency in the attachment relationship between caregiver and child, preventing the normal development of basic capacities such as feelings of self-efficacy, self-sufficiency, and emotion regulation, resulting in behavioral disorders (Cooke et al., 2019).

5. Limitations & Suggestions

In this study, information was collected using questionnaires, and responses were evaluated based on self-report, relying on the individual's honesty and self-assessment. This method inherently has limitations such as distraction, inaccuracy, judgment error, and misinterpretation of instructions, which can affect the research results. Intervening variables such as subcultural and socio-economic conditions that could affect the present study's results were not studied. The sample comprised children aged 8 to 11 years in Isfahan, limiting the generalizability of the results to other individuals and locations. In this study, factors such as the family's economic status, cultural conditions, etc., that might influence the results were not controlled. To enhance research results, it is suggested to use other data collection methods such as interviews and observations. Future research should also consider intervening variables like the effects of subcultures and socio-economic conditions. It is recommended to sample from other social environments in subsequent

studies. Future research should use localized questionnaires for the study population.

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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

All authors equally contributed in this article.

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