




A Combined Parenting Model for Children's Oppositional Defiance: A Qualitative Study

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ABSTRACT

The combined parenting model for children's oppositional defiance has received little attention in previous studies. Accordingly, this research was conducted with the aim of discovering a combined parenting model for children exhibiting oppositional defiant behavior. The present study employed a qualitative design using a deductive thematic network analysis approach. The research context and sample consisted of 48 scientific sources, including books, articles, and dissertations. A thematic analysis result-recording form was used to extract the identified dimensions of the combined parenting construct in the study. The textual data were analyzed through thematic network analysis based on the approach of Attride-Stirling et al. (2001), followed by conventional thematic analysis and subsequent calculation of the Content Validity Index (CVI) and Content Validity Ratio (CVR). The results indicated that the combined parenting model for children's oppositional defiance includes five main and final thematic categories: joint problem-solving training, effective parent-child interaction training, parental management training, positive parenting stabilization, and emotional and supportive skills training. Each of these five major themes also comprises a diverse range of essential subthemes. Based on the findings, it is suggested that the combined parenting model for children's oppositional defiance be considered in future research as the foundation for psychometric studies (such as developing a measurement instrument for combined parenting) and for designing comprehensive psychological training programs.

Keywords: combined parenting, joint problem-solving, effective parent-child interaction, parental management, positive parenting stabilization, emotional and supportive skills, oppositional defiance.

1. Introduction

Oppositional Defiant Disorder (ODD) is one of the most prevalent behavioral disorders in childhood and adolescence, characterized by a persistent pattern of angry or irritable mood, argumentative or defiant behavior, and vindictiveness that extends beyond normative developmental boundaries (Hawes et al., 2023). As a disruptive behavior disorder, ODD poses significant challenges to children's socio-emotional development and family functioning, often serving as a precursor to more severe externalizing conditions such as conduct disorder (CD) or antisocial personality disorder in later life (Klos et al., 2025). Global studies indicate that the prevalence of ODD varies across contexts, with a range between 1% and 11%, depending on diagnostic criteria, sampling procedures, and sociocultural factors (Masiran et al., 2025; Sacco et al., 2021). Recent investigations in clinical and community settings emphasize that ODD not only disrupts the child's adaptive functioning but also imposes substantial emotional distress on caregivers, particularly in families already facing economic or psychological vulnerabilities (Masiran et al., 2025).

The etiology of ODD is widely regarded as multifactorial, arising from the interaction of genetic predispositions, neurobiological factors, family dynamics, and broader psychosocial influences (Ghosh et al., 2017). Evidence from longitudinal research highlights the role of early temperament and emotional dysregulation in predicting oppositional and defiant patterns during middle childhood and adolescence (Nobakht et al., 2024). In particular, difficulties in emotion regulation and heightened exposure to negative parenting practices, such as inconsistent discipline or coercive control, significantly exacerbate ODD symptoms (Dashtbanzadeh et al., 2024; Fucà et al., 2023). Moreover, peer-related adversities—such as bullying victimization—have been shown to interact with emotion regulation capacities, further shaping the developmental trajectory of oppositional behavior (Nobakht et al., 2024). These findings underscore that ODD is not a disorder of isolated behavioral symptoms but rather a complex interactional phenomenon rooted in emotional, cognitive, and relational dysfunctions.

The family environment plays a pivotal role in both the onset and maintenance of ODD symptoms. Parental factors such as low warmth, poor communication, inconsistent monitoring, and harsh discipline have been consistently associated with the escalation of defiant and oppositional

behaviors (Fooladvand et al., 2021; Gubbels et al., 2019). In contrast, positive parenting styles—marked by warmth, structure, and empathy—serve as protective factors against the development of disruptive conduct (Kaur et al., 2022). Parent-focused interventions have thus become the cornerstone of evidence-based treatment approaches for ODD. Behavioral parent training (BPT), parent management training (PMT), and the Triple P-Positive Parenting Program are among the most empirically supported interventions (Amini Naghani et al., 2020; Costin et al., 2004). These programs aim to reshape maladaptive parenting practices, improve parent-child communication, and enhance parental self-efficacy in managing defiance and emotional outbursts (Gubbels et al., 2019; Helander et al., 2023).

However, despite the demonstrated efficacy of structured parent training programs, several studies point to their limited generalizability across different cultural, contextual, and clinical settings (Dashtbanzadeh et al., 2024; Fooladvand et al., 2021). For instance, while PMT and group-based behavioral interventions show strong results in Western contexts, their adaptation to non-Western cultural settings often requires integrating local parenting beliefs, emotional norms, and social expectations (Amini Naghani et al., 2020). Additionally, the growing recognition of comorbidity between ODD and neurodevelopmental disorders, such as ADHD and Down syndrome, calls for a more nuanced understanding of how defiant behaviors manifest in children with diverse developmental profiles (Eskander, 2020; Fucà et al., 2023). Children with overlapping disorders display unique behavioral and emotional regulation patterns, necessitating integrative approaches that go beyond behavioral modification to include emotional support and parental stress management.

Recent clinical advancements have emphasized combining behavioral and cognitive-behavioral components with parental education to enhance the effectiveness of ODD interventions. For instance, Helander et al. (2023) found that integrating Parent Management Training with Group Cognitive-Behavioral Therapy (Group-CBT) produces more sustainable symptom reduction in oppositional behaviors over a two-year follow-up (Helander et al., 2023). Similarly, mindfulness-based and acceptance-oriented parenting interventions have demonstrated efficacy in promoting parental emotional regulation and reducing negative reactivity toward children (Amini Naghani et al., 2020; Muratori et al., 2021). These integrative frameworks align with the contemporary movement toward “combined parenting models,” which seek to harmonize behavioral

discipline, emotional attunement, and supportive communication into a cohesive system of family management.

The theoretical foundation of the combined parenting model builds upon both behavioral learning theory and attachment-informed approaches (Attride-Stirling et al., 2001; Costin et al., 2004). Behavioral frameworks emphasize structured reinforcement and consistent consequences, which are critical for shaping compliant behavior and reducing oppositional episodes. Meanwhile, attachment and emotion-focused theories underscore the importance of empathy, warmth, and emotional validation as mechanisms for reducing conflict intensity and improving relational security. By integrating these complementary dimensions, combined parenting models provide a holistic framework that acknowledges the cognitive-behavioral underpinnings of defiance alongside its emotional and interpersonal roots (Fooladvand et al., 2021). This synthesis allows for greater flexibility and responsiveness in parenting strategies, particularly for children who exhibit chronic defiance intertwined with emotional dysregulation.

Another key rationale for developing a combined parenting model lies in addressing the limitations of single-theory approaches. Traditional behavioral models often overlook the affective and relational components of family interaction, leading to temporary behavioral control without lasting emotional adjustment (Kaur et al., 2022). Conversely, purely emotional or therapeutic approaches may lack the necessary structure to modify entrenched patterns of defiance (Dashtbanzadeh et al., 2024). The combined model bridges this gap by uniting structured problem-solving, positive reinforcement, parental empathy, and emotion regulation training (Attride-Stirling et al., 2001). These components collectively strengthen the family's adaptive functioning by promoting mutual respect, collaborative problem-solving, and consistent communication.

Furthermore, research on parental emotional competence suggests that parents who can recognize and manage their own emotions effectively are better equipped to respond calmly and constructively to children's oppositional behaviors (Ghosh et al., 2017; Gubbels et al., 2019). Emotional regulation training for parents—often included in combined parenting interventions—serves not only to reduce conflict but also to model adaptive coping for the child (Helander et al., 2023). Studies indicate that emotional coaching, compassionate communication, and mindfulness practices contribute to reduced parental stress and improved behavioral outcomes among children with ODD

(Dashtbanzadeh et al., 2024; Muratori et al., 2021). Thus, emotion-focused parental components form an indispensable part of the comprehensive intervention architecture.

Cross-disciplinary evidence also supports the notion that effective ODD management requires addressing both the parent's and the child's skill deficits. For example, cognitive-behavioral frameworks that include joint problem-solving sessions and cooperative negotiation techniques encourage children to develop perspective-taking, empathy, and emotional flexibility (Costin et al., 2004; Kaur et al., 2022). At the same time, parents are trained to use consistent reinforcement systems and clear behavioral contracts that align with developmental expectations (Gubbels et al., 2019; Helander et al., 2023). Empirical studies show that when parents adopt a dual focus—combining behavioral management with emotional understanding—children demonstrate better compliance, higher emotional awareness, and improved relational functioning (Fooladvand et al., 2021; Nobakht et al., 2024).

A growing body of meta-analytic and intervention-based research advocates the use of integrative or hybrid frameworks to manage defiant behaviors across contexts. These frameworks typically include components such as collaborative problem-solving, empathy training, emotional regulation strategies, and social support development (Fucà et al., 2023; Gubbels et al., 2019). Moreover, qualitative analyses of family interventions emphasize the need for context-sensitive adaptation, ensuring that parenting models are culturally attuned and practically implementable (Dashtbanzadeh et al., 2024). Recent studies in Iranian and international contexts highlight the effectiveness of integrative parenting interventions in improving parent-child interaction quality, reducing oppositional symptoms, and enhancing parental self-efficacy (Amini Naghani et al., 2020; Fooladvand et al., 2021).

Finally, the methodology of studying parenting frameworks has evolved toward more qualitative and network-based approaches, particularly thematic network analysis (Attride-Stirling et al., 2001). This analytical framework enables researchers to identify underlying conceptual patterns across empirical and theoretical literature, revealing interconnected themes within complex psychosocial constructs such as parenting, emotion regulation, and family management. Such an approach allows the systematic extraction of key domains—problem-solving, emotional support, behavioral control, and parental adaptability—integral to a combined parenting model.

In summary, the global literature underscores the urgent need to refine parenting models that integrate behavioral, emotional, and cognitive components to address oppositional defiance in children. The current study aims to construct a *Combined Parenting Model for Children's Oppositional Defiance* through qualitative thematic network analysis

2. Methods and Materials

The present study is a qualitative research employing a deductive thematic network analysis based on theoretical and empirical backgrounds following the approach of Attride-Stirling et al. (2001). The study context consisted of scientific sources (including books, articles, and accessible dissertations) focused on the issues and needs of parents in educating and raising children with oppositional defiance, covering the years 2010 to 2025. In the initial stage, 300 valid scientific sources were retrieved. The inclusion criteria for selecting sources were: publication and accessibility in reputable scientific databases, adherence to scientific research standards, retrievability, and a clear focus on the parenting needs and challenges of children with oppositional defiance. The final sample included 47 scientific sources that met all inclusion criteria.

Ethical principles included strict adherence to scientific and ethical standards of proper citation and referencing, and the use of textual content solely for identifying the needs and challenges of effective and integrated parenting for children with oppositional defiance. The following instruments were used in the study:

Checklist for Inclusion of Studies in Final Analysis

This checklist was used to assess the eligibility of studies and retrieved texts for inclusion in the preliminary stage of the research. The criteria included publication and accessibility in reputable scientific databases, adherence to scientific research standards, coverage of parenting issues and needs in oppositional defiant children, use of valid citations, and retrievability.

Form for Recording Deductive Thematic Analysis Results

This form was used to extract organizing themes (primary and complementary), basic themes, and descriptive indicators for each basic theme, following the thematic network analysis approach of Attride-Stirling et al. (2001)

and subsequent conventional thematic analysis, to determine effective and integrated parenting needs and issues. The form was used during data extraction from scientific texts, and its content validity was fully consistent with the thematic network analysis approach of Attride-Stirling et al. (2001).

Data Collection Process

Data were collected through searching academic databases such as PubMed, Frontiers, Google Scholar, Scopus, the Scientific Information Database (SID), MagIran, ISC, the Comprehensive Humanities Portal, and Noor Magazine. The search focused on the needs and challenges of parenting children with oppositional defiance. Sources meeting the inclusion criteria were selected in the first stage. At this stage, over 300 sources, including books, academic articles, and dissertations, were identified. In the second stage, through detailed content review, sources that comprehensively covered the parenting needs and challenges of oppositional defiant children and maintained scientific rigor with valid citations were selected. In this stage, 47 final sources were chosen for thematic analysis.

Following the thematic network analysis approach of Attride-Stirling et al. (2001) and subsequent conventional thematic analysis, organizing themes (primary and complementary), basic themes, and descriptive indicators for the basic themes were extracted through a four-step process. At this stage, three independent coders thoroughly reviewed the data extraction process, and the Content Validity Index (CVI) and Content Validity Ratio (CVR) were calculated. Both indices equaled 1 for all three independent coders. Data analysis followed a four-stage process of deductive thematic network analysis (Attride-Stirling et al., 2001) and conventional thematic analysis on the scientific texts. To determine the content validity of the thematic analysis, both the CVI and CVR indices were used.

3. Findings and Results

The network of organizing themes for the combined parenting model for children's oppositional defiance is presented in Figure 1, and the detailed and basic themes under each organizing theme are presented in Table 1. It should be noted that, due to the large number of descriptive examples for basic themes, these examples are not shown in the tables.

Figure 1

Conceptual Model

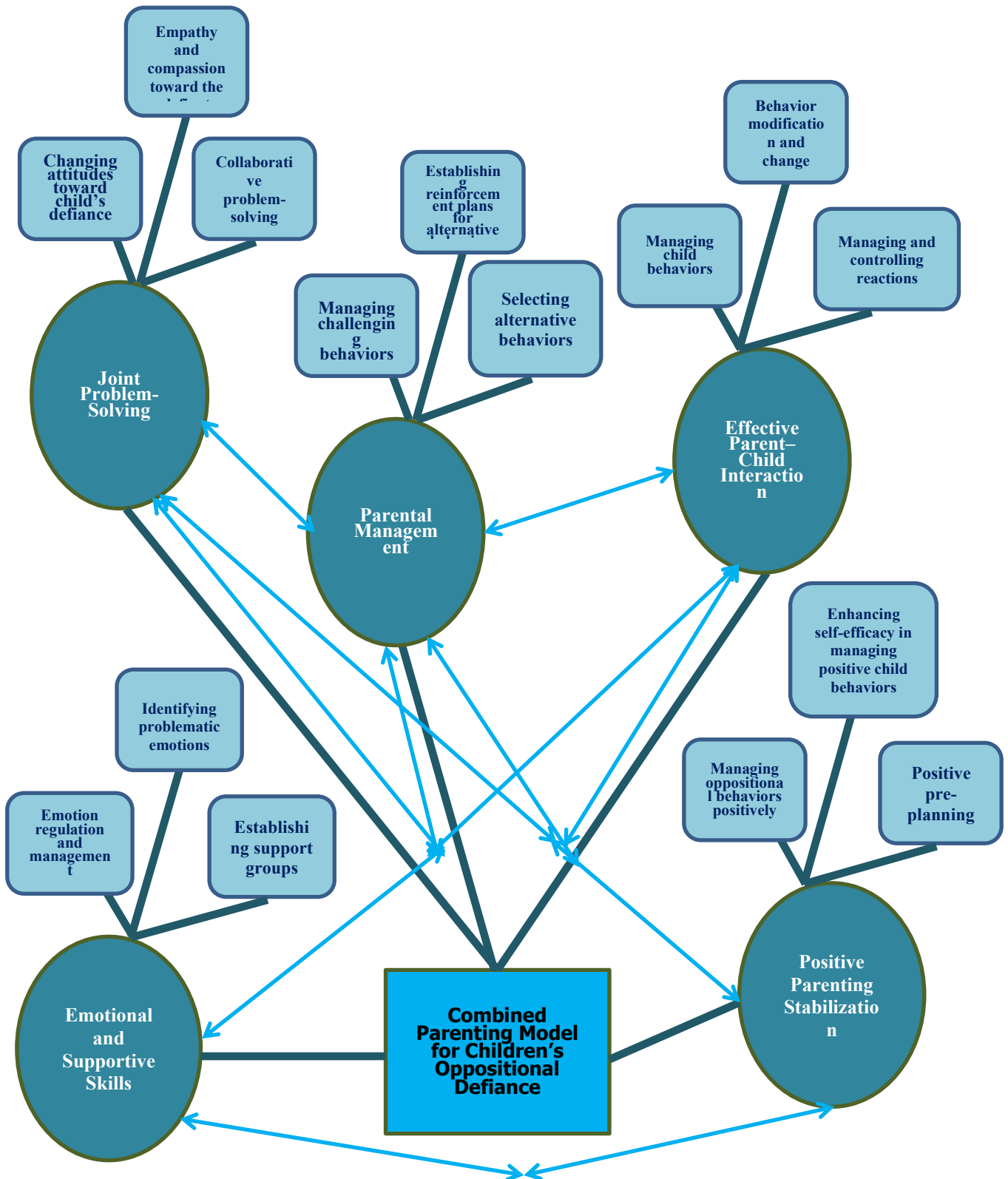


Table 1
Results of Deductive Thematic Analysis of the Combined Parenting Model for Children's Oppositional Defiance

| Organizing Theme | Sub-Organizing Theme | Basic Theme |
|------------------------------------|--|--|
| Joint Problem-Solving | Changing attitudes toward child's defiance | Redefining behavioral meaning; changing perception of behavior |
| | Empathy and compassion toward the defiant child | Compassion toward the child; empathizing with the child; conveying understanding messages |
| | Collaborative problem-solving | Constructive dialogue; cooperative solution-finding |
| Effective Parent-Child Interaction | Managing child behaviors | Monitoring and assessing behavioral conditions; identifying behaviors requiring modification; preparing for behavior management |
| | Behavior modification and change | Planning behavior correction; setting specific and practical behavioral goals; step-by-step behavioral change process |
| | Managing and controlling reactions | Controlling negative reactions; managing self-responses; planned determination of behavioral consequences |
| Parental Management | Managing challenging behaviors | Preparedness for behavioral relapse; minor defiance and passive or impulsive behaviors |
| | Selecting alternative behaviors | Listing substitute behaviors; prioritizing educational, family, and social goals |
| | Establishing reinforcement plans for alternative behaviors | Defining explicit and clear rules; determining structured reinforcement programs; commitment and adherence to rules and plans |
| Positive Parenting Stabilization | Managing oppositional behaviors positively | Managing stubbornness; managing ignoring; managing behavioral relapses |
| | Enhancing self-efficacy in managing positive child behaviors | Increasing resilience against failure; strengthening belief in self-capability; enhancing behavioral and functional capacities; effectively managing reactions |
| | Positive pre-planning | Readiness for dealing with undesired conditions; mental and practical preparation for unpredictable situations |
| Emotional and Supportive Skills | Identifying problematic emotions | Depression; anxiety; aggression; anger |
| | Emotion regulation and management | Controlling emotions; regulating emotions |
| | Establishing support groups | Creating support networks with other parents of defiant children; developing professional support networks |

As shown in Table 1, the organizing themes include five main categories, namely joint problem-solving, effective parent-child interaction, parental management, positive parenting stabilization, and emotional and supportive skills. Each of these five categories encompasses several subthemes.

Joint problem-solving involves changing attitudes toward the child's defiance (redefining the meaning of behavior and altering perceptions of behavior); empathy and compassion toward the defiant child (showing compassion toward the child, empathizing with the child, and conveying messages of understanding to the child); and collaborative problem-solving (engaging in constructive dialogue and cooperative solution-finding).

Effective parent-child interaction includes managing the child's behaviors (monitoring and assessing the conditions under which behaviors occur, identifying behaviors requiring modification, and preparing to manage the child's behavior); behavior modification and change (planning behavioral correction, setting specific and practical behavioral goals, and implementing a step-by-step behavioral change process); and managing and controlling reactions (controlling negative reactions, managing one's

own emotional responses, and systematically determining behavioral consequences).

Parental management encompasses managing challenging behaviors (being prepared for behavioral relapses, minor defiance, passive opposition, and impulsive behaviors); selecting alternative behaviors (compiling a list of substitute behaviors, determining academic, family, and social priorities); and establishing reinforcement programs for alternative behaviors (defining explicit and clear rules, establishing behavioral plans and guidelines, and maintaining commitment and adherence to these plans and rules).

Positive parenting stabilization involves positive management of oppositional behaviors (managing stubbornness, managing ignoring behaviors, and managing behavioral relapses); enhancing self-efficacy in managing positive child behaviors (increasing resilience to failure, strengthening self-belief, enhancing behavioral and functional capacities, and effectively managing reactions); and positive pre-planning (preparing for undesired conditions and developing mental and practical readiness for unpredictable situations).

Emotional and supportive skills include identifying problematic emotions (such as depression, anxiety,

aggression, and anger); emotion management and regulation (controlling and regulating emotions); and establishing support groups (forming support networks with other parents of defiant children and creating professional support networks).

The results of the thematic analysis conducted by three independent coders were compared and validated against the scientific texts. After necessary revisions to the thematic analysis, the Content Validity Ratio (CVR) and Content Validity Index (CVI) values were both calculated as 1 for all three independent coders.

4. Discussion and Conclusion

The findings of the present study revealed that the *Combined Parenting Model for Children's Oppositional Defiance* encompasses five major thematic categories: (1) joint problem-solving, (2) effective parent-child interaction, (3) parental management, (4) positive parenting stabilization, and (5) emotional and supportive skills. Each of these categories integrates several subthemes reflecting both cognitive-behavioral and emotion-focused components. The model underscores the interdependence of behavioral structure, emotional attunement, and relational communication in addressing oppositional defiant behaviors. This multifaceted structure aligns with emerging conceptualizations of ODD as a disorder with intertwined emotional, cognitive, and relational dynamics rather than a purely behavioral manifestation (Ghosh et al., 2017; Hawes et al., 2023). The identification of joint problem-solving as a central component resonates with research emphasizing collaborative parent-child engagement as an effective method for reducing conflict cycles and enhancing mutual understanding (Costin et al., 2004; Kaur et al., 2022). This dimension highlights the shift from authoritarian control toward cooperative communication and empathy-based correction, which has been shown to improve compliance and emotional regulation in children with ODD (Fucà et al., 2023; Nobakht et al., 2024).

The emergence of *effective parent-child interaction* as another key theme indicates that consistent behavioral monitoring and structured reinforcement remain essential pillars in managing oppositional behavior. This finding supports the core premise of Parent Management Training (PMT) and Triple P interventions, which prioritize consistent discipline and clear behavioral contingencies (Amini Naghani et al., 2020; Helander et al., 2023). Studies have repeatedly shown that structured parent training

programs yield substantial reductions in oppositional symptoms when parents are trained to respond predictably to both desired and undesired behaviors (Gubbels et al., 2019; Kaur et al., 2022). However, the thematic integration of interactional and emotional regulation components in the current model expands upon these behavioral frameworks by acknowledging the affective underpinnings of parent-child conflict. For instance, managing reactions and emotional responses—identified as subthemes under this category—reflects the growing recognition that parental emotional regulation is crucial for maintaining constructive engagement during defiant episodes (Dashtbanzadeh et al., 2024; Muratori et al., 2021). Parents who are emotionally attuned and self-regulated provide children with models of calm responsiveness, which can mitigate oppositional triggers and reinforce secure attachment dynamics (Fooladvand et al., 2021; Ghosh et al., 2017).

The *parental management* dimension, encompassing strategies such as managing challenging behaviors, selecting alternative behaviors, and establishing reinforcement programs, aligns closely with prior evidence indicating that structured behavioral management is the cornerstone of ODD intervention (Costin et al., 2004; Helander et al., 2023). Nevertheless, the qualitative insights from this study reveal a deeper, more flexible application of management principles, emphasizing preparedness for behavioral relapses and proactive problem anticipation. Such emphasis reflects recent findings that parental adaptability—rather than rigid consistency alone—predicts long-term behavioral improvements in children (Dashtbanzadeh et al., 2024; Hawes et al., 2023). The integration of proactive and preventive behavioral management also echoes meta-analytic findings suggesting that the success of parent training depends not only on immediate compliance but on sustained behavioral reinforcement and anticipatory coping (Gubbels et al., 2019; Kaur et al., 2022). Importantly, this dimension highlights the importance of parents' capacity to establish explicit rules while maintaining flexibility, ensuring that behavioral boundaries are perceived as supportive rather than punitive (Amini Naghani et al., 2020; Fooladvand et al., 2021).

The fourth thematic category, *positive parenting stabilization*, reflects the internalization of positive reinforcement principles and the psychological strengthening of the parental role. The components identified within this theme—such as managing defiant behaviors positively, enhancing self-efficacy, and proactive planning—illustrate that parenting competence extends

beyond skill acquisition to include cognitive and emotional empowerment (Helander et al., 2023; Muratori et al., 2021). The emphasis on self-efficacy is consistent with the theoretical framework of social cognitive theory, which posits that individuals' belief in their capacity to manage challenges directly influences their behavioral outcomes (Amini Naghani et al., 2020). In the context of parenting ODD children, self-efficacy translates into persistence in the face of noncompliance and resilience against emotional exhaustion (Dashtbanzadeh et al., 2024). The results of this study corroborate prior findings demonstrating that parental self-efficacy mediates the relationship between parenting style and child behavioral outcomes (Fooladvand et al., 2021; Nobakht et al., 2024). Furthermore, the subtheme of "positive pre-planning" aligns with evidence showing that parents who prepare mentally and practically for unpredictable behavioral episodes demonstrate reduced stress and greater emotional stability (Ghosh et al., 2017; Hawes et al., 2023).

The final major category, *emotional and supportive skills*, extends the behavioral domain of ODD intervention into the psychosocial and affective spheres. The inclusion of identifying problematic emotions, regulating emotions, and establishing support networks reflects a paradigm shift toward emotionally intelligent parenting. Studies have shown that children with ODD often experience heightened emotional dysregulation and internalizing symptoms, including anxiety, depression, and anger (Eskander, 2020; Fucà et al., 2023). Therefore, equipping parents with emotional regulation and supportive coping skills directly enhances both parental well-being and child outcomes. The importance of emotional support has also been emphasized in mindfulness and acceptance-based parenting models, which promote self-awareness and compassion as buffers against parental burnout (Amini Naghani et al., 2020; Muratori et al., 2021). The identification of "supportive group formation" within this study mirrors findings from peer-support frameworks, where shared experiences among parents of defiant children reduce isolation and improve intervention adherence (Fooladvand et al., 2021; Masiran et al., 2025). This integration of emotional literacy and social connectedness thus represents an essential advancement over purely behavioral parenting paradigms.

The thematic coherence of this combined model underscores the multidimensional nature of effective parenting interventions for ODD. The model's alignment with multidisciplinary evidence—spanning behavioral, emotional, and cognitive domains—confirms that no single

theoretical perspective can sufficiently account for the complexity of oppositional behavior (Hawes et al., 2023; Kaur et al., 2022). Behavioral interventions, while effective for symptom reduction, often fail to produce durable emotional and relational change if implemented without parallel affective and communicative training (Costin et al., 2004; Gubbels et al., 2019). Similarly, purely therapeutic or emotion-focused strategies may not establish sufficient behavioral control or consistency in reinforcement. The current findings support a synthesis of these approaches, illustrating that structured behavior management combined with empathy, problem-solving, and emotional attunement produces more holistic outcomes. This integrative perspective echoes the broader movement toward hybrid parenting models designed to accommodate individual family contexts, cultural dynamics, and child-specific temperament variations (Amini Naghani et al., 2020; Dashtbanzadeh et al., 2024).

The deductive thematic network approach used in this study, guided by Attride-Stirling et al. (2001), provided a robust analytical framework for organizing and validating the multi-layered dimensions of combined parenting (Attride-Stirling et al., 2001). By triangulating independent coding and calculating content validity indices (CVR and CVI), the study ensured the theoretical and empirical credibility of the extracted themes. This rigorous methodology is consistent with recommendations for qualitative validation in developmental and clinical psychology, where thematic networks facilitate conceptual integration across diverse evidence sources (Gubbels et al., 2019; Helander et al., 2023). The validation process, which achieved maximum content validity, further supports the reliability of the five-category structure, offering a replicable foundation for subsequent psychometric tool development.

Comparative analysis with previous literature reveals strong alignment between the present findings and existing intervention models. For instance, the identified domains of problem-solving and parental management closely mirror the core elements of PMT, which focus on reinforcement consistency and communication training (Costin et al., 2004; Helander et al., 2023). Likewise, the inclusion of emotional and supportive skills complements recent adaptations of PMT that integrate parental mindfulness and self-regulation strategies to address emotional contagion in families with oppositional children (Amini Naghani et al., 2020; Muratori et al., 2021). The identification of positive parenting stabilization resonates with meta-analytic evidence that improvements in parental self-efficacy mediate the long-

term success of behavioral interventions (Fooladvand et al., 2021; Gubbels et al., 2019). Additionally, the model's emphasis on empathy and cooperative problem-solving supports the growing empirical recognition that family-centered, dialogue-based approaches foster deeper behavioral transformation compared to punitive or compliance-focused methods (Kaur et al., 2022; Nobakht et al., 2024).

The present study also contributes novel insights to the literature on oppositional behavior by conceptualizing parenting not merely as a set of corrective strategies but as an evolving system of adaptive interaction. Whereas earlier models often viewed parenting in ODD through the lens of discipline and control, the combined model situates parenting as a relational and emotional regulation process. This aligns with findings that emotion dysregulation serves as a key mediator between adverse family dynamics and oppositional symptoms (Ghosh et al., 2017; Nobakht et al., 2024). Moreover, the model addresses the bidirectional nature of parent-child influences—parents' emotional state affects children's behavioral responses, and vice versa—highlighting the need for systemic family interventions (Dashtbanzadeh et al., 2024; Fucà et al., 2023). In this regard, the model represents a conceptual shift toward co-regulation frameworks, in which both parent and child learn to recognize, manage, and modulate their emotional states during conflict interactions.

Finally, the synthesis of findings across 47 scholarly sources demonstrates that the combined parenting framework is theoretically sound, empirically grounded, and adaptable across various cultural and clinical contexts. By integrating emotional, behavioral, and supportive dimensions, it offers a more complete understanding of how parents can respond constructively to defiance. The practical significance of this model lies in its potential application for psychometric instrument development, training curriculum design, and culturally sensitive intervention programs. The results thus establish a solid foundation for future quantitative validation and implementation studies that can evaluate its efficacy in diverse populations (Amini Naghani et al., 2020; Attride-Stirling et al., 2001; Dashtbanzadeh et al., 2024; Helander et al., 2023; Masiran et al., 2025).

Although the present study contributes valuable theoretical and empirical insights, it is not without limitations. First, as a qualitative meta-synthesis, the findings are contingent on the availability and scope of existing literature, which may have excluded unpublished or non-English sources relevant to cultural variations in

parenting practices. Second, while the study utilized a robust deductive thematic network analysis, qualitative coding inherently involves subjective interpretation despite reliability checks, which could influence theme abstraction. Third, the absence of direct empirical testing limits causal inference; therefore, the proposed combined parenting model remains conceptual until verified through experimental or longitudinal designs. Fourth, differences in diagnostic criteria, sampling methods, and sociocultural contexts across the reviewed studies may limit generalizability. Finally, although CVR and CVI indices confirmed content validity, further cross-validation with larger and more diverse expert panels would enhance methodological rigor.

Future studies should aim to operationalize the combined parenting model through psychometric instrument development and validation to quantify its dimensions in diverse cultural and clinical populations. Longitudinal and experimental research designs could assess the causal relationships between each parenting dimension and child behavioral outcomes over time. Comparative studies across different therapeutic frameworks—such as behavioral, cognitive-behavioral, and mindfulness-based parenting programs—would further clarify the model's relative efficacy. Additionally, integrating neurobiological and physiological measures of parental stress and emotional regulation could provide a more comprehensive understanding of the biopsychosocial mechanisms underlying oppositional defiance. It is also recommended that future research examine fathers' roles, co-parenting dynamics, and socioeconomic moderators to ensure a more inclusive representation of family systems.

Practitioners should consider adopting a holistic approach to parent training for children with ODD, incorporating behavioral management techniques alongside emotional regulation and empathy-building exercises. Parent education programs should emphasize the importance of proactive planning, emotional awareness, and support network development. Training protocols can benefit from integrating mindfulness and compassion-focused components to enhance parental resilience. In clinical practice, family therapists and school counselors may utilize the combined parenting model as a framework for structured intervention planning, guiding parents in fostering cooperative communication and adaptive coping strategies. Ultimately, implementing this model can help strengthen family functioning, reduce oppositional behaviors, and

promote sustainable emotional growth for both parents and children.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

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

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