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# Defensive profile of parents of children with externalizing problems receiving Regulation-Focused Psychotherapy for Children (RFP-C): A pilot study

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## Abstract

**Background:** Implicit emotion regulation, operationalized as psychological defense mechanisms, plays an important role in parenting, especially for parents of children with externalizing behavior problems. Research has highlighted the efficacy of the Regulation Focused Psychotherapy for Children (RFP-C) in reducing psychological distress in children with oppositional defiant disorder (Prout et al., 2019; Prout, 2020). The current, mixed-methods study analyzed the characteristic defensive functioning of parents whose children were treated with RFP-C.

**Methods:** We analyzed 14 video-recorded parent sessions randomly selected from the RFP-C randomized controlled trial examining the efficacy of a novel manualized psychotherapy for children with externalizing behaviors. Defensive functioning was quantitatively and qualitatively analyzed using the Q-sort version of the Defense Mechanisms Rating Scales (DMRS-Q; Di Giuseppe et al., 2014) for parents in the clinical sample and community controls.

**Results:** Adaptive, obsessional, and neurotic defenses were most prevalent, with 10 to 30 defense mechanisms accounting for more than 5% of the overall defensive functioning score. Significantly higher use of affiliation, humor, suppression, and devaluation of other's image were found among parents of children with oppositional defiant disorder as compared to community controls. Defensive Profile Narratives added a qualitative understanding of the strength and limitations of the caregivers' emotion regulation.

**Discussion:** Studying parents' defense mechanisms may provide a better understanding of the parental experience of childhood distress and how parental defensive style may impact children's externalizing behaviors. Addressing defensive functioning in a clinical setting could enhance psychological adjustment among children with oppositional defiant disorder and improve therapeutic outcomes.

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## 1. Introduction

Parenting stress is higher among parents of children with externalizing problems (which are characterized by defiance, aggression, and impulsivity) than parents of non-externalizing children (De Stasio et al., 2019; Merlo et al., 2020; Morgan, et al., 2002). There appears to be a dynamic and reciprocal relationship between parenting stress and externalizing behaviors across time (Mackler, et al., 2015). Similar to parenting children with other psychiatric difficulties or severe physical challenges (Chrétien et al., 2018; Cuzzocrea et al., 2018; Pace & Muzi, 2019; Sorrenti et al., 2019; Tomai et al., 2017), parenting a child who is disruptive and oppositional provokes understandable and aversive emotional reactions among parents, contributing to the exacerbation of children's symptoms (Bizzi & Pace, 2019; Fang et al., 2020; Mackler et al., 2015; Willford, et al., 2007). Few studies have examined implicit forms of coping with distress among parents seeking treatment for children's externalizing problems. In this study, we analyzed typical patterns of implicit emotion regulation of parents of children with oppositional defiant disorder (ODD).

One method of measuring implicit emotion regulation and stress management is to assess defense mechanisms (Di Giuseppe et al., 2019a; Martino et al., 2019a, 2019b; Settineri et al., 2019a, 2019b). Defense mechanisms are unconscious strategies that mediate an individual's response to internal conflicts and stressful situations (APA, 2013). Defense mechanisms are dynamic, change and develop across the lifespan, and are categorized along a hierarchy, ranging from least mature to most mature (Cramer, 1987; MacGregor & Olson, 2005; Vaillant, 1971, 2020). Although defenses often serve as a protective factor against negative life experiences, individuals who utilize more mature defenses are better able to alter their negative reactions and modify them to create new experiences and form new perspectives (Conversano, 2019; Di Giuseppe et al., 2020a; Martino et al., 2019c; Merlo, 2019a; Metzger, 2014; Rosa et al., 2019). Several studies demonstrated the key role of implicit emotion regulation in clinical psychology and psychotherapy (Catalano et al., 2019; Conversano et al., 2020a; 2020b; Lenzo et al., 2020; Maffei et al., 1995; Martino et al., 2020a, 2020b; Özsoy & Taşci, 2020; Settineri et al., 2019c). Healthy defenses can promote a positive level of adjustment to adverse experiences, while less mature defenses may be harmful as they lead the individual to ignore important thoughts and feelings (Di Giuseppe et al., 2019b; Laczkovics et al., 2018; Martino et al., 2020c; Porcerelli et al., 2016; Rachão & Campos, 2015). Defense mechanisms typically operate outside of conscious awareness, help reduce anxiety, and serve to protect the self from discharged feelings, undesirable thoughts, self-esteem deficits, and other internal or external stressors (Cramer, 2015a; Marazziti et al., 2020; Martino et al., 2020d; Rice & Hoffman, 2014). Parenting stress and parental reactions to children's negative emotions are typically assessed with self-report

measures with high face validity (Abidin, 1990; Fabes et al., 1990). Parental defenses play an important role in parent-child relationships, parents' ability to cope with children's distress, and children's development of emotion regulation capacities. Maternal identification with children's negative feelings is important to the overall parent-child relationship as children are likely to internalize parental reactions to distress (Likierman, 1988), which can take form as maladaptive emotion regulation capacities in children (Campbell et al., 2000). For example, mothers' acceptance of their children's negative emotions appears to buffer child aggressive behaviors (Ramsden & Hubbard, 2002). On the other hand, lower levels of maternal acceptance of negative emotions is associated with decreased emotion regulation in children and higher levels of aggression. Fathers also play a role in children's capacity to regulate difficult emotions. Paternal emotional withdrawal, but not maternal, is associated with decreased emotion regulation in toddlers (Gallegos et al., 2017).

There is also evidence from longitudinal research that maternal use of immature defense mechanisms (e.g. denial and projection) is associated with later emotion regulation and behavior problems among toddlers (Porcerelli et al., 2016). Conversely, maternal use of mature defenses, such as humor and altruism, predicts greater attachment security, better emotion regulation, and fewer behavior problems in toddlers (Porcerelli et al., 2016). The use of mature and more sophisticated defenses can help caregivers adjust to the challenges of parenthood. The use of specific defenses among parents has implications for children's later attachment styles and development across the lifespan (Prunas, et al., 2019).

Few studies examining the relationship between defenses and behavior problems have been conducted (Boldrini et al., 2020; Chrétien et al., 2018; Cramer, 2015b; Di Giuseppe et al., 2019c, 2020b; Marchetti et al., 2018; Merlo, 2019b; Settineri & Stein, 2019; Settineri et al., 2019d; Tanzilli et al., 2019, 2020). However, the study of parental defenses among parents of children with externalizing disorders is lacking, despite the clinical significance of this area of research (Gallegos et al., 2017; Guarnaccia et al., 2020; Perry & Bond, 2012; Porcerelli et al., 2016; Ramsden & Hubbard, 2002). Further research is needed to identify parental defense mechanisms in relation to caring for school-aged children, particularly children who exhibit emotional dysregulation and oppositional behaviors.

The present study sought to: (1) identify characteristic defensive functioning of parents whose children were in RFP-C treatment for ODD (quantitative assessment); and (2) describe the defensive profile of parents of children with ODD through the observation of their most prominent defensive patterns (qualitative assessment). We expected parents of children with ODD would rely on specific defense mechanisms that were distinct from those of a non-clinical

comparison group and that parents whose children were receiving RFP-C would share a specific and distinct defensive profile.

## 2. Method

### 2.1 Participants

Participants ($N = 68$) were obtained from two samples. The first subset ($N = 14$) were caregivers of children who were enrolled in a randomized controlled trial of RFP-C for the treatment of ODD. Parents were 44.5 years of age on average ($SD = 5.63$), ranging from 38 – 57. Table 1 presents detailed demographic data about caregivers. Children's ages ranged from 5 to 11 years old ($M = 7.5$, $SD = 2.07$); ten were male and all children met diagnostic criteria for oppositional defiant disorder at intake. The second subset of participants were 54 healthy individuals aging 52.4 years on average ($SD = 8.23$) recruited among health-care professionals enrolled in previous research (Di Giuseppe et al., 2020c).

**Table 1.** Caregiver Demographic Data

| | Frequency | Percent |
|---|---|---|
| Caregiver Relationship | | |
| Biological parent | 13 | 92.9 |
| Adoptive parent | 1 | 7.1 |
| Ethnicity | | |
| White | 8 | 57.1 |
| Black | 2 | 14.3 |
| Latino/Hispanic | 3 | 21.4 |
| Multi-ethnic | 1 | 7.1 |
| Education Level | | |
| High school diploma | 3 | 21.4 |
| Some college | 3 | 21.4 |
| College degree | 1 | 7.1 |
| Graduate degree | 6 | 42.9 |
| Caregiver Marital Status | | |
| Married | 7 | 50 |
| Divorced/Separated | 1 | 14.3 |
| Never married | 2 | 14.3 |
| Living with partner | 2 | 92.9 |
| No response | 1 | 7.1 |

### 2.2 Measures

Parental defense mechanisms were measured with the Defense Mechanisms Rating Scale Q-sort version (DMRS-Q; Di Giuseppe et al., 2014) a computerized observer-rated method derived from the gold-standard theory for defense mechanisms assessment (Perry, 1990) and applied to videos of RFP-C parent sessions. The DMRS-Q consists of 150 statements which represent 30 defense mechanisms, which are categorized hierarchically into seven defense levels

which are as follows, in order, from immature to mature defenses: Action, Major Image-Distortion, Disavowal, Minor Image-Distortion, Neurotic, Obsessional, High-Adaptive. An overall defensive functioning (ODF) score is also calculated. The DMRS-Q statements refer to personal mental states, relational dynamics, verbal and nonverbal expressions, behaviors, coping skills, and distorted perceptions that emerge on occasions when the subject experiences internal or external stress or conflict. Raters sorted each statement utilizing a seven-point Likert scale, ranging from least characteristic to most characteristic, which described how frequently the individual used each defense. The DMRS-Q rating procedure is free of charge, unlimited, and available online at https://webapp.dmrs-q.com/login.

### 2.3 Treatment

Regulation Focused Psychotherapy for Children (RFP-C; Hoffman et al., 2016) is a short-term, psychodynamic, play-based treatment for children with disruptive behavior disorders. In RFP-C, externalizing behaviors are understood to be defense mechanisms that protect children with poor emotion regulation skills from painful emotions such as sadness, longing, or fear (Hoffman et al., 2016; Prout et al., 2015, 2019). Thus, the goal of RFP-C is to acknowledge that all behavior has meaning and to foster the use of more adaptive defense mechanisms, thereby reducing the need for disruptive behaviors and improving implicit emotion regulation. Treatment is twice weekly for 10 weeks and includes 16 child-only sessions and four sessions with the caregiver(s). A pilot study with three children who completed RFP-C found that all participants experienced a decrease in symptoms and improved emotional regulation at the end of treatment, as measured by parent-report measures (Prout et al., 2019). The randomized controlled trial of RFP-C compares active treatment to a waitlist control group; those on the waitlist receive treatment after the 10-week waiting period. Participants were children ages 5-12 with oppositional defiant disorder (ODD) and their caregiver(s). Preliminary results of the RCT are promising, demonstrating improvements in ODD symptoms and emotion regulation among the treatment group as compared to the waitlist control group (Prout, 2020).

### 2.4 Procedures

This study was reviewed and approved by the Yeshiva University Institutional Review Board. Families were recruited through the RFP-C randomized controlled trial. All sessions were video-recorded as a procedure for the randomized controlled trial of RFP-C. Videos were randomly selected and rated by blind raters who previously received an eight-hour training on the DMRS-Q. Inter-rater reliability between DMRS-Q raters was .73, indicating acceptable agreement between raters (Shrout, 1998).

### 2.5 Data Analyses

Descriptive statistics were calculated for ODF, defense levels, defensive categories and individual defenses. Independent sample t-test was used to calculate characteristic defensive functioning of ODD parents as compared to the non-clinical sample (Di Giuseppe et al., 2020c). Frequency in DMRS-Q item scores were used for extracting the qualitative defensive profile of ODD parents. Pearson correlation analysis was performed in order to test the relationship between parent's defensive functioning and RFP-C treatment outcome.

## 3. Results

### 3.1 Parental Defensive Functioning

The average ODF among participants in the clinical sample fell in the high-neurotic range, consistent with previous studies on community samples (Di Giuseppe et al., 2020a; Marazziti et al., 2020). Defense levels higher in the hierarchy contributed to the ODF score for about 70%. In particular, high-adaptive, obsessional and neurotic defense levels were used by parents of children with ODD parents 39.8%, 16.9% and 12.3% of the time, respectively. Immature defenses were used less prevalently, especially the most maladaptive ones such as major image distorting and action defenses. Table 2 shows quantitative scores for ODF, defense levels and individual defense mechanisms used by parents of children with externalizing behavior problems.

Regarding the use of individual defense mechanisms, 10 defense mechanisms obtained a proportional score close to or higher than 5%. Five of those were high-adaptive defenses (self-assertion, self-observation, humor, affiliation, and suppression), two were obsessional defenses (intellectualization and isolation of affects), while the remaining were one neurotic defense (repression), one minor image-distorting defense (devaluation of other's image), and finally one disavowal defense (rationalization).

To understand defensive functioning characteristics among the clinical group of caregivers, we compared their scores to published data drawn from healthy controls (Di Giuseppe et al., 2020c). Several significant differences in the use of defense mechanisms emerged between the two samples. Parents of children with ODD treated with RFP-C relied on affiliation, humor, suppression, and devaluation of other's image more than healthy controls, and used less undoing and omnipotence. Defense mechanisms belonging to neurotic defense level were also less frequent among caregivers as compared to the non-clinical sample.

**Table 2.** Differences in defensive functioning between ODD's parents and healthy controls

| | Mean ODD's parents | *SD* | Mean healthy controls | *SD* | F | *p* |
|---|---|---|---|---|---|---|
| ODF | 5.67 | 0.54 | 5.15 | 0.49 | 0.282 | .597 |
| 7. High Adaptive | 39.78 | 12.48 | 33.16 | 11.52 | 0.632 | .430 |
| Affiliation | 5.88 | 3.01 | 4.15 | 2.00 | 6.270 | **.015*** |
| Altruism | 2.99 | 1.68 | 3.07 | 2.26 | 0.320 | .573 |
| Anticipation | 5.29 | 1.98 | 3.37 | 2.38 | 0.028 | .868 |
| Humor | 5.95 | 4.30 | 3.91 | 2.88 | 7.841 | **.007**** |
| Self-assertion | 6.41 | 2.12 | 5.49 | 2.13 | 0.001 | .981 |
| Self-observation | 6.21 | 2.41 | 5.99 | 2.51 | 0.404 | .527 |
| Sublimation | 1.18 | 1.26 | 2.80 | 1.92 | 3.929 | **.052*** |
| Suppression | 5.85 | 2.58 | 3.88 | 2.52 | 0.046 | .830 |
| 6. Obsessive | 16.92 | 4.58 | 16.15 | 5.97 | 2.600 | .112 |
| Isolation of Affects | 6.15 | 2.32 | 4.59 | 3.12 | 1.079 | .303 |
| Intellectualization | 6.34 | 2.88 | 5.80 | 3.08 | 0.242 | .625 |
| Undoing | 4.44 | 1.82 | 5.46 | 2.90 | 5.930 | **.018*** |
| 5. Neurotic | 12.29 | 2.80 | 14.65 | 4.37 | 3.774 | **.056*** |
| Repression | 5.49 | 2.38 | 4.96 | 2.59 | 0.333 | .566 |
| Dissociation | 0.92 | 1.27 | 1.37 | 1.49 | 0.250 | .619 |
| Reaction Formation | 2.56 | 1.45 | 4.02 | 1.93 | 3.442 | .068 |
| Displacement | 3.32 | 2.08 | 4.61 | 2.01 | 0.104 | .748 |
| 4. Minor Image-distortion | 12.00 | 3.74 | 15.25 | 4.24 | 0.084 | .773 |
| Devaluation S-I | 2.57 | 2.31 | 3.18 | 2.01 | 0.002 | .968 |
| Devaluation O-I | 4.86 | 3.48 | 3.88 | 2.22 | 7.802 | **.007**** |
| Idealization O-I | 2.23 | 1.00 | 3.07 | 1.55 | 3.486 | .066 |
| Idealization S-I | 1.12 | 1.19 | 2.89 | 1.84 | 1.779 | .187 |
| Omnipotence | 1.21 | 0.78 | 2.32 | 1.98 | 8.514 | **.005**** |
| 3. Disavowal | 12.13 | 3.75 | 11.44 | 4.05 | 0.520 | .473 |
| Denial | 2.27 | 1.78 | 2.56 | 1.66 | 0.265 | .608 |
| Rationalization | 5.88 | 2.03 | 4.42 | 1.85 | 0.706 | .404 |
| Projection | 2.46 | 1.69 | 1.97 | 1.31 | 0.497 | .483 |
| Autistic Fantasy | 1.51 | 1.35 | 2.40 | 1.63 | 1.654 | .203 |
| 2. Major Image-distortion | 2.33 | 1.90 | 3.63 | 2.94 | 3.057 | .085 |
| Projective Identification | 0.75 | 1.05 | 1.13 | 1.18 | .179 | .135 |
| Splitting S-I | 1.05 | 0.88 | 1.31 | 1.35 | 2.292 | .114 |
| Splitting O-I | 0.52 | 0.74 | 1.12 | 1.39 | 2.563 | .673 |
| 1. Action | 4.54 | 3.07 | 5.95 | 2.69 | 0.259 | .613 |
| Passive Aggression | 1.45 | 1.52 | 2.51 | 1.83 | 1.500 | .225 |
| HRC | 2.17 | 1.76 | 2.06 | 1.30 | 1.711 | .195 |
| Acting Out | 0.92 | 1.10 | 1.38 | 1.49 | 0.810 | .371 |

Note: Self-image abbreviated as S-I; Object's image abbreviated as O-I.

** $p<0.05$*
*** $p<0.01$*

### 3.2 Parental Defensive Profile Narratives

The most prominent defensive patterns of parents whose children were treated in RFP-C are described in Table 3. We analyzed DMRS-Q item score frequencies and extracted the 10 items with highest average scores on to obtain a Defensive Profile Narratives (DPN) for these caregivers. The DPN of parents of children with ODD showed a predominance of high-adaptive and obsessional defenses, with the addition of one minor image distorting defense. In particular, affiliation (item 22 and 90), self-observation (items 32 and 58) and intellectualization (items 26 and 50) occurred twice each, while humor (item 18), self-assertion (item 146), undoing (item 48), and devaluation of other's image (item 82) occurred once.

This qualitative description indicated that caregivers of children in treatment for externalizing behavior problems are inclined seek emotional support to help them think more introspectively and have a tendency to downplay stressful feelings. However, these caregivers also deal with conflicts by distancing themselves from uncomfortable feelings and not clearly identifying them, often devaluing others' accomplishments and minimizing their significance in order to raise personal self-esteem.

**Table 3.** ODD's parents Defensive Profile Narratives (DPN)

| Item# | Defense Level | Individual Defense | DMRS-Q Statement |
|---|---|---|---|
| 18 | High-adaptive | Humor | The subject makes amusing or ironic comments about embarrassing situations to diffuse them |
| 22 | High-adaptive | Affiliation | Whenever the subject brings a personal problem to someone for help or advice, the subject is not expecting the other to take care of it, but rather to help come up with a solution which the subject will then implement |
| 26 | Obsessional | Intellectualization | The subject talks about his personal experiences by making general statements that appear accurate but somehow avoid revealing specific personal feelings and reactions |
| 32 | High-adaptive | Self-observation | When confronting emotionally important problems, the subject can reflect upon relevant personal experiences and explore emotional reactions. This allows the subject to adjust better to limitations and compromises, possibly leading to more fulfilling outcomes |

| | | | |
|---|---|---|---|
| 48 | Obsessional | Undoing | When another person tries to clarify a statement made by the subject, the subject says thing like 'well, not really' or 'not exactly' followed by qualifications that do not clearly clarify things. Because the subject is wary of committing him or herself to any statement, the listener may be unsure as to the subject's definite opinion |
| 50 | Obsessional | Intellectualization | When discussing a topic that brings up negative, conflicting feelings, the subject prefers to keep things vague, reflected in very vague, general or inexact statements |
| 58 | High-adaptive | Self-observation | In interpersonal conflicts, the subject uses an understanding of his or her reactions to facilitate understanding others' points of view or subjective experiences. This may make the subject a better negotiator or collaborator |
| 82 | Minor Image-distortion | Devaluation of Other's image | The subject devalues others' accomplishments or motives, to minimize their significance, but he or she quickly dismisses such topics rather than dwell on them. |
| 90 | High-adaptive | Affiliation | When the subject has a physical or emotional or practical problem, the subject takes steps to deal with his or her needs – possibly including initiating getting help – rather than ignore them or hope they will take care of themselves |
| 146 | High-adaptive | Self-observation | When confronted with emotionally difficult situations, the subject expresses his or her thoughts, wishes, or feelings clearly and directly without inhibition or excess |

## 4. Discussion

The present study demonstrated that parents of children with ODD present with a characteristic defensive profile that emerges during treatment. These findings are particularly important from both the parent and the child perspective because they: (1) describe how caregivers use implicit emotion regulation in dealing with their child's behavioral difficulties; and (2) give clues to clinicians in picturing what the child is experiencing as the parental defensive response to his or her behavioral problems. These findings also suggest that specific intervention strategies may be especially helpful in responding to and helping to modify parents' implicit emotion regulation capacities in order to better support their children. Since all data were collected and analyzed within the clinical setting of the manualized RFP-C, findings offered a point of reflection for improving interventions for parents whose children are receiving treatment for ODD.

Our first research aim, to identify characteristic defensive functioning among parents of children with ODD, was achieved through a quantitative assessment of defense mechanisms. Caregivers tended to rely on mature implicit emotion regulation with low use of immature defensive strategies on average. High use of mature defenses, such as self-assertion, self-observation, humor, and affiliation, can aid in fostering cooperation through the therapeutic relationship and promoting adherence to treatment (Levy et al., 2015; Owen & Hilsenroth, 2011). In addition, suppression may help in establishing the child's treatment as a family priority (Di Giuseppe et al., 2019b). Additionally, intellectualization and isolation of affect helps parents in logically dealing with their children's behavioral problems while keeping distance from charged feelings associated to the child's ODD symptoms. Interestingly, in addition to these encouraging findings, higher rates of devaluation of other's image, particularly used in discussing issues related to child behavioral difficulties, emerged from comparing caregivers with community controls. Considering the function of this defense mechanism in moderating the individual's self-esteem from frustration, shame and worthlessness, (Perry, 1990; Perry et al., 2020), this result indicates the emotional vulnerability of caregivers in confronting their child's distress. This is an important finding given that parents' emotional vulnerability, in the face of their child's distress, may sometimes be hidden and difficult for therapists to access.

Qualitative assessment of defense mechanisms among parents whose children where in treatment for ODD confirmed our second hypothesis of specific implicit emotion regulation patterns in caregivers of children with externalizing behaviors. The defensive profile of ODD parents described by the DPN indicated that caregivers can express their thoughts, wishes, or feelings clearly and directly without inhibition or excess (item 146) and reflect upon relevant personal experiences and explore emotional reactions (item 32) in order to facilitate understanding others' points of view or subjective experiences (item 58). The ability to deal directly with the child's needs rather than ignore them or hope they will take care of themselves (item 90), results in asking for help or advice which the subject will then implement (item 22). However, these parents often talk about their personal experiences with the child's externalizing behaviors by keeping things vague (item 50), with sentences like 'well, not really' or 'not exactly' followed by qualifications that do not clearly clarify things (item 48) or by making general statements that appear accurate but somehow avoid revealing specific personal feelings and reactions (item 26). At times, they also devalue the child's and external caregivers' accomplishments (i.e. at school or in therapeutic settings), in order to minimize their significance (item 82) or just to diffuse the tension (item 18).

These preliminary evaluations of defensive functioning and defensive profile of parents whose children were treated for ODD with the RFP-C inspired several considerations. First, the

maturity of parental implicit emotion regulation fostered seeking psychological interventions, such as RFP-C, which leads to both the parent and child's understanding of behavioral symptoms. As previous studies highlight, reliance on mature defenses is associated with better parental quality of life (Cohen & Finzi-Dottan, 2014) and more positive relationships with children (Nevarez et al., 2018), which is a protective factor against developing persistent conduct problems (Vanderbilt-Adriance et al., 2015). Second, the parent's difficulty in expressing personal feelings related to the child distress indicates the need to keep emotional distance from stressful parenting experiences, which may be associated with children's ability to cope with their own painful emotions (Ramsden & Hubbard, 2002). Finally, the characteristically high use of devaluation of other's image, in particular toward both the child and his or her external caregivers, showed how strongly the child's disruptive behaviors can impact a parent's self-esteem. In line with our findings, several psychodynamic therapy models for children and families emphasize the modification of defenses, increasing parental reflective functioning, and supporting parents' ability to tolerate painful emotions (Cummings & Wittenberg, 2008; Eresund, 2007; Hoffman, et al., 2016; Midgley et al., 2013; Ramires et al., 2017; Wiegand-Grefe et al., 2016).

Despite the relevance of clinical implications of our findings, the present study has several limitations. The small sample is not representative of all parents of children with ODD. Given the prevalence of ODD and what we know about treatment accessibility – up to 80% of youth with mental health difficulties do not receive treatment (Kataoka et al., 2002; Schleider et al., 2020) – there are many parents whose children have ODD but do not present for treatment. Future assessment of differences in defense mechanisms among parents who do access treatment and those who do not is recommended. However, the randomized sampling allowed a certain reduction in variability. The sole assessment of defense mechanisms as a psychological variable limited the statistical analyses possible, although it was performed using a valid and reliable measure such as the DMRS-Q. Further studies on larger samples are needed to replicate these preliminary findings and link them to other - biopsychosocial aspects of child development.

## 5. Conclusion

Studying parents' mechanisms of defense against painful emotions may provide a better understanding of parental experiences of child distress. Parents who are aware of and able to tolerate their child's intense negative feelings help children develop greater capacity to regulate difficult emotions (Ramsden & Hubbard, 2002). Parenting practices impact children's ability to learn how to manage emotions and behavior, while interventions focused on helping children

and parents notice and modify the use of immature defenses can help alleviate behavior problems (Hoffman et al., 2016; Prout et al., 2019). Assessing defenses in clinical practice allow clinicians to tailor treatment (Perry, Knoll, & Tran, 2019), to better support parents' automatic emotion regulation capacities and, in turn, support healthy child development (Di Giuseppe et al., 2020b; Lingiardi et al., 2010, 2018).

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