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## Examining the Effectiveness of the Combined Eyberg Parent-Child Interaction Training and Personality-Centered Parenting on Internalizing and Externalizing Problems in Children Aged 7 to 10 Years

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### ABSTRACT

**Objective:** This study aimed to examine the effectiveness of the combined Eyberg Parent-Child Interaction Training and personality-centered parenting on internalizing and externalizing problems in children aged 7 to 10 years.

**Methods:** The research method was a quasi-experimental design with a pre-test and post-test control group. The research population included mothers of children aged 7 to 10 years in Tehran with internalizing and externalizing problems. From this population, 30 mothers were selected through convenience sampling and randomly assigned to two equal groups (each group consisting of 15 participants). The experimental group received eight 90-minute online sessions of Eyberg Parent-Child Interaction Training and personality-centered parenting, while the control group received no intervention. For data analysis, first, descriptive information related to the research variables was provided.

**Findings:** After confirming the assumptions for using covariance analysis, the hypothesis test results indicated that the combined intervention package of Eyberg Parent-Child Interaction and personality-centered parenting had an effect on internalizing and externalizing problems ( $p < .01$ ). Comparison of the effect sizes obtained showed that the intervention package had the most significant impact on four components (aggression, thought problems, somatic complaints, and anxiety/depression) out of a total of eight behavioral problem components ( $p < .01$ ). The effect size (eta coefficient) demonstrates the intervention's impact on the dependent variables. Comparison of the effect sizes showed that the intervention package had the greatest impact on anxiety/depression with an eta coefficient of 0.511, followed by thought problems with an eta coefficient of 0.443, aggression with an eta coefficient of 0.385, and somatic complaints with an eta coefficient of 0.351.

**Conclusion:** The findings indicated that parental training led to a reduction in children's internalizing and externalizing problems. The results suggest that prioritizing and examining parenting styles should be considered the first line of treatment, as children learn how to interact with others within the family, and family experiences serve as models for their future social relationships.

**Keywords:** *Eyberg Parent-Child Interaction Training, personality-centered parenting, internalizing problems, externalizing problems.*

## 1. Introduction

Children often exhibit significant differences compared to their peers, and these seemingly simple differences, referred to as temperament, are powerful predictors of many behaviors throughout adulthood. Therefore, understanding children's personalities can serve as a roadmap to predicting and mitigating potential issues during the sensitive period of childhood, thereby removing barriers to the development of their inherent talents and interests (Achenbach & Rescorla, 2001). It is evident that parents, despite trying to provide the best material and psychological conditions for their children, often unintentionally lower their children's self-esteem and self-confidence through criticism, fault-finding, and comparisons due to a lack of adequate understanding of their abilities and talents. Consequently, a child who is repeatedly criticized by their parents may gradually doubt their own abilities and talents, potentially perceiving themselves as inherently flawed. Thus, recognizing children's personality traits and incorporating this information into parenting practices is essential. This study focuses on the effectiveness of parent-child interaction based on children's personality traits in reducing internalizing and externalizing problems in children (Beh-pajooh et al., 2018; Phillips & Mychailyszyn, 2021; Radfar et al., 2022). The findings of Nasirinia (2021) also showed that teaching communication skills to parents positively impacts children's self-esteem, which is a crucial personality trait and a significant factor in reducing aggression (Nasirinia et al., 2021).

Various methods have been developed for parent-centered therapeutic training, which share many similarities and often have strong research support and empirical backing. Parent-child interaction therapy (PCIT) is a family-centered approach that offers appropriate techniques for children aged 3 to 12 years (Pirnia et al., 2017; Puliafico et al., 2012). Currently, most psychologists and psychiatrists agree that disorders can be divided into internalizing and externalizing types (Zareei et al., 2022). Internalizing problems are intrapersonal and manifest as social avoidance, anxiety, and depression, while externalizing problems are interpersonal and reflect maladaptive behavioral patterns

that conflict with others (Achenbach & Rescorla, 2001). The findings of Ross and colleagues (2023) demonstrated that early onset of internalizing and externalizing behavioral problems in children is associated with academic, social, and psychological challenges in later years. Therefore, identifying factors that may cause these behavioral problems before school age is crucial in reducing their negative effects. The results of this study showed that boys exhibited more externalizing and internalizing behaviors compared to girls upon entering kindergarten (Ross et al., 2023).

Studies revealed significant differences in parenting styles and academic issues related to adolescent problems. Based on these findings, this study aims to make parent-child interactions more practical based on children's unique typology to take more effective steps in reducing internalizing and externalizing symptoms and behavioral problems (Penley & Eble, 2006). It is important to note that while most articles on parent-child interaction (Beh-pajooh et al., 2018; Penley & Eble, 2006; Phillips & Mychailyszyn, 2021; Pirnia et al., 2017; Puliafico et al., 2012) focus on children's externalizing and internalizing problems, the present study combines parent-child interaction with personality-centered parenting and seeks to answer whether implementing an interactive program and parenting based on children's unique personalities can effectively reduce children's externalizing and internalizing problems.

## 2. Methods

### 2.1. Study design and Participant

This study employs a quasi-experimental design with a pre-test and post-test control group. The research population consisted of mothers of children aged 7 to 11 years in Tehran with externalizing and internalizing problems. From this population, 31 mothers were selected using convenience sampling and randomly assigned to two equal groups (each group consisting of 11 participants). The experimental group received eight 90-minute online sessions of Eyberg Parent-Child Interaction Training and personality-centered parenting, while the control group received no intervention. For data analysis, first, descriptive information related to the

research variables was provided. After confirming the assumptions for using covariance analysis, the Kolmogorov-Smirnov test and Levene's test were used to examine univariate and multivariate covariance. The dependent variable, which includes the symptoms of externalizing and internalizing problems, was assessed at two stages: two weeks before the start of treatment (baseline) and one week after the end of treatment. Inclusion criteria were: children aged 7 to 11 years, which is a prerequisite for PCIT, having externalizing and internalizing problems as reported by at least one source (parents, teachers, or a clinical psychologist), diagnosis of externalizing and internalizing problems using the Achenbach (1991) test, and the primary and legal caregiver's participation in the intervention. Exclusion criteria were: children under 7 or over 11 years old, and the primary caregiver's refusal to attend educational sessions and participate in evaluations.

## 2.2. Measures

### 2.2.1. Behavioral Problems

Child Behavior Checklist (CBCL), consisting of 113 items, was developed by Achenbach in 1991 for children aged 6 to 18 years. This system includes three forms: parent report, youth self-report, and teacher report. Each form has two sections: the "competence" section, which examines three scales (activities, social relations, and academic performance), and the "behavioral problems" section, which is scored based on DSM-IV criteria and factor analysis. The DSM-based scoring includes six subscales (emotional problems, anxiety problems, somatic problems, hyperactivity/attention deficit, oppositional defiant problems, and conduct problems). The cut-off points for this questionnaire are clinical, borderline, and subclinical. This study uses the parent report version. In the normalization of this test in the Iranian population, the internal consistency of all scales of the teacher and parent forms was evaluated using Cronbach's alpha coefficient. The validity and reliability of the test were assessed using retest over 15 days on 1800 parents and teachers. The internal consistency of the parent form ranged from 0.53 to 0.81, and the retest reliability ranged from 0.65 to 0.87 (Beh-pajooch et al., 2018).

### 2.2.2. Personality

To assess the mother's personality type, the standard Myers-Briggs Type Indicator was used. This test, based on

Jung's theory, was developed by Myers and Briggs. It examines four bipolar personality types (extraversion-introversion, sensing-intuition, thinking-feeling, judging-perceiving) on a continuous scale. This questionnaire was standardized in Iran by Mohammadian Dehkordi in 2007. The overall reliability of the test using Cronbach's alpha is 0.51. As a self-assessment tool, it includes 88 questions that categorize individuals into 16 personality types and four main dimensions. Scoring is done as one (key option) and zero (non-key option), with key options favoring extraverted, logical, sensing, and structured types. The Myers-Briggs test is considered a standard tool, with its validity and reliability evaluated in numerous international and domestic studies (Shirkhodaie et al., 2020).

## 2.3. Intervention

### 2.3.1. Combined Eyberg Parent-Child Interaction and Personality-Centered Parenting Program

Eyberg Parent-Child Interaction Therapy (PCIT): PCIT is a parent training program developed and validated by Eyberg in 1999. It is suitable for children aged 2 to 10 years and focuses on two sets of skills in two treatment phases. In the child-directed interaction phase, parents learn common play therapy skills to enhance parent-child communication. Skills in this phase include praising, reflecting, imitating, being enthusiastic, describing, and giving contingent attention. In the parent-directed interaction phase, parents learn skills to increase compliance and reduce disruptive behaviors in children. These skills include giving effective commands, praising, compliance, using timeout for non-compliance, and establishing household rules. This therapeutic approach was initially used to help children with disruptive behavior and is now considered an evidence-based treatment for children with behavioral and emotional disorders worldwide, emphasizing improving the quality of parent-child interactions and changing interaction patterns (Eyberg et al., 2001; Pirnia et al., 2017).

Personality-Centered Parenting Program: This educational and intervention program, based on Jung's (1920) psychological types, was developed by the researcher. The child's and mother's personality types are determined using the MBTI and diagnostic interviews. Parenting practices related to each personality type are then taught to the parents. The type of parenting is tailored to the child's and mother's typology (Penley & Eble, 2006). Initially, theories, resources, and various studies on parenting based on children's unique typology were

reviewed to prepare this educational package. Based on the research results, an eight-session online educational package was developed, focusing on mother and child typology training. This educational package was reviewed and revised by experts to ensure content validity.

The educational package was reviewed by a group of experts to assess content validity, and the Content Validity Ratio (CVR) and Content Validity Index (CVI) were calculated. The minimum acceptable CVR, considering the number of experts reviewing the content, is calculated. For ten experts, a minimum CVR of 0.62 is acceptable; if the score is lower, the content is considered invalid (Saleh, 2012). To calculate the CVI, experts rate each item from 1 (irrelevant) to 4 (completely relevant). The number of experts who rate the items as 3 or 4 is divided by the total number of experts. If the calculated number is greater than 0.79, the content is acceptable. After initial revisions to address content and implementation issues, the educational package was piloted to make it suitable for parents and their children. After final adjustments, the final version was prepared for the online educational sessions. The combined Eyberg Parent-Child Interaction and Personality-Centered Parenting program was implemented in eight 90-minute sessions for the experimental group. A summary of each session's content is explained in the next section.

#### Session 1

The first session begins with a pre-treatment assessment, where the Achenbach Child Behavior Checklist (CBCL) and the Revised Children's Manifest Anxiety Scale (RCMAS) are administered to record the child's behavioral problems and anxiety levels. Additionally, the personality typology of both the child and the mother is determined using a personality test to provide a baseline for the interventions.

#### Session 2

In this session, parents are introduced to the basic principles of Parent-Child Interaction Therapy (PCIT), focusing on child-directed interaction. They are taught to ignore negative behaviors and provide positive behavioral descriptions without pointing out mistakes. Simultaneously, the session introduces the concepts of personality-centered parenting, explaining Jung's typology theory and the Myers-Briggs Type Indicator (MBTI) as the foundation for understanding personality traits in parenting.

#### Session 3

Parents learn about special playtime, including the conditions and guidelines to enhance mother-child interactions. Skills such as allowing the child to lead the play, avoiding questions and criticism, and using behavioral

descriptions are emphasized. Additionally, the session delves into the mother's personality traits based on the previously identified code, helping her understand her preferences and strengths in parenting.

#### Session 4

This session focuses on teaching parents skills to encourage appropriate behavior, imitate the child's play, show interest and excitement in interactions, and ignore negative behaviors. It also covers children's specific emotions and how their typology influences these emotions, such as sadness, joy, and anger. The nature, causes, and cycle of anxiety are discussed, emphasizing the importance of considering children's unique typology to prevent or reduce anxiety.

#### Session 5

Parents are encouraged to apply the child-directed interaction skills learned so far, with reports of each play session reviewed. The session also addresses parenting methods related to school problems and children's homework, considering the child's personality type and learning style. A comprehensive explanation of the child's personality type (as a four-letter code) is provided to help parents understand the child's abilities and preferences in preschool and school age.

#### Session 6

The focus shifts to parent-directed interaction, teaching parents effective communication skills and ways to encourage children to follow instructions. It also addresses the child's interactions with peers and issues related to making friends, considering their typology. Additionally, parents learn strategies to enhance their child's stable self-confidence based on personality preferences, understanding that boosting self-confidence can prevent internalizing or externalizing problems.

#### Session 7

This session teaches parents how to give effective commands and deal with non-compliance through methods like time-out and appropriate reward and punishment techniques tailored to the child's typology. The session also introduces the child's primary nature and the leading and secondary aspects of their personality code, helping parents understand how the fundamental human temperaments and dominant traits guide the child's thoughts and behaviors.

#### Session 8

In the final session, parents learn how to apply and generalize the skills learned to all daily life situations. The session addresses any potential weaknesses in the mother's acquired skills, answers questions, and conducts post-

assessment measurements to evaluate progress. The focus is on ensuring that parents can effectively use the skills and knowledge gained throughout the intervention in everyday interactions with their child.

2.4. *Data Analysis*

The data were analysed via SPSS-26 and analysis of covariance.

3. **Findings and Results**

The descriptive statistics results is shown in [Table 1](#).

**Table 1**

*Descriptive Statistics for Experimental and Control Groups*

Variable	Mean (Experiment)	SD (Experiment)	Mean (Control)	SD (Control)
Aggression	20.98	5.44	20.29	8.35
Rule-breaking	24.30	5.10	30.48	6.05
Attention Problems	22.06	9.16	24.12	5.64
Thought Problems	20.90	8.89	26.37	6.58
Social Problems	18.47	9.35	15.38	6.82
Somatic Complaints	22.92	9.89	27.35	7.85
Withdrawal	18.75	9.00	27.24	7.19
Anxiety/Depression	27.84	7.31	27.34	9.94
Externalizing	29.27	8.90	33.87	5.51
Internalizing	17.67	5.59	28.64	6.04
Behavioral Problems	25.83	8.20	22.19	5.81
Physiological Anxiety	20.58	5.72	23.74	8.27
Extreme Sensitivity	21.36	9.72	28.95	6.27
Worry	28.51	7.61	16.20	7.33
Anxiety Symptoms	11.42	7.07	28.34	6.22

Since the significance level in Kolmogrov-Smirnov test is greater than 0.05, it can be concluded that the distribution of dependent variable scores is normal ( $p > 0.05$ ). The results of Levene’s test show that the significance level for all variables is greater than 0.05 ( $p > 0.05$ ), indicating that the variance of the dependent variables is homogeneous and similar across the groups (independent variable). Thus, the

assumption of homogeneity of variances is met. Finally, The F-value for linearity of covariate test shows the impact of the covariate variable on the eight components of behavioral problems, which is significant considering  $p < 0.05$ . Therefore, the assumption of linearity of the covariate and dependent regression is also met.

**Table 2**

*Analysis of Covariance of Intervention Effects on Behavioral Problem Components*

Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Power
Aggression	238.50	1	238.50	12.52	0.002	0.385	0.920
Rule-breaking	69.80	1	69.80	1.53	0.231	0.071	0.218
Attention Problems	34.16	1	34.16	1.50	0.235	0.070	0.215
Thought Problems	296.80	1	296.80	15.89	0.001	0.443	0.966
Social Problems	82.94	1	82.94	1.88	0.185	0.086	0.257
Somatic Complaints	437.16	1	437.16	10.82	0.004	0.351	0.879
Withdrawal	46.24	1	46.24	2.15	0.158	0.097	0.287
Anxiety/Depression	812.16	1	812.16	20.91	0.001	0.511	0.991

Wilks' Lambda = 0.306, F = 3.684,  $p < 0.018$

The Wilks' Lambda test results (multivariate effect) show that Wilks' Lambda is 0.306 and the F value is 3.684, which is significant at the 0.05 level. This indicates that the

intervention had a significant effect on at least one of the dependent variables (eight behavioral problem components).

#### 4. Discussion and Conclusion

According to the findings of the present study, the results indicate that the combined intervention package of Eyberg Parent-Child Interaction and personality-centered parenting had a significant effect on four components of behavioral problems: aggression, thought problems, somatic complaints, and anxiety/depression, out of a total of eight components. Comparison of effect sizes shows that the greatest impact was on anxiety, followed by thought problems, aggression, and somatic complaints. This suggests that the intervention improved participants' scores on these four components. The recorded effect sizes for these four components were statistically calculated as medium to strong (anxiety/depression with an eta coefficient of 0.511, thought problems with an eta coefficient of 0.443, aggression with an eta coefficient of 0.385, and somatic complaints with an eta coefficient of 0.351). However, the intervention did not have a significant effect on the other four components: rule-breaking, attention problems, social problems, and withdrawal.

The significance of the reduction in aggression (one of the components of the Achenbach test) in this study (effect size = 0.38) is noteworthy, as the root of aggressive behaviors in children or adolescents often stems from the family environment, such as stressful family conditions, lack of non-aggressive behavioral role models for observational learning, inappropriate parenting (overly rigid and controlling or overly permissive), family conflicts, and many other factors (Nasirinia et al., 2021; Radfar et al., 2022). Therefore, the change in parenting style in this study, which led to a significant reduction in child aggression (as perceived by parents), actually targeted these factors that significantly contribute to the development of aggressive behaviors in children. This finding highlights the importance of examining and prioritizing parenting styles as the first line of treatment in similar cases where families face externalizing behavioral problems in children (Nasirinia et al., 2021; Radfar et al., 2022).

Regarding the reduction in thought problems (related to the Achenbach test), which had a significant effect size in this study, it is important to note that thought problems are indicators measuring symptoms common in several psychiatric disorders, such as hallucinations, obsessive-compulsive symptoms, strange thoughts, and suicidal or self-harming thoughts. The thought problems scale may also be associated with obsessive-compulsive disorder and bipolar disorder in children (Abdellaoui et al., 2012). Since

the goal of this study was not clinical assessment of psychiatric disorders, the significant reduction in thought problems observed suggests that the intervention, due to its dual structure (general parent-child interaction training and specific personality-based training), was able to influence some cognitive and thought processes in children. Given the age group of the sample (7 to 10 years), who are in the stage of concrete operational thinking according to Piaget's theory, the intervention likely impacted both the content and the appearance of their thinking, which should be explored further in related research.

#### 5. Suggestions and Limitations

Researchers often face limitations in their studies, which may be apparent even from the start. One major limitation is access to statistics and information, which can be challenging in Iran. Therefore, to interpret the results, data from databases in countries such as the United States and Australia were used. If accurate records of families seeking psychological help for their children were maintained, a larger target population could be utilized for research and therapeutic advancement. Since this study is the first to investigate the effectiveness of personality-centered parenting on children's problems, it is recommended to replicate the study with larger samples and in diverse communities with different cultures, which may vary in the prevalence of personality types. Additionally, because personality-centered parenting training is tailored for each family, single-subject designs are suggested for more precise evaluations. This study is an important step in assessing the role of attention to children's unique characteristics; however, multiple other factors can explain differences between research findings, suggesting the need for separate evaluation of this therapy from parent-child interaction therapies. The practical implication of this research is to emphasize the importance of recognizing children's unique personality preferences and traits, which are often overlooked by parents and caregivers, potentially contributing to anxiety in children.

#### Authors' Contributions

Authors contributed equally to this study.

#### 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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## Ethical 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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