



The effectiveness of training mothers with Barclay's behavioral approach on the dimensions of parenting and anxiety of children with attention deficit/hyperactivity disorder

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ARTICLE INFORMATION	ABSTRACT
Article type Original research Pages: 88-97 Corresponding Author's Info Email: Yaghobian7839@gmail.com	Background and Aim: Not only is it important to investigate the components and factors affecting it in order to help prevent and treat this disorder in children, but it is also necessary to investigate the effectiveness of effective treatments in reducing the symptoms of this disorder. The present study was conducted with the aim of determining the effectiveness of teaching mothers with Barclay's behavioral approach on the dimensions of parenting and anxiety of children with attention deficit/hyperactivity disorder. Methods: The research method was quasi-experimental with pre-test and post-test design with experimental and control groups. The research population was all children with attention deficit/hyperactivity disorder who referred to the specialized children's psychiatric clinic in Gorgan city in the first ten months of 2022. The research sample was 24 people who were selected by purposive sampling method and randomly assigned to three groups of experimental (n=12) and control (n=12). The experimental group received Barclay Behavioral Maternal Education in 12 sessions of 90 minutes. The research instruments were the Alabama Form Parent Parenting Questionnaire (1991), and Spence Form Parent Child Scale (2001). Data were analyzed by analysis of covariance using SPSS-22 software. Results: The results showed that parent training with Barclay's approach improved parenting dimensions (parental participation, positive parenting, instability in discipline, weakness in monitoring and physical punishment) in mothers and reduced anxiety in children with attention deficit/hyperactivity disorder (P<0.05). Conclusion: According to the research findings, the use of Barclay's parenting training can be used as an effective method to improve the parenting dimensions of mothers and the anxiety of children with attention deficit hyperactivity disorder by modifying the parenting pattern of parents of children with attention deficit hyperactivity disorder.
Article history: Received: 2022/12/12 Revised: 2023/03/28 Accepted: 2023/04/10 Published online: 2023/11/02	
Keywords: parenting, anxiety, attention deficit/hyperactivity disorder, mothers.	



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How to Cite This Article:

Yaghobiyani, R., & Ghandhari, N. (2023). The effectiveness of training mothers with Barclay's behavioral approach on the dimensions of parenting and anxiety of children with attention deficit/hyperactivity disorder. *Jayps*, 4(8): 88-97.

Introduction

Attention Deficit/Hyperactivity Disorder is a neuro-developmental disorder that, based on the fifth diagnostic and statistical manual of mental disorders, this disorder includes a comprehensive set of inattentive or hyperactive-impulsive behaviors; It should last for at least 6 months and disrupts social and academic performance (Hassanzadeh, Amraei, and Samadzadeh, 2019). It is also the presence of various signs of disorder in two or more situations such as school, home or work environment (Majaravitz and Piromaridi, 2023). The prevalence of these disorders is different in different studies, and in general, 5.3% of girls and 4.2% of boys suffer from attention deficit/hyperactivity disorder in childhood (Zhang, Li, and Wang, 2022). In other words, due to the nature of this disorder, and due to the creation of continuous problems, followed by many psychosocial restrictions and pressures for the affected person and his family, it has many consequences (Liang, Lee, and Chen, 2021). It also causes weak interpersonal relationships and unfavorable social development in these children, which plays a significant role in future failures and anxiety in these children (Sabetkhah Fomeni et al., 2019). In this regard, Mueller and Seehus (2019), showed that children who have adaptation problems and have not acquired the necessary communication skills in a proper way, do not have a proper emotional, emotional, psychological and personality balance; Also, they cannot have a healthy relationship with others and avoid competition and cooperation with others.

Anxiety disorders are one of the most common forms of psychological distress among children and are defined as disorders whose common features are excessive fear, anxiety, and behavioral abnormalities associated with these symptoms. (Panahi et al., 2019). Studies conducted on the epidemiology of this disorder show that about 8 to 12 percent of children face one of the diagnostic criteria of anxiety disorder, to the extent that it disrupts their normal life and daily performance. (Cobham, Hickling, & Middeldorp, 2020). This is while girls suffer from anxiety disorders more than boys (Sibras, Efron, Patel, Mulraney, Lee et al., 2019). The onset of this disorder is early in children and often begins in preschool age (Stalchmidt, Churpita, & Vagir, 2019). These disorders cause academic, social and family

problems and put the child at high risk of depression and other psychological disorders (Hassanzadeh Aul et al., 2020).

Therefore, attention - deficit/ hyperactivity disorder can make children face many problems and cause psychological disorders in general and anxiety in particular in children (Quinivili, Kalogropoulou, & Period, 2022). For this reason, it is very important to identify these children and the factors affecting them in order to carry out appropriate and early interventions (Rezaei, Merkoui and Kodkhoda, 2017). Research shows that parents play a very important role in the development and maintenance of anxiety disorders in children. The results of Yafi's research (2021) show that parents who have inappropriate psychological characteristics and negative parent-child interactions have severe problems in their parenting duties and cause the development and maintenance of anxiety disorders in their children. Hosseinzadeh et al. (2019) also showed in their research that disruption in parent-child relationships and ineffective parenting behaviors and attitudes is a determining issue for the development and continuation of anxiety and psychological disorders in children. Based on this, it can be said that closeness, support, and high supervision as dimensions of parenting play an essential role in reducing the incidence of psychological problems in children (Yang, Fan, and Zhao, 2020).

Parenting is defined as a set or system of behaviors that describes parent-child interactions during a wide range of situations and creates an effective interactive atmosphere (Naqibi & Khaltabari, 2021). Perceived parenting dimensions are a determining and effective factor that plays an important role in psychopathology and children's development. Based on this, Shaffer (1959) presented a model about parent-child relationships by proposing the dimensions of affection (rejection and control) and freedom. Parents' behavior along the dimensions of love and rejection varies from positive response to self-reliance behavior and excessive encouragement and not using punishment to pure indifference, leaving the child, not giving positive response and using punishment (Chaharduli, Khademi Ashkazri, and Naqsh, 2022). Along the axis of control and freedom, parents' behavior fluctuates from relatively complete independence to the child to

complete control over his activities (Gralfski & Yankoska, 2020). In this context, it can be said that what the child perceives from the parents' behavior is more important than the parents' attitude towards their parenting behavior (Alman, Klein, and Kupala-Sibley, 2022). Studies that have examined the effect of family interaction patterns on the exacerbation of symptoms of attention deficit/hyperactivity disorder and other psychological, social and emotional problems of children, on the one hand, have considered these disorders as a kind of child's reaction to family disturbances. (Zhang, Fu, & He, 2022). On the other hand, they have pointed to inappropriate environmental stimuli, such as not accepting the child, lack of affection and sufficient support from parents, excessive affection, aimlessness in the family, coldness of the family center, and parents' strictness. (Craig, Savino, & Trabasa, 2021).

Accordingly, the effects of having a child with attention deficit/hyperactivity disorder on the family are very deep; So that the occurrence of this disorder in a child or children, in addition to threatening the mother-child relationship, causes many emotional and economic disorders in the family (Ogg, Shalibi and Rogers, 2022). For this reason, the presence of a child with attention deficit/hyperactivity disorder in the family is a source of stress for mothers who deal with the child more than others, and it also affects their mental health and adaptation; And it increases the stress of parenting and reduces the parent-child relationship in them (Valiei & Amani, 2020). Based on this, it seems that therapeutic educational programs focused on strategies are effective for improving parent-child relationships and reducing parenting stress, because this treatment can improve forced parent-child interactions, which are often the source of escalation and continuation of problematic behaviors. (Gudarzi et al., 2018). One of the methods based on improving relationships and the system of family interactions is the behavioral training of mothers based on the Russell Barclay model, which has a significant impact on the treatment of parent-child relationships (Vander Old & Tripp, 2020). Smith (1996) places types of parent training programs in two general categories including parent behavioral and communication training. Behavioral training includes interventions with

a behavioral approach and social learning, and communication training includes interventions with three Adlerian, humanistic and psychodynamic approaches (Daly et al., 2022). In behavioral training of parents, it is assumed that the child's behavior (be it normal, deviant or delayed) is related to the child's previous and current interactions with those around him, especially with his parents; In other words, to change the child's behavior, the behavior of those around the child must also change (Mohammadi Hesari & Qamari, 2017). The strategies used in this program are: Accurately defining the treatment goals, teaching the parents the principles of social learning, using behavioral techniques to shape the child's behavior, reviewing the progress process with the help of regular documentation and changing the education according to these documentation and modifying the environmental conditions to continue and generalize the changes made. (Raulston, Zimantic, & Frantz, 2019). Risley, Cizelski, and Tom (2020), and Stenhouse et al. (2020), showed that behavioral training for parents reduced family dysfunction, increased parent-peer relationships, self-esteem, and reduced children's disordered symptoms.

According to what was said, it seems that training with Barclay's behavioral approach helps mothers and improves their interactions with their children by improving parenting styles, awareness and acceptance of children. Increasing and improving parenting can help in the level of anxiety and interactions of mothers with children with attention deficit/hyperactivity disorder. By examining the researches in this field, no study similar to the present study has been conducted on the impact of parent-centered interventions on children's attention-deficit/hyperactivity disorder and the impact on children's social skills. Also, suppose the high prevalence rate of 8-12% of attention deficit/hyperactivity disorder in children in Iran (Hassanzadeh et al., 2019) and also considering the wide impact that the disorder has on the child's academic, social, and family functioning. (Cordova, Antovich, & Nigg, 2022). Therefore, it is not only important to investigate the components and factors affecting it in order to help prevent and treat this disorder in children, but it is also necessary to investigate the effectiveness of effective treatments in reducing the symptoms of this disorder. According to the

material stated about effective psychological treatments in increasing parent-child relationships and reducing the symptoms of psychological disorders in children, the main question of the present research is: Is the training of mothers with Barclay's behavioral approach effective on parenting and anxiety dimensions of children with attention deficit/hyperactivity disorder?

Method

According to the type of research, the research design was semi-experimental with a pre-test-post-test design with a control group. The statistical population was all mothers with children aged 7 to 14 years with attention deficit/hyperactivity disorder who referred to a child psychiatry specialist in Gorgan in 2022. The available sampling method was used to select the sample from the statistical population and the target population of the research. After announcing the call and placing notices in two specialized children's clinics to identify and register the participants in the educational plan, 41 people announced their readiness and volunteered to participate in the treatment plan. After completing the questionnaires and conducting an interview to assess the absence of clinical psychological and behavioral problems, 24 people were selected as the final subjects of the research and were randomly divided into two experimental groups (12 people) and a control group (10 people) by lottery. Finally, the groups were drawn to receive training with Barclay's behavioral approach and the control group. Inclusion and exclusion criteria include: Informed consent to participate until the end of the research; age range between 25 and 45 years; Diploma to Bachelor's level of education; The age of the child is 7 to 14 years; having a child's file with a child psychiatrist; confirmation of the child's attention deficit/hyperactivity disorder by a child psychiatrist; Physical and mental preparation necessary to answer questions and not participate in other educational and therapeutic classes at the same time. Then, two experimental groups were trained in the intervention plan of parent training with Russell Barclay's approach in 12 90-minute sessions, two sessions a week, in a group by the therapist using the method of lectures, presenting techniques and playing roles in the hall of Baran counseling service center in Gorgan city; The control group did not receive any training.

Materials

1. Alabama Parenting Questionnaire (Parent Form): The Alabama Parenting Questionnaire was created by Shelton, Frick and Wootton (1991). This test is a 42-question test that measures five areas of parenting. These five areas are: subscales of parental involvement (questions 1, 4, 7, 9, 11, 14, 15, 20, 23, 26); positive parenting (questions 2, 5, 13, 16, 18, 27); Inconsistency in discipline (questions 3, 8, 12, 22, 25, 31); Weakness in supervision and guidance (questions 6, 10, 17, 19, 21, 24, 28, 29, 30, 32); Corporal punishment (questions 22, 33, 34, 35, 36, 37, 39, 40, 41, 42). This scale is prepared based on a Likert scale from never (1) to always (5), and the subject or participant should mark one of them according to their behavior. Also, questions 1, 2, 4, 5, 7, 9, 11, 13, 14, 15, 18, 20, 22, 23, 26, 27, 40, 41 and 42 are graded in reverse. A high score in each subscale indicates poor parenting behavior. Internal homogeneity was reported by Shelton et al. (1996) for the subscales of this questionnaire in the range of 0.46 to 0.80 and its validity through retesting at a time interval of 3 years was reported as 0.65 and satisfactory criterion validity for this questionnaire. Cronbach's Alpha of the Alabama Questionnaire in theoretical research by colleagues (2014) was 0.67, positive parenting 0.81, instability 0.50, weak supervision 0.58, corporal punishment 0.53.

2. Spence Children's Anxiety Scale (PSA) Parent Form: This questionnaire was developed by Spence (2001) to assess anxiety symptoms in children in the general population. This scale consists of 28 items, where the questions are answered on a Likert scale (never, sometimes, most of the time, always); Answers are scored from not at all true (0) to often true (4) and completed by parents. So that the maximum score is 112 and the minimum score is 0. In addition to the subscales, this questionnaire gives a total score that represents anxiety in general, which can be used. Nata et al. (2004) have suggested that using the total score of the scale as an indicator of the child's general anxiety can be useful. This questionnaire has been used for the age range of 3 to 17 years (Nata et al., 2004). This questionnaire has five subscales: generalized anxiety (questions 1, 4, 8, 14, 28); social phobia (questions 2, 5, 11, 15, 19 and 23); Obsessive-compulsive (questions 3, 9, 18, 21, 27); specific phobia (questions 7, 10, 13, 17, 20, 24 and 26);

Separation anxiety (questions 6, 12, 16, 22 and 25). The validity of the scale was checked through internal consistency. All anxiety subscales had moderate to high internal consistency (0.62 to 0.74). Factor analysis and concurrent validity were used to check the validity of the scale. The concurrent validity of the scale was confirmed based on the correlation with the Spence Anxiety Scale. The results of exploratory and confirmatory analysis supported the four-factor structure of this scale (Mousavi et al., 2008).

3. Russell Barclay's parenting training program: In this study, the protocol of Russell Barclay's parenting training program is based on the book *Disobedient Children*. The parent training program, the guide of clinical psychologists, was used to evaluate and treat children's behavioral problems and disobedience, written by Barclay (1983), translated by Hamid Alizadeh, Sajjadi (2012), whose summary is given in Table 1.

Table 1. Summary of training sessions of Barclay's behavioral method

Session	The content of the meetings
1	Getting to know the members, getting to know the characteristics of attention deficit/hyperactivity disorder
2	Causes of child abuse
3	Shaping behavior
4	Increasing the effectiveness of parental commands in eliciting child compliance through positive reinforcement
5	The rise of independent play
6	Points and tokens
7	Response price method
8	Deprivation
9	Extending exclusion to other misdemeanors
10	Managing child behavior in public places
11	Follow-up meeting to solve possible problems
12	Summary of meetings and implementation of post-test

Implementation

After finishing the last training session, the post-test was performed simultaneously and under the same conditions on two groups. In order to respect the moral rights of the participants, it was mentioned that their information will remain confidential and it was emphasized that they can leave the research whenever they wish. Also, for the control group, after the completion of the research period, the people who wanted to receive the intervention program, each of the treatments of the experimental group was implemented for them. It should be noted that the analysis of research hypotheses was done using the multivariate analysis of covariance test (MANCOVA) and SPSS-22 statistical software.

Results

The results of demographic characteristics showed that in mother's education, 56% had a diploma, 14% had a postgraduate education level, and 30% had a bachelor's education level. In addition, in terms of age, children aged 7 to 9 years made up 42%, 10 to 12 years old 40% and 13 to 14 years old 18% of the research sample. In terms of gender, 71% were boys and 29% were girls. The descriptive indices of the variables of the three groups are listed in Table 2.

Table 2. Descriptive indices of the scores of the research scales in all the subjects in the pre-test and post-test stages

Variable	Experimental group				Control group			
	Pre-est		Post-test		Pre-est		Post-test	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Parent involvement	34/42	5/21	27/08	4/48	33/83	5/32	32/83	4/97
Positive parenting	20/17	3/48	15	3/04	20/75	3/49	18/92	4/25
Instability in discipline	21/17	3/32	15/83	2/03	21/75	3/3	20/08	3/75
Weakness in supervision	30/92	7/52	92821	5/28	31/5	6/28	32/17	5/4
Physical punishment	30/5	6/73	27/42	3/65	35/67	6/94	33/83	7/73
Anxiety	69/33	4/37	47/17	7/27	68/83	6/02	63/42	11/15

The results listed in Table 2 show that in the pre-test, the scores of parenting and anxiety variables in the experimental group and the control group are not significantly different. But in the post-test stage, the scores of the experimental group have changed in all variables and sub-components of parenting and anxiety dimensions compared to the control group. In order to perform multivariate covariance analysis, it is necessary to obtain several assumptions. The normality of the distribution of variables in the society, the fulfillment of the assumption of homogeneity of the variance-covariance matrix, the correlation between the dependent variables and the homogeneity of the regression slope are among these assumptions. Covariance analysis method was used to analyze the data and to control the effect of pre-test and post-test. Normality is one of the assumptions of covariance analysis.

Kolmogorov-Smirnov test was used to check the normality of the data related to each of the variables, and according to the significance level greater than 0.05, the data can be considered as a high level of normality. Another assumption of covariance analysis is to check the homogeneity of variance-covariance matrices, and for this purpose, Box's test was used to check each of the hypotheses. The significant results of the box test are greater than 0.05 in all cases ($P > 0.05$, $F = 1.25$, $M = 37.82$). Therefore, it is concluded that the variance-covariance matrix is homogeneous. The assumption of homogeneity of the regression slopes was also valid for the research variables. Therefore, the hypothesis of homogeneity of variances was also confirmed. To check the homogeneity of variance of the two groups in the post-test stage, Levene's homogeneity of variances test was used, the results of which are presented in Table 3.

Table 3. Levene's test to check the assumptions of homogeneity of error variance

Variable	F	df ₁	df ₂	p
Parent involvement	0/03	1	22	0/84
Positive parenting	0/02	1	22	0/87
Instability in discipline	2/67	1	22	0/11
Weakness in supervision	0/2	1	22	0/65
Physical punishment	1/75	1	22	0/19
Anxiety	1/4	1	22	0/24

According to the significance level obtained from the Mbox test, the assumption of homogeneity of covariance matrices and Levin's results, the condition of homogeneity of error variance is established, therefore, considering the confirmation of the aforementioned assumptions, covariance analysis can be used. The results of the analysis of covariance test to compare the means in the post-test by removing

the effect of the pre-test showed that the mean scores of the two experimental and control groups in the pre-test and post-test stages differ significantly from each other in one of the variables. ($F = 0.05$, $P < 5.47$, Wilks' $\lambda = 0.31$). For a more detailed investigation, the covariance analysis test was performed, the results of which are shown in Table 4.

Table 4. The results of the covariance test to check the differences between the groups in the dependent variables

Variable	SS	Df	MS	F	p	Effect size
Parent involvement	191/574	1	191/574	7/92	0/01	0/28
Positive parenting	97/851	1	97/851	6/88	0/01	0/25
Instability in discipline	98/884	1	98/884	11/48	0/003	0/36
Weakness in supervision	516/986	1	516/986	16/68	0/001	0/45
Physical punishment	248/890	1	248/890	6/51	0/019	0/24
Anxiety	1577/540	1	1577/540	16/17	0/001	0/44

The results of Table 4 show that the difference between the two experimental and control groups is statistically significant in children's

anxiety and the sub-components of parental participation, positive parenting, instability in discipline, weakness in supervision and corporal

punishment. This means that training mothers with Barclay's behavioral approach is effective in reducing anxiety and increasing sub-components of parenting dimensions, including parental involvement, positive parenting, instability in discipline, weakness in supervision and physical punishment of mothers.

Conclusion

The present study was conducted with the aim of investigating the effectiveness of teaching mothers with Barclay's behavioral approach on the aspects of parenting and anxiety of children with attention deficit/hyperactivity disorder. The findings of the present study showed that training mothers with Barclay's behavioral approach has improved parental participation, positive parenting, instability in discipline, weakness in monitoring and physical punishment in mothers with children with attention deficit/hyperactivity disorder. This finding is in line with the results of Dali et al. (2022), Starzak and Lee (2015), Spielfogel et al.

Among the factors that are effective in developing a healthy personality in children and teenagers, the way parents deal with the child's behavior is one of the most important and fundamental factors. In families where the type of forced interaction between the mother and the child with the disorder remains constant over time, it eventually leads to the rejection of the child by the parents. In parents with a child with attention deficit/hyperactivity disorder, the children react relatively quickly to the pressures of life, and in the same way, as soon as the pressures are removed, their reactions also change. However, because they are strongly dependent on parents and others, the only thing they can do is show more severe behavioral symptoms in the face of pressures and discomforts. In fact, the more problems a child has in communicating with parents and expressing their feelings and needs, the more behavioral and psychological problems they will have. Therefore, any kind of abnormal behavior of the child or his behavioral issues and problems can be considered as a reaction to the conditions that exist in the environment around the child, in addition to the characteristics related to specific developmental periods. Therefore, empowering the family and especially mothers in preventing or treating children's problems is considered as a constructive and essential role. In the Barclay

method parent behavioral training group, parents were taught the topics of familiarizing parents with the flow of children's behavior formation in the context of family and society, investigating the causes of inconsistent behavior in children, getting to know the principles of attention and self-control. Therefore, by increasing the monitoring of the child's behavior and implementing the token system, in order to increase the parents' attention to the appropriate and consistent behavior of the child in the early stages, parents should be encouraged to give tokens in return for doing daily tasks and proper behaviors of children. Also, applying and teaching the use of rewards and positive attention in order to increase appropriate behavior and at appropriate times to impose fines and deprivations has been of great importance in increasing child-parent relationships and reducing corporal punishment (Sabri Rad et al., 2019).

One of the main parts of this educational program, to which several sessions are devoted, is strengthening positive behaviors in children. Encouraging and strengthening positive behaviors by the mother causes more occurrence of these behaviors in children. The positive feedback that mothers themselves receive from these children's behaviors affects their level of positive parenting. In this program, after teaching the skills, the role is played by the mother, and in this way, appropriate behaviors are modeled for the mothers. On the other hand, by providing simple and not very difficult tasks that are designed in advance, it is possible for parents to succeed in various parenting situations, including improving parental participation, stability in discipline, and strengthening monitoring of child behaviors (Starzak & Lee, 2015).

Also, the findings showed that teaching mothers with Barclay's behavioral approach has reduced the level of anxiety in children with attention deficit/hyperactivity disorder. These findings were consistent with the results of the following studies: Research by Hornstra et al. (2022), Vander Old and Tripp (2020); Reno and McGrath (2010); Yaghmai, Malekpour and Qumrani (2019); Gooderzi et al. (2018); Abedi, Seyed Qaleh and Bahramipour Esfahani (2017); Mohammadi Hessari and Qamari (2017); Arabi et al. (2013).

In explaining the effectiveness of this method, it can be said that these children are under the control of the present moment more than normal children. It makes them want to look for another job to reduce their anxiety when they are faced with a boring, boring or unrewarding job. Immediate positive reaction and feedback to the child's performance can prevent this anxiety from occurring. In addition, during the educational program for parents, it is emphasized on important points during performance and reminding the motivational factors during the performance of the child, because these children need more feedback, so it is necessary to increase the amount of these feedbacks. This style of behavior reduces their anxiety. Another important issue in Barclay's method is punishment. The lack of proper management in the field of punishment is very problematic, because parents' punishment is mostly in the form of physical or verbal punishment. Also, most of the time, parents use threatening methods such as disliking the child, scaring the child, or abandoning the child in order to change their child's behavior in order to reduce aggressive behavior, which plays an effective role in aggravating children's anxiety and phobias. (Reno & McGrath, 2010). Therefore, since children do not have insight into the nature of their behavior, they are always waiting to be punished by their parents, which causes severe anxiety in them. For this reason, what Barclay's method teaches is that punishment alone or in the absence of continuous rewards and positive feedback will not be effective in changing behavior. The rule of using positives before negatives emphasizes this principle. Specifying positive behavior by parents and shaping it with frequent and immediate encouragement is in the same direction. By using the law of Petahi economy, it is also possible to divide the formation of complex behaviors into small steps, and based on this, teach specific behavioral skills in order to reduce the child's anxieties. (Abadi et al., 2017).

On the other hand, an anxious child needs relaxation, and the behavioral patterns of parents, especially mothers, play an effective role in the formation of relaxing communication behaviors. Teaching with the Barclay method can, on the one hand, eliminate their concerns about their child's anxieties by teaching appropriate communication methods between

parents and anxious children, and on the other hand, teach children how to be brave. After therapeutic intervention and education to mothers, the level of children's anxiety in anxiety decreased and the score in the post-test decreased. Therefore, parents' awareness of the child's anxiety-provoking situations, methods of coping with anxiety situations and assessing the success rate of coping with anxiety can have a lasting effect on the parent-child relationship and change the form of the anxious relationship between the parent and the child (Mohammadi Hessari & Qamari, 2017).

Among the limitations of this research, available sampling, the self-reporting of the investigated variables, and the lack of implementation of the follow-up phase and the evaluation of the stability of the effects of the intervention program can be mentioned. Also, mothers from nearby cities and villages were referred to this treatment center; Therefore, it was not possible to access all of them again. Therefore, researchers interested in this field are suggested to conduct studies in larger groups and children with other psychological disorders and follow up studies in longer periods, to investigate the effectiveness of this treatment method in comparison with other treatments, including drug therapy. The current research should be done in different ages and geographical regions to increase the generalization power of the findings. It is also suggested that based on the findings of the present research, an arrangement should be made to use these treatment methods in children's clinics with the presence of a psychologist.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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