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The Effectiveness of an Integrative Coaching Psychology Intervention Program on the Well-Being of Parent with Preadolescent with Symptoms of Externalizing Disorders

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A B S T R A C T

Objective: The objective of this study was to evaluate the effectiveness of an integrative coaching psychology intervention program on the well-being of parent with preadolescent with symptoms of externalizing disorders.

Methods and Materials: This quasi-experimental study utilized a mixed between-within subjects design, including one experimental group and one control group, with random assignment and pre-test, post-test, and two-month follow-up assessments. The participants were parents of preadolescent diagnosed with symptoms of externalizing disorders, selected through purposive sampling. The intervention involved a 10-week integrative coaching psychology program. Data were collected using the PERMA well-being questionnaire and the Achenbach Child Behavior Checklist (CBCL). Data analysis included descriptive statistics and two-way repeated measures ANOVA to evaluate the impact of the intervention.

Findings: The results indicated a significant improvement in the well-being scores of the experimental group from pre-test to post-test and follow-up stages ($p < .01$), with no significant difference between post-test and follow-up scores, indicating the stability of the intervention's effects. The experimental group also showed significantly lower scores in negative emotions and loneliness, and higher scores in overall happiness, health, and well-being compared to the control group. The control group did not exhibit significant changes across the stages.

Conclusion: The integrative coaching psychology intervention program was effective in enhancing the well-being of parent with preadolescent with symptoms of externalizing disorders. The program led to significant improvements in positive emotions, engagement, relationships, meaning, and accomplishment, while reducing negative emotions and loneliness.

Keywords: *Coaching Psychology, Integrative Coaching Psychology, Externalizing Disorder, Well-being, Parental Well-being*

1. Introduction

Externalizing behavioral problems are maladaptive behavior patterns that cause difficulties for others. These externalizing disorders are among the most persistent disorders during adolescence and early adulthood, and they have been recognized as central to behavioral problems during these periods. These disorders are categorized into three types: Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) (Mohammadi et al., 2019). It is now well recognized that in the interaction between parents and their children with externalizing problems, a bidirectional process occurs, where both adolescents are influenced by their parents' behavior and shape the behavior and emotions of their parents (Belsky, 1984; Donenberg & Baker, 1993). Compared to parents of typically developing adolescents, parents of adolescents with externalizing symptoms report more negative social impacts, negative feelings and attitudes towards parenting, and higher levels of stress related to their child (Mello et al., 2022). Other studies have shown that the negative impact of parents from adolescents with externalizing problems affects their positive relationships and both negative and positive attitudes towards parenting (Hanisch et al., 2014). Thus, there is a bidirectional relationship where adolescents both influence and are influenced by their parents' behavior (Wang et al., 2022). Adolescent behavioral problems, including symptoms of ADHD and externalizing problems, can significantly negatively impact parents' quality of life, health, and well-being, especially mothers, by increasing stress and creating vicious cycles within the family system. Therefore, addressing the health-related quality of life and well-being of these mothers (and fathers) is of high importance (Nasih et al., 2019).

One of the most prominent and critical aspects that these individuals (parents) need to improve their life situation is known as personal growth or self-development (Jasur, 2021). Self-development is a supportive and structured process that is the individual's responsibility and is based on learning, performance, and personal success, carried out in line with professional and educational development. Effective self-development increases individuals' capacity to review, plan, and take responsibility for their learning (House & Street, 2004). Personal development planning leads to realistic and committed individual development, as it enhances personal abilities, enabling individuals to achieve their goals and realize their dreams. Moreover, by adhering to planning and continuous effort, individuals can improve their quality of life (Abili et al., 2016). One of the most practical methods for personal growth and development is coaching (coaching psychology) interventions and programs (Kheikha, 2022).

The roots of coaching date back to before the 1960s when it was developed to improve individual performance. Coaching psychology has been formally recognized as an empowerment technique and skill by various academic and scientific associations in the United States, United Kingdom, Canada, and Australia. Over the years, coaching has been used in various fields to change behavior, performance, and health. The roots of coaching can be traced back to areas such as psychology, human development, philosophy, and education (Pentland, 2012). Almost all programs that teach coaching and coaching psychology include educational content on how to structure a coaching session, which involves a "process or intervention model" or a coaching model (Grant, 2009).

Accordingly, coaching psychology is a type of "coaching" that utilizes and develops established psychological approaches. This discipline involves the systematic application of behavioral sciences to improve and enhance life experiences, work performance, and well-being (Grant & Cavanagh, 2011). What is emerging in coaching psychology is the potential for developing integrative and research-based concepts, techniques, and interventions (Van Nieuwerburgh et al., 2018). The goal of creating this integrative and combined approach in coaching psychology is to meet the clients' needs and address the specific issues presented by the clients. However, what is important is that each coach, considering the research evidence of effective interventions, creates their own integrative coaching model, although currently, there is limited research on the integration of coaching psychology approaches (Passmore, 2020).

In this regard, in clinical psychology, it seems that a new paradigm is emerging that questions the validity and application of the patient-therapist model, which assumes a specific therapeutic protocol for each illness. A new generation of evidence-based therapies has begun to move towards process-based therapies to target the primary mediators and moderators in therapy, based on testable and supportive theories. This may indicate a paradigm shift in clinical science or other intervention practices (such as counseling and coaching) that are based on psychological theories, with wide-ranging implications (Hofmann & Hayes, 2019).

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Today, coaches must seek an approach beyond a single model or framework. They should combine different approaches to achieve a more flexible approach (Passmore, 2020). What is emerging in coaching psychology is the potential for developing integrative and research-based concepts, techniques, and interventions that support individuals, groups, organizations, and communities in growing and developing in meaningful ways. This new integrative effort should be an applied discipline that focuses on unleashing individuals' potential and abilities, enhancing and improving individuals' well-being, and supporting sustainable optimal performance (Van Nieuwerburgh et al., 2018). Numerous studies have pointed to the effectiveness of coaching psychology and integrative coaching interventions in enhancing well-being in various domains (Boyatzis et al., 2013; Chitra & Karunanidhi, 2021; Cronin & Allen, 2018; Green et al., 2006; Linley et al., 2010; Onyishi et al., 2021; Palamara et al., 2022; Song et al., 2020; Spence & Grant, 2007; Theeboom et al., 2014; Weiss et al., 2016), including the field of "health," which has been identified as one of the ten major trends in coaching psychology (Skibbins & Bergquist, 2016). Psychological well-being is one of the main characteristics of mental health (Tang et al., 2019), and the well-being of parents of children with externalizing disorders has also been a significant area of health research, attracting the attention of both international and domestic researchers (Anderson, 2023; Cao et al., 2024; Cho, 2023; Kochanova, 2022; Mohammadi et al., 2019; Riayi et al., 2022).

The issue at hand is that to date, researchers have employed limited and varied therapeutic and counseling interventions to enhance the well-being of this specific group of parents, such as interventions based on positive psychology, mindfulness, and self-compassion training (Kashdan et al., 2002), positive thinking training (Mousavi et al., 2015), and parental behavior training (Amiri & Pour Hossein, 2016). Therefore, due to the lack of similar and related research in the field of coaching psychology, this study aimed to present and implement a program to enhance the well-being of parents with preadolescents exhibiting externalizing disorder symptoms. Accordingly, the present study was conducted to evaluate the effectiveness of an integrative coaching psychology intervention program on the well-being of parent with preadolescent with symptoms of externalizing disorders.

2. Methods and Materials

2.1. Study Design and Participants

The present research design was a quasi-experimental study with one experimental group and one control group, utilizing random assignment and pre-test, post-test, and two-month follow-up assessments. The unit of analysis was the parent of preadolescent with symptoms of externalizing disorders, divided into two groups: experimental and control. The impact of the expert-validated intervention program on the well-being of the experimental group was assessed. The statistical population included mothers and fathers who visited the Yasan Child and Adolescent Specialized Counseling Center in District 3 of Tehran, managed by Dr. Asieh Anari, a clinical child and adolescent psychologist, from the beginning of April 2023 to the end of December 2023. These parents visited the center for the diagnosis and treatment of their preadolescent children.

Initially, the records of children diagnosed with externalizing disorder symptoms at the end of the diagnostic and clinical evaluation process—using diagnostic tools (Achenbach Questionnaire) and clinical interviews with the parents and preadolescents by the relevant specialist at the center—were extracted. Subsequently, these parents were invited and matched into two groups of 15 using purposive sampling and were randomly assigned to the experimental and control groups. Based on this process, to determine the sample size, 30 participants were selected using purposive sampling based on inclusion and exclusion criteria and were randomly assigned to the control group (n=15) and the experimental group (n=15).

The inclusion criteria were: (1) the parent was not undergoing pharmacological, psychological, or couple therapy; (2) the parent's overall well-being score on the PERMA well-being questionnaire was moderate or lower; (3) the parent was married (in a marital relationship); (4) the parent had a child aged 9 to 12 years who, based on the CBCL test and clinical interview by a clinical child psychologist, exhibited externalizing disorder symptoms and did not exhibit internalizing disorder symptoms; (5) the child's T-score on the CBCL test for externalizing behavior problems was greater than 63 (clinical range), and this was confirmed by a clinical interview with the parent. Additionally, the internalizing disorder score should not be in the clinical range; (6) the parent was willing to participate in the study and signed the consent form. The exclusion criteria included: (1) the parent missed more than two sessions in the group coaching process, and (2) a lack of

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willingness to continue participating in the study at any stage of the process. Data were collected using a researcher-made demographic information questionnaire, the PERMA well-being questionnaire, and the Achenbach Child Behavior Checklist (CBCL).

After obtaining the necessary approvals and completing the sampling process (as previously described), the experimental group received the proposed integrative coaching psychology intervention program (10 sessions) over a period of 10 weeks (with 90 days, accounting for the two-week Nowruz holidays in 2024), with one 120-minute session per week. Each session was recorded both visually and audibly, and within 24 hours after the end of each session, it was made available offline to the participants through a dedicated remote learning system. Additionally, at the end of each session, a feedback questionnaire link was sent to all participants via the Porsline system, allowing them to share their suggestions and learnings from each session with the researcher, who would address these questions and issues at the beginning of the next session. Furthermore, to enhance learning and intervention effectiveness, a WhatsApp group was created, where all participants could interact online with the researcher throughout the 10 sessions (two and a half months) and receive responses to their questions during the week or if they had questions about the assignments.

Access to the recorded sessions through the dedicated remote learning system, feedback collection via the Porsline system, and membership of all experimental group members in the WhatsApp group were aimed at enhancing the intervention's effectiveness and participants' learning over time. After the intervention, at the end of the tenth session, access for all experimental group participants to the recorded sessions in the remote learning system, the Porsline system, and the WhatsApp group was terminated to prevent any continuation of the intervention during the two-month follow-up period after the intervention. Meanwhile, the control group did not receive any intervention during the study.

To adhere to ethical standards, participants were informed about all stages of the intervention program before participation. Additionally, the control group members were assured that they would receive the same intervention after the research process was completed. Accordingly, during the last week of July 2024 (immediately after the follow-up test for the experimental and control groups) and the first week of August 2024, the training was provided to the remaining control group members over two weekends during a two-and-a-half-day training session (20 hours).

2.2. Measures

2.2.1. Externalizing Disorder Symptom

This questionnaire comprises 113 items and 8 subscales. The questionnaire includes 113 items related to various behavioral states of children. Responses are scored on a 3-point Likert scale ranging from 0 to 2, where "0" indicates that the behavior is never observed in the child, "1" indicates that the behavior is sometimes observed, and "2" indicates that the behavior is often or always observed. This questionnaire measures 8 emotional-behavioral problems or syndromes, including: Anxiety/Depression (AD), Withdrawal/Depression (WD), Somatic Complaints (SC), Social Problems (SP), Thought Problems (TP), Attention Problems (related to Attention Deficit Hyperactivity Disorder) (AP), Rule-Breaking Behavior (RB), and Aggressive Behavior (AG). Additionally, the CBCL provides three broad-band scores: (1) internalizing behavior problems, (2) externalizing behavior problems, and (3) total problems. The internalizing behavior problems scale includes items from the Withdrawal/Depression (WD), Somatic Complaints (SC), and Anxiety/Depression (AD) subscales. The externalizing behavior problems scale includes items from the Rule-Breaking Behavior (RB) and Aggressive Behavior (AG) subscales. The total problems scale includes all items except items 2 and 4 (allergies and asthma). The overall reliability coefficients for the CBCL forms were reported using Cronbach's alpha as 0.97 and test-retest reliability as 0.94. Content validity (logical selection of questions and use of item analysis), criterion validity (correlation with psychiatric interviews with children and correlation with the CSI-4 scale), and construct validity (internal correlations of scales and group differentiation) of these forms have been reported as satisfactory. This instrument was first translated and standardized in Iran by Tehrani Doost et al. (2002). In the study by Minaei (2006), the range of internal consistency coefficients for the scales using Cronbach's alpha formula was reported to be between 0.63 and 0.95. Overall, the findings indicated that this questionnaire has high reliability and validity, making it a reliable tool for assessing emotional-behavioral disorders in children and adolescents aged 6-18 years (Minaei, 2006; Tehrani Doost et al., 2006). Yazdkhasti and Arizi (2011) obtained Cronbach's alpha reliability coefficients for the parent, teacher, and child forms of this questionnaire as 0.90,

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0.93, and 0.82, respectively. They also reported construct validity correlations between the subscales of the emotional-behavioral problems section and the total score in the three forms as ranging from 0.62 to 0.88 (parents), 0.44 to 0.91 (teachers), and 0.51 to 0.85 (children). Additionally, correlations between the subscales of the skills section and the total score in the three forms were reported as ranging from 0.24 to 0.82 (parents), 0.44 to 0.91 (teachers), and 0.51 to 0.85 (children) (Yazdkhasti & Arizi Samani, 2011).

2.2.2. Well-Being

The PERMA Questionnaire, designed by Butler and Kern in 2014, consists of 23 items and 5 subscales, based on the PERMA well-being theory, and aims to measure well-being. This questionnaire is a comprehensive and valid tool encompassing both hedonic and eudaimonic aspects of well-being, and it covers not only psychological well-being but also physical health, happiness, and negative components such as loneliness and negative emotions. The questionnaire is scored using an 11-point Likert scale, where higher scores in each dimension indicate a higher level in that dimension. In Butler and Kern's 2016 study, Cronbach's alpha for the components and the overall flourishing score were reported as 0.88, 0.72, 0.82, 0.90, 0.79, and 0.94, respectively, and Guttman's coefficient as 0.83, 0.64, 0.76, 0.86, 0.74, and 0.95, respectively. Test-retest reliability in various studies ranged from 0.64 to 0.84 for the first component, 0.51 to 0.81 for the second component, 0.66 to 0.90 for the third component, 0.61 to 0.86 for the fourth component, 0.62 to 0.80 for the fifth component, and 0.69 to 0.88 (Pearson) for the overall well-being score. In the study by Gholipour and Karashki in 2021, convergent validity was examined using the Ryff Psychological Well-Being Scale (to measure eudaimonic well-being) and the Satisfaction with Life Scale (to measure hedonic well-being), while divergent validity was assessed using the Depression, Anxiety, and Stress Scale (DASS). The overall psychological well-being score (with coefficients of 0.54 to 0.73) and life satisfaction score (with coefficients of 0.48 to 0.71) showed significant positive correlations with the five dimensions and the overall well-being score. The DASS scores also showed significant negative correlations (with coefficients ranging from -0.35 to -0.78) with all five dimensions and the overall well-being score (Gholipour & Karashki, 2021). The Cronbach's alpha calculated by the researcher for this questionnaire in the current study was 0.88.

2.3. Intervention

2.3.1. Proposed Ideal Integrative Coaching Psychology Intervention Program

This educational program is part of the researcher's Ph.D. dissertation in counselling and guidance. The title of the research is "Designing and Validating an Integrative Coaching Psychology Intervention Program for the Well-Being of Parent with Preadolescent with symptoms of externalizing disorders." This program was designed and developed by the researcher based on the research background and the integrative coaching psychology intervention model and was validated by experts. The program was designed to enhance the well-being of parent with preadolescent with symptoms of externalizing disorders, and its effectiveness was to be evaluated in this quasi-experimental study.

Session 1: PERMA Well-Being Model and Behavior Change Method

In this introductory session, participants are introduced to their child's externalizing problems and their impact on the family. The session covers the PERMA+ well-being model, the three-part brain model, and the philosophy of control to help parents understand and manage their emotions. Participants learn about neuroplasticity and how to create new behaviors, as well as mindfulness and self-compassion techniques to balance brain function and manage negative emotions. The session includes a pre-test using the PERMA well-being questionnaire, interactive teaching, and Socratic dialogue, with activities such as introducing the PERMA+ model, practicing mindfulness, and reflecting on key takeaways. Homework includes completing worksheets on control, comparison, mindfulness, and a needs questionnaire.

Session 2: Identifying and Satisfying Psychological Needs

This session focuses on helping participants become aware of the impact of external control on their relationships and identifying their psychological and physiological needs. Participants learn about the importance of a supportive environment and the role of need satisfaction in well-being and happiness. The session covers internal and external control beliefs, psychological needs, motivation types, and personal and social responsibility. Activities include reviewing the previous session's homework, exploring needs through dialogue, and reflecting on the session's insights. Homework involves completing a behavior-need

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worksheet, continuing mindfulness and self-compassion practice, and filling out the VIA strengths questionnaire.

Session 3: Discovering and Utilizing Signature Strengths

Participants in this session focus on identifying their signature strengths and understanding their role in enhancing well-being. The session explores the connection between using strengths and experiencing positive emotions and happiness. Through guided dialogue and self-reflection, participants identify their signature strengths, discuss how these strengths have been used in the past, and learn how to apply them in current and future challenges. The session also includes mindfulness and self-compassion exercises. Homework tasks involve practicing balanced use of strengths, addressing weaknesses, and identifying personal values.

Session 4: Ideal Self; Discovering Core Values, Vision, and Personal Mission

This session guides participants in identifying their core values and creating a personal vision and mission. They learn about the ideal world concept, understanding desires in relation to needs, and the role of values in making life choices and improving relationships. The session emphasizes the importance of values for spiritual well-being and goal-setting. Activities include reviewing homework, discussing values through Socratic questioning, and using the "Having, Doing & Being" technique to help participants define their personal vision and mission. Homework includes worksheets on living values, drafting a vision and mission, and completing an optimism questionnaire.

Session 5: Flexible Optimism

In this session, participants explore the impact of optimistic and pessimistic attitudes on their well-being, learning about the dimensions of these behaviors and the concept of flexible optimism. The session teaches cognitive techniques to foster optimism and manage negative automatic thoughts, helping participants transform pessimism into a constructive habit. Activities involve reviewing optimism and hope questionnaires, practicing disputing negative thoughts, and reflecting on session takeaways. Homework tasks include practicing cognitive techniques, completing an emotion ratio questionnaire, and continuing mindfulness and self-compassion exercises.

Session 6: Generating Positive Emotions

This session focuses on teaching participants how to generate and increase positive emotions to enhance well-being. It covers the benefits of gratitude, strategies for self-care (both physical and spiritual), and methods for balancing positive and negative emotions. Participants learn about the importance of physical activity and spirituality in well-being. The session includes reviewing the previous homework, discussing strategies for cultivating positive emotions, and planning self-care activities. Homework includes exercises to cultivate positive emotions, practice gratitude, and plan suitable physical and spiritual activities, along with mindfulness and self-compassion practice.

Session 7: Coping with Difficulties and Adversity; Managing Challenges

Participants learn strategies for coping with adversity, focusing on the importance of living according to personal values even when external situations are uncontrollable. The session covers problem-focused and emotion-focused coping strategies, the concept of forgiveness, and post-traumatic growth. Activities include discussions on finding meaning in difficulties, applying forgiveness techniques, and practicing strategies for coping with challenges. The session concludes with a reflection on the day's learnings. Homework involves completing a resilience questionnaire and continuing mindfulness and self-compassion exercises.

Session 8: Coping with Difficulties and Adversity; Building and Maintaining Resilience

This session introduces participants to psychological resilience and strategies to enhance it, emphasizing the role of signature strengths and close relationships in building resilience. Participants learn about the impact of anxiety on resilience and techniques to strengthen it, including cognitive strategies for managing rumination. The session includes reviewing the previous homework, discussing resilience, and practicing real-time resilience-building activities. Homework involves continuing mindfulness and self-compassion exercises, and applying resilience techniques in daily life.

Session 9: Creating and Sustaining Positive Relationships

This session highlights the importance of human relationships in enhancing well-being, focusing on behaviors that strengthen or weaken connections. Participants learn strategies for fostering kindness, practicing active-constructive responding in close relationships, and enhancing flow and savoring in relationships. The session includes reviewing previous tasks, discussing methods for improving relationships, and reflecting on the session's insights. Homework includes monitoring constructive and destructive behaviors, applying kindness strategies, and planning strength-based activities to improve close relationships.

Session 10: Summary and Conclusion

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The final session summarizes the intervention, ensuring participants understand the key factors that enhance their well-being. Participants review their progress, set goals for continued personal growth, and develop a roadmap for sustaining their well-being improvements. The session includes a post-test using the PERMA questionnaire, a review of previous lessons, and goal setting for areas that need further attention. Homework involves applying signature strengths in new ways, improving life areas, and taking steps to implement their personal development plan, with ongoing mindfulness and self-compassion practice.

2.4. Data Analysis

For data analysis, in addition to descriptive methods (mean and standard deviation), inferential hypothesis testing was conducted using two-way repeated measures ANOVA with SPSS-25 software.

3. Findings and Results

To assess the effectiveness of the integrative coaching psychology intervention program on the well-being of parent with preadolescent with symptoms of externalizing disorders, descriptive statistics, including frequency, mean, and standard deviation of scores, were employed. In the inferential statistics section, a two-way repeated measures ANOVA (mixed between-within subjects design) was used. The results are presented below:

Table 1

Descriptive Statistics of Well-Being Scores in Three Measurement Phases by Group

Group	Variable	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Control	Positive Emotion	4.63	0.576	4.46	1.208	3.54	1.532
	Engagement	4.54	0.665	4.58	1.561	4.46	1.532
	Relationships	3.25	0.792	3.50	1.623	3.79	1.935
	Meaning	5.00	0.252	5.29	1.061	4.88	1.368
	Accomplishment	5.17	1.054	5.33	1.469	5.42	1.231
	Well-being	4.52	0.320	4.63	1.187	4.42	1.328
	Negative Emotion	6.96	0.653	7.17	1.069	7.50	1.469
	Loneliness	5.50	0.535	7.75	1.581	7.62	1.996
	Health	5.00	1.098	5.21	1.044	5.13	1.414
	Overall Happiness	5.00	0.756	4.38	1.188	4.38	1.598
Experimental	Positive Emotion	4.20	0.358	6.67	1.618	6.63	1.849
	Engagement	4.33	0.567	6.80	1.425	6.80	1.612
	Relationships	4.80	0.391	6.83	1.493	7.00	1.707
	Meaning	4.87	0.804	7.00	1.743	7.23	1.982
	Accomplishment	4.60	0.644	6.90	1.537	6.97	1.666
	Well-being	4.56	0.356	6.84	1.523	6.93	1.667
	Negative Emotion	6.70	0.949	4.23	0.903	4.33	0.956
	Loneliness	5.40	0.843	4.20	0.632	3.80	2.300
	Health	4.87	1.249	6.97	1.598	7.07	1.776
	Overall Happiness	4.90	0.876	6.90	1.101	6.70	1.252

Table 1 presents descriptive statistics for the mean and standard deviation of well-being scores for the control and experimental groups across three measurement phases (pre-test, post-test, and follow-up).

To evaluate the effectiveness of the integrative coaching psychology intervention program on the five well-being factors of parents with preadolescents with symptoms of externalizing disorders, a two-way repeated measures ANOVA was conducted, with results as follows:

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Table 2

Results of Within-Subjects Univariate Effects Analysis for Comparing the Five Well-Being Factors Between Control and Experimental Groups

Source	Variable	Effect	Sum of Squares	df	Mean Square	F	p	Effect Size
Repetition	Positive Emotion	Assumed Sphericity	11.874	2	5.937	7.366	.002	.315
	Engagement	Assumed Sphericity	17.759	2	8.880	10.611	.001	.399
	Relationships	Assumed Sphericity	19.171	2	9.585	8.450	.001	.346
	Meaning	Assumed Sphericity	16.206	2	8.103	7.923	.002	.331
	Accomplishment	Assumed Sphericity	19.191	2	9.595	17.115	.001	.517
Repetition*Group	Positive Emotion	Assumed Sphericity	29.751	2	14.875	18.455	.001	.536
	Engagement	Assumed Sphericity	18.369	2	9.184	10.975	.000	.407
	Relationships	Assumed Sphericity	8.809	2	4.404	3.883	.031	.195
	Meaning	Assumed Sphericity	14.848	2	7.424	7.259	.003	.312
	Accomplishment	Assumed Sphericity	13.380	2	6.690	11.933	.000	.427
Error	Positive Emotion	Assumed Sphericity	25.793	32	0.806			
	Engagement	Assumed Sphericity	26.780	32	0.837			
	Relationships	Assumed Sphericity	36.298	32	1.134			
	Meaning	Assumed Sphericity	32.728	32	1.023			
	Accomplishment	Assumed Sphericity	17.941	32	0.561			

Table 2 presents the results of the within-subjects univariate effects analysis for comparing the five well-being factors between the control and experimental groups. Based on the results presented in Table 2, the F-values related to the interactive effects between groups and repetition (i.e., differences between groups across the measurement phases) are significant at the 0.01 alpha level for all five well-being factors ($p < .01$). The significance of the interactive effects indicates differences in the patterns of changes in the scores of the five well-being factors between the control and experimental groups over the measurement phases.

For pairwise comparisons of mean scores across the measurement phases, the Bonferroni post hoc test was used, with the results presented below.

Table 3

Bonferroni Post Hoc Test

Group	Dependent Variable	Phase 1	Phase 2	Mean Difference	Standard Error	p
Control	Positive Emotion	Pre-test	Post-test	0.167	0.484	1.000
		Pre-test	Follow-up	1.083	0.565	.219
		Post-test	Follow-up	0.917	0.225	.003
	Engagement	Pre-test	Post-test	-0.042	0.536	1.000
		Pre-test	Follow-up	0.083	0.560	1.000
		Post-test	Follow-up	0.125	0.161	1.000
	Relationships	Pre-test	Post-test	-0.250	0.582	1.000
		Pre-test	Follow-up	-0.542	0.690	1.000
		Post-test	Follow-up	-0.292	0.190	0.430
	Meaning	Pre-test	Post-test	-0.292	0.506	1.000
		Pre-test	Follow-up	0.125	0.651	1.000
		Post-test	Follow-up	0.417	0.294	0.527
	Accomplishment	Pre-test	Post-test	-0.167	0.434	1.000
		Pre-test	Follow-up	-0.250	0.453	1.000
		Post-test	Follow-up	-0.083	0.164	1.000
Experimental	Positive Emotion	Pre-test	Post-test	-2.467	0.433	.001
		Pre-test	Follow-up	-2.433	0.505	.001
		Post-test	Follow-up	0.033	0.201	1.000
	Engagement	Pre-test	Post-test	-2.467	0.480	.001
		Pre-test	Follow-up	-2.467	0.501	.001
		Post-test	Follow-up	0.000	0.144	1.000
	Relationships	Pre-test	Post-test	-2.033	0.521	.004

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		Pre-test	Follow-up	-2.200	0.617	.008
		Post-test	Follow-up	-0.167	0.170	1.000
	Meaning	Pre-test	Post-test	-2.133	0.453	.001
		Pre-test	Follow-up	-2.367	0.583	.003
		Post-test	Follow-up	-0.233	0.263	1.000
	Accomplishment	Pre-test	Post-test	-2.300	0.388	.001
		Pre-test	Follow-up	-2.367	0.405	.001
		Post-test	Follow-up	-0.067	0.147	1.000

Table 3 presents the pairwise comparisons for examining the differences between the scores of the five well-being factors during the intervention phases for both the control and experimental groups. According to the results obtained in the experimental group, the differences between the mean scores of the pre-test phase and the post-test and follow-up phases are significant ($p < .01$). Comparing the mean scores across the three phases indicates that the mean scores of the five well-being factors in the post-test and follow-up phases have significantly increased compared to the pre-test phase. The difference between the post-test and follow-up scores is not significant ($p > .05$), indicating the stability of the treatment effects over time. In the control group, no significant differences were observed between the pre-test, post-test, and follow-up phases, nor between the post-test and follow-up scores ($p > .05$).

Table 4

Results of Between-Subjects Effects Analysis for Comparing Mean Scores of the Five Well-Being Factors Between Groups

Source of Variation	Variable	Sum of Squares	df	Mean Square	F	p
Group	Positive Emotion	35.208	1	35.208	9.606	.007
	Engagement	28.033	1	28.033	8.255	.011
	Relationships	97.000	1	97.000	25.696	.001
	Meaning	22.920	1	22.920	6.412	.022
	Accomplishment	9.633	1	9.633	2.302	.149
Error	Positive Emotion	58.644	16	3.665		
	Engagement	54.337	16	3.396		
	Relationships	60.399	16	3.775		
	Meaning	57.189	16	3.574		
	Accomplishment	66.959	16	4.185		

Table 4 presents the results of the between-subjects effects analysis for comparing the mean scores of the five well-being factors between the control and experimental groups. Based on the results, the F-values for the five well-being factors, except for the Accomplishment factor, are significant ($p < .05$). Therefore, it can be concluded that there is a difference in the mean scores of the well-being factors between the control and experimental groups, with the mean well-being scores (except for the Accomplishment factor) being significantly higher in the experimental group compared to the control group ($p < .05$).

4. Discussion and Conclusion

Based on the results obtained in the experimental group, the difference between the mean scores in the pre-test and the post-test and follow-up stages was significant ($p < .01$). A comparison of the mean scores across the three stages shows that the mean well-being scores in the post-test and follow-up stages increased significantly compared to the pre-test stage. The difference between the post-test and follow-up scores was not significant ($p > .05$), indicating the stability of the training effects over time. In the control group, no significant difference was observed between the pre-test, post-test, and follow-up stages, nor between the post-test and follow-up scores ($p > .05$). Additionally, the findings indicate that there is a difference in the mean scores of the well-being factors between the control and experimental groups, with the mean well-being scores (except for the Accomplishment factor) being significantly higher in the experimental group compared to the control group. Furthermore, the findings showed that in the experimental group, the mean scores for negative emotions and loneliness were significantly lower, and the mean scores for overall happiness in life were significantly higher than those in the control group. The mean scores for health and happiness were also significantly higher in the experimental

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group compared to the control group, consistent with various domestic empirical evidence.

For example, Noori et al. (2023) demonstrated that mindfulness-based parenting training is effective for the general health of parents with children with ADHD. Thus, from the perspective of mindfulness-based parenting education, the present study aligns with these findings (Noori et al., 2023). Riayi et al. (2022) also showed that the well-being of parents with preadolescents exhibiting externalizing disorder symptoms is impaired (Riayi et al., 2022).

Similarly, Fakhri et al. (2022) found that supportive parenting training is effective in improving parenting patterns, maternal depression, anxiety, stress, and children's externalizing behavioural problems (Fakhri et al., 2022). Other studies (Amiri & Pour Hossein, 2016; Esfandiari et al., 2020; Ghazanfari et al., 2017; Kodkhodai et al., 2017; Nasih et al., 2019; Rahimi et al., 2021) demonstrated that positive parenting programs have a positive impact on self-efficacy and parenting styles of mothers of children with internalizing and externalizing disorders. These studies also evaluated mindfulness-based early childhood parenting programs to enhance the well-being of parents and children in high-risk settings, showing that these programs improve parental well-being.

Additionally, international empirical evidence also supports the alignment of the present study's findings which showed that mindfulness and self-compassion programs positively impact health and psychological well-being (Lengua et al., 2024; Li et al., 2023; Roca et al., 2023). DeYoung et al. (2023) demonstrated that self-help parenting programs are effective for parents of children with externalizing behaviours (DeYoung & Tiberius, 2023). Kashdan et al. (2002) explored hope and optimism as human strengths in parents of children with externalizing disorders, finding a significant relationship between hope and parenting and family functioning indices (e.g., warm and nurturing parenting styles, cohesive and active family environments, adaptive coping strategies) (Kashdan et al., 2002). Suarez and Baker (1997) and Donenberg and Baker (1993) also showed that externalizing behaviours impact several family functioning criteria (Donenberg & Baker, 1993; Suarez & Baker, 1997).

Thus, all the studies discussed in this section align with the present study's findings regarding the impact of preadolescents with externalizing disorder symptoms on parental well-being and the enhancement of all well-being factors. In explaining the results, it can be said that this intervention program, which uses a cohesive and coordinated combination of various coaching psychology aligned approaches, can help improve the psychological and emotional state of parents. Specifically, this program is effective for parents of preadolescents facing externalizing disorders such as aggressive behaviours and social problems. By using this integrative approach, parents can acquire better skills to manage and cope with the challenges of raising their children, ultimately leading to increased well-being and psychological peace.

5. Limitations & Suggestions

In explaining the findings of this study, it can be stated that the integrative coaching psychology intervention program, based on the present research findings, positively affects the five well-being factors concerning various aspects of mental health and parental well-being. The ability to see positive aspects and hope for the future, as well as feeling empowered and confident in facing challenges and fulfilling parental duties, the quality and depth of relationships with others, overall life satisfaction, and the ability to manage and reduce parental stress and psychological pressure, are all enhanced. Based on the findings of this study, improving parental relationships and providing social support can reduce feelings of loneliness and improve their relationships with others. This program can help parents build effective support networks and benefit from increased social support, which helps reduce loneliness. Additionally, this program provides parents with mindfulness-based techniques, self-compassion, and positive relationship-building strategies to manage and reduce stress, which can help reduce negative emotions such as anxiety and depression. By strengthening their sense of empowerment and positive outlook on the future, parents will be better equipped to face daily challenges and reduce negative emotions. Therefore, by increasing overall life satisfaction and positive experiences, it can reduce negative emotions and improve the emotional state of parents. Parents in this target group face specific challenges, including parenting challenges and pressures resulting from their children's externalizing behaviours. The integrative coaching psychology intervention program can help these parents better manage these challenges, improve their emotional state, and reduce negative emotions. Consequently, the integrative coaching psychology intervention program, focusing on improving the five well-being factors of parents, can help reduce their feelings of

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loneliness and negative emotions. This program provides parents with the tools and strategies necessary to improve their quality of life and better manage psychological and parenting challenges. Ultimately, the results of this study are specific to the integrative coaching psychology intervention program on the well-being of parent with preadolescent with symptoms of externalizing disorders, and caution should be exercised in generalizing these results to other psychological issues.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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References

Abili, K., Mazari, E., & Zamani, M. (2016). *Personal development planning (A guidebook for managers and employee's self-development)*. https://www.amazon.de/Individual-Development-Planning-Guidebook-Employees/dp/1501005693

Amiri, M., & Pour Hossein, R. (2016). The Effect of Parenting Behavior Training on Depression in Mothers of Children with Oppositional Defiant Disorder. https://elmnet.ir/article/20528789-70275

Anderson, A. J. (2023). *Parental Psychological Distress and Perception of Children's Externalizing Behaviors: Potential Role of Parental Resources* The University of Alabama at Birmingham]. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2607043/

Belsky, J. (1984). The determinants of parenting: A process model. *Child development*, 83-96. https://doi.org/10.2307/1129836

Boyatzis, R. E., Smith, M. L., & Beveridge, A. J. (2013). Coaching with compassion: Inspiring health, well-being, and development in organizations. *The Journal of Applied Behavioral Science*, *49*(2), 153-178. https://doi.org/10.1177/0021886312462236

Cao, J., Gou, M., Han, X., Li, D., & Zhou, G. (2024). Co-parenting, Parental Burnout, Child Internalizing and Externalizing Problems: Moderation by Parental Psychological Flexibility. *Journal of Child and Family Studies*, 1-10. https://doi.org/10.1007/s10826-024-02828-9

Chitra, T., & Karunanidhi, S. (2021). The impact of resilience training on occupational stress, resilience, job satisfaction, and psychological well-being of female police officers. *Journal of Police and Criminal Psychology*, *36*(1), 8-23. https://doi.org/10.1007/s11896-018-9294-9

Cho, Y. (2023). Linking neighbourhood safety and children's internalizing and externalizing problems: Mediating role of maternal depression. *Child & Family Social Work*, *28*(4), 1089-1099. https://doi.org/10.1111/cfs.13028

Cronin, L. D., & Allen, J. (2018). Examining the relationships among the coaching climate, life skills development and well-being in sport. *International Journal of Sports Science & Coaching*, *13*(6), 815-827. https://doi.org/10.1177/1747954118787949

DeYoung, C. G., & Tiberius, V. (2023). Value fulfillment from a cybernetic perspective: A new psychological theory of well-being. *Personality and Social Psychology Review*, *27*(1), 3-27. https://doi.org/10.1177/10888683221083777

Donenberg, G., & Baker, B. L. (1993). The impact of young children with externalizing behaviors on their families. *Journal of abnormal child psychology*, *21*, 179-198. https://doi.org/10.1007/BF00911315

Esfandiari, F., Barzegar, M., Rezaei, A., & Kazemi, S. (2020). Comparing the Effectiveness of Two Intervention Methods: Quality of Life Training for Parents and Social-Emotional Learning Training for Students on Reducing Conduct Disorder Symptoms. *Bimonthly Scientific-Research Journal of Novel Approaches in Educational Management*, *11*(43), 203-234. http://ensani.ir/fa/article/437542

Fakhri, Z., Zarei, H., Alipour, A., & Sharif Hosseini, M. (2022). Effectiveness of Supportive Parenting Program Training on Parenting Patterns, Depression, Anxiety, and Stress in Mothers and Externalizing Behavioral Problems in Children. *Educational Psychology Studies*, *19*(47), 111-135. https://doi.org/10.22111/jeps.2022.7189

Ghazanfari, F., Hosseini Ramaghani, N. a.-S., Moradian Gizehroud, S. K., & Panahi, H. (2017). Effectiveness of a Mindfulness-Based Parenting Education Program on Anxiety, Parent-Child Conflict, and Parenting Self-Efficacy in Mothers of Children with Oppositional Defiant Disorder. *Internal Medicine Today*, *23*(3), 213-218. https://www.sid.ir/paper/64361/fa

Gholipour, T., & Karashki. (2021). Psychometric Features of the Flourishing Questionnaire. *Quarterly Journal of Educational Measurement*, *12*(45), 115-134. https://doi.org/10.22054/jem.2022.55807.2088

Grant, A. M. (2009). *Workplace, executive and life coaching: An annotated bibliography from the behavioural science and business literature*. Coaching Psychology Unit, University of

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Sydney. https://www.duncansutherland.com.au/images/stories/downloads/coaching_bibliography.pdf

Grant, A. M., & Cavanagh, M. J. (2011). Coaching and positive psychology. In *Designing positive psychology: Taking stock and moving forward* (pp. 293-309). https://doi.org/10.1093/acprof:oso/9780195373585.003.0019

Green, L. S., Oades, L. G., & Grant, A. M. (2006). Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope. *The Journal of Positive Psychology*, *1*(3), 142-149. https://doi.org/10.1080/17439760600619849

Hanisch, C., Hautmann, C., Plück, J., Eichelberger, I., & Döpfner, M. (2014). The prevention program for externalizing problem behavior (PEP) improves child behavior by reducing negative parenting: Analysis of mediating processes in a randomized controlled trial. *Journal of Child Psychology and Psychiatry*, *55*(5), 473-484. https://doi.org/10.1111/jcpp.12177

Hofmann, S. G., & Hayes, S. C. (2019). The future of intervention science: Process-based therapy. *Clinical Psychological Science*, *7*(1), 37-50. https://doi.org/10.1177/2167702618772296

House, S., & Street, S. (2004). Quality assurance agency for higher education. https://www.qaa.ac.uk/

Jasur, K. (2021). CONSULTING AS A RESOURCE FOR PROFESSIONAL AND PERSONAL DEVELOPMENT OF LEADERS OF TERRITORIAL INTERNAL AFFAIRS.

Kashdan, T. B., Pelham, W. E., Lang, A. R., Hoza, B., Jacob, R. G., Jennings, J. R., & Gnagy, E. M. (2002). Hope and optimism as human strengths in parents of children with externalizing disorders: Stress is in the eye of the beholder. *Journal of Social and Clinical Psychology*, *21*(4), 441-471. https://doi.org/10.1521/jscp.21.4.441.22597

Kheikha, A. (2022). Understanding the Components of Coaching Programs to Enhance Human Capital of Faculty Members in Medical Sciences Universities. *Medicine and Purification*, *31*(1), 66-80. https://www.researchgate.net/publication/365442716_Recognize_the_components_of_the_coaching_program_to_enhance_the_human_capital_of_faculty_members_University_of_Medical_Sciences

Kochanova, K. (2022). *Longitudinal Associations between Parenting Stress, Adolescent Temperament, and Externalizing Behaviors* Northern Illinois University]. https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/7261/

Kodkhodai, M. a.-S., Ahmadi, S. A., & Abedi, A. (2017). Examining the Effect of Barkley Parenting Training Program on Maternal Mental Health in Mothers of Boys with Attention Deficit Hyperactivity Disorder in Primary School (Ages 7-12) in Isfahan. *Knowledge and research in applied psychology*, *18*(3), 12-24. https://sid.ir/paper/163560/fa

Lengua, L. J., Smith, M. R., Eo, A., Gonzalez, A. F., & Ruberry, E. J. (2024). Evaluation of a Mindfulness-Based Early-Childhood Behavioral Parenting Program that Promotes Parent and Child Well-Being in High-Risk Contexts. *Mindfulness*, 1-16. https://doi.org/10.1007/s12671-024-02307-8

Li, S., Yong, Y., Li, Y., Li, J., & Xie, J. (2023). Cognitive-Based Interventions for Improving Psychological Health and Well-Being for Parents of Children with Developmental Disabilities: A Systematic Review and Meta-analysis. *Journal of Autism and Developmental Disorders*, 1-20. https://doi.org/10.1007/s10803-023-06063-x

Linley, P. A., Nielsen, K. M., Gillett, R., & Biswas-Diener, R. (2010). Using signature strengths in pursuit of goals: Effects on goal progress, need satisfaction, and well-being, and implications for coaching psychologists. *International Coaching Psychology Review*, *5*(1), 6-15. https://doi.org/10.53841/bpsicpr.2010.5.1.6

Mello, C., Rivard, M., Morin, D., Patel, S., & Morin, M. (2022). Symptom severity, internalized and externalized behavioral and emotional problems: Links with parenting stress in mothers of children recently diagnosed with autism. *Journal of Autism and Developmental Disorders*, *52*(6), 2400-2413. https://doi.org/10.1007/s10803-021-05131-4

Minaei, A. (2006). Adaptation and Standardization of the Achenbach Child Behavior Checklist. *Exceptional Children Journal*(19). https://ekeshoo.ir/achenbach-child-behavior-questionnaire

Mohammadi, E., Abdolrahimpour, R., & Mahmoudalilu, M. (2019). Predicting Externalizing Behavioral Disorders (Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder) in Students Based on Parental Mental Health and Family Welfare Level.

Mousavi, S. S., Biranvand, M., Kakavand, A., Ghafari, A., & Ohadi, A. (2015). The Effect of Positive Thinking Training on Life Satisfaction and Sense of Meaning in Life in Mothers of Children with Externalizing Disorders. *Applied Counseling*, *5*(1), 63-80. https://doi.org/10.22055/jac.2016.12589

Nasih, A., Heydari Nasab, L., & Sheyiri, M. (2019). The Effect of Mindfulness-Based Intervention for Adolescents Combined with Mindful Parenting Training on Quality of Life Related to Health in Mothers of Adolescents with Attention Deficit/Hyperactivity Disorder and Externalizing Behavioral Problems.

Noori, Moradiani, & Cheraghian. (2023). The Effectiveness of Mindfulness-Based Parenting Training on the General Health Dimensions of Parents with Hyperactive-Inattentive Students. *Quarterly Journal of New Psychological Research*, *18*(69). https://www.sid.ir/paper/262875/fa

Onyishi, C. N., Ede, M. O., Ossai, O. V., & Ugwuanyi, C. S. (2021). Rational emotive occupational health coaching in the management of police subjective well-being and work ability: a case of repeated measures. *Journal of Police and Criminal Psychology*, *36*, 96-111. https://doi.org/10.1007/s11896-019-09357-y

Palamara, K., Chu, J. T., Chang, Y., Yu, L., Cosco, D., Higgins, S., & Donelan, K. (2022). Who benefits most? a multisite study of coaching and resident well-being. *Journal of General Internal Medicine*, *37*(3), 539-547. https://doi.org/10.1007/s11606-021-06903-5

Passmore, J. (2020). *The Coaches' Handbook: The Complete Practitioner Guide for Professional Coaches*. Routledge. https://doi.org/10.4324/9781003089889

Pentland, W. (2012). Conversations for enablement: Using coaching skills in occupational therapy. *Occupational Therapy Now*, *14*(2), 14-16. https://www.proquest.com/trade-journals/conversations-enablement-using-coaching-skills/docview/1010387457/se-2

Rahimi, M., Akrami, N., & Ghamarani, A. (2021). Effectiveness of a Positive Parenting Program on Self-Efficacy and Parenting Style of Mothers with Internalizing and Externalizing Disorders. *Clinical Psychology and Personality*, *19*(1), 93-107. https://doi.org/10.22070/cpap.2021.7164.0

Riayi, F., Amini, F., & Salehi Visi, M. (2022). Behavioral Problems in Children and Their Relationship with Maternal Mental Health. *Pars Medical Journal*, *10*(1), 46-52. https://doi.org/10.29252/jmj.10.1.46

Roca, P., Vazquez, C., Diez, G., & McNally, R. J. (2023). How do mindfulness and compassion programs improve mental health and well-being? The role of attentional processing of

emotional information. *Journal of Behavior Therapy and Experimental Psychiatry*, *81*, 101895. https://doi.org/10.1016/j.jbtep.2023.101895

Skibbins, D., & Bergquist, W. (2016). Ten Trends in Personal/Life Coaching. *Library of Professional Coaching*. https://libraryofprofessionalcoaching.com/tools/personal-life-coaching/ten-trends-in-personallife-coaching/

Song, Y., Swendiman, R. A., Shannon, A. B., Torres-Landa, S., Khan, F. N., Williams, N. N., & Aarons, C. B. (2020). Can we coach resilience? An evaluation of professional resilience coaching as a well-being initiative for surgical interns. *Journal of Surgical Education*, *77*(6), 1481-1492. https://doi.org/10.1016/j.jsurg.2020.04.014

Spence, G. B., & Grant, A. M. (2007). Professional and peer life coaching and the enhancement of goal striving and well-being: An exploratory study. *The Journal of Positive Psychology*, *2*(3), 185-194. https://doi.org/10.1080/17439760701228896

Suarez, L. M., & Baker, B. L. (1997). Child externalizing behavior and parents' stress: The role of social support. *Family Relations*, 373-381. https://doi.org/10.2307/585097

Tang, Y. Y., Tang, R., & Gross, J. J. (2019). Promoting psychological well-being through an evidence-based mindfulness training program. *Frontiers in human neuroscience*, *13*, 237. https://doi.org/10.3389/fnhum.2019.00237

Tehrani Doost, M., Shahrivar, Z., Pakbaz, B., Rezaei, A., & Ahmadi, F. (2006). Validity of the Persian Version of the Strengths and Difficulties Questionnaire (SDQ). *Cognitive Science Updates*, *8*(4), 33-39. https://icssjournal.ir/browse.php?a_id=266&sid=1&slc_lang=fa

Theeboom, T., Beersma, B., & van Vianen, A. E. (2014). Does coaching work? A meta-analysis on the effects of coaching on individual level outcomes in an organizational context. *The Journal of Positive Psychology*, *9*(1), 1-18. https://doi.org/10.1080/17439760.2013.837499

Van Nieuwerburgh, C., Lomas, T., & Burke, J. (2018). Integrating coaching and positive psychology: Concepts and practice. *Coaching: An International Journal of Theory, Research and Practice*, *11*(2), 99-101. https://doi.org/10.1080/17521882.2018.1496557

Wang, J., Long, R., Chen, H., & Li, Q. (2022). How do parents and children promote each other? The impact of intergenerational learning on willingness to save energy. *Energy Research & Social Science*, *87*, 102465. https://doi.org/10.1016/j.erss.2021.102465

Weiss, L. A., Westerhof, G. J., & Bohlmeijer, E. T. (2016). Can we increase psychological well-being? The effects of interventions on psychological well-being: A meta-analysis of randomized controlled trials. *PLoS One*, *11*(6), e0158092. https://doi.org/10.1371/journal.pone.0158092

Yazdkhasti, F., & Arizi Samani, S. H. (2011). Norming of Three Versions of the Child Behavior Checklist: Child, Parent/Teacher in Isfahan. *Iranian Journal of Psychiatry and Clinical Psychology (Ideas and Behavior)*, *17*(1). https://www.sid.ir/paper/16874/fa

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