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The effectiveness of the Mentalization -based program (mother and child) in children's behavioral problems

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ABSTRACT

Background and Aim: Children's behavioral problems have one of the highest importance in any society, so that its improvement has a fundamental role in the future of any society. Treatment based on mentalization is a psychoanalytic intervention that can play an important role in improving this problem. The aim of the present study was to investigate the effectiveness of treatment based on mentalization in children's behavioral problems. Methods: This semi-experimental research was a pre-test-post-test type with a control group. The sampling method was voluntary. The volunteers of the experimental group were given a pre-test before the implementation of mentalizing interventions, and after the intervention, the post-test and the control group did not receive any intervention, but they also took the pre-test and post-test. The sample group of first and second grade students had behavioral problems. The research tools included the Parental Reflective Functioning Questionnaire (PRFQ) and the Achenbach-Child Behavior Inventory (CBCL). In this research, analysis of variance and Bonferroni's post hoc test were used to check the difference in means and data analysis was done with the help of SPSS 24 software. **Results:** The results showed that treatment based on mentalization on children's behavioral problems in the areas of anxiety/depression withdrawal/depression (P<0.001), physical (P<0.001), thinking problems (P<0.001), law breaking behavior (P<0.001) and aggressive behavior (P<0.001) were effective. Conclusion: It can be concluded that treatment based on mentalization is effective in reducing children's behavioral problems as a treatment method and can be used to reduce children's problems.



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Introduction

Children with behavioral problems are part of society. Behavioral and mental disorders of childhood and adolescence include permanent behaviors that do not match the person's age and lead to social conflicts, dissatisfaction, individual unhappiness, and failure in education. These problems are the result of the child's interaction with his environment (Kaplan & Sadock, 2017; quoted by Rezaei, 2017). McMahon (2014), in various surveys, consistently and harmoniously showed that behavioral problems in childhood predict an increase in the probability of suffering from psychiatric disorders in adolescence and adulthood (Hatami, 2014). The occurrence of behavioral problems during the early years of life hurts the child's natural development process, especially externalizing behavioral problems in children (such as hyperactivity and aggression) which can lead to chronic psychological problems and poor academic performance (Midouhas & Kaung, 2014).

Mindfulness-based therapy (MBT) is a specific type of psychodynamic psychotherapy developed by Bateman and Fonagy (2004) to treat patients with BPD (Fonagy & Bateman, 2004). Mentalizing capacity, considered a reflective function, is the ability to understand the mental states of oneself and others, which is obtained through interpersonal relationships in childhood, especially attachment relationships, and is the basis of overt behaviors (Fonagy & Bateman, 2016). A treatment based on mentalization is a structured treatment approach that is divided into three distinct stages. The general goals of the initial stage are: assessing the patient's capacity for mentalization, and personality functioning, contracting and involving the patient in treatment, and identifying problems that may interfere with treatment (Fonagy & Bateman,

After evaluation, the goal of the middle stage is to stimulate a stronger mentalizing capacity in the context of emotional arousal and attachment relationships. In the final stage, the patient is prepared to end the treatment. The main focus of mentalization is to help the therapist bring his mental experiences to the level of consciousness and facilitate a coherent and complete sense of psychological agency. The goal of therapy is to and strengthen the capacity mentalization through therapeutic relationships and increase the capacity of the client to recognize the thoughts and feelings he experiences (Carr & Martin, 2013); have identified four dimensions for mentalization: automatic versus controlled, self versus other, internal versus external characteristics, and cognitive versus affective. The ability to mentalize requires that people not only maintain a balance in these dimensions but also be able to use the dimensions appropriately according to the environmental conditions. According to the above material, in this research, we are looking for the answer to this critical question, is the program based on mindfulness and mentalization (mother and child) effective in elementary school behavioral problems?

Method

In this research, a semi-experimental method of pre-test-post-test with a control group has been used. The experimental and control groups were selected by voluntary sampling method. Before applying therapeutic interventions to the experimental groups, a pre-test was conducted. A post-test was conducted after applying independent variables in the form of two therapeutic methods based on mindfulness and mentalization. The statistical population studied in this research are first and second-year elementary school students with behavioral and emotional problems who refer to Rah Roshd clinics and Dr. Shirazi's office. The sample of the research is based on the voluntary sampling method of 24 people (including 12 mothers and 12 children) from the people who were referred to Rah Rushd and Dr. Shirazi clinics for behavioral problems. Then randomly, 12 people were in the experimental group (whose mothers are exposed to mindfulness-based therapy and children are exposed to mentalization therapy), and 12 people were in the control group. Mother and child received the training in 8 consecutive sessions in 8 weeks; During this period, the meetings were held continuously and the experimental group received mindfulness programs (mother) separately.

Tools

1. Parental Reflective Functioning Questionnaire (PRFQ): The revision of this scale by Fonagy et al. (1998) led to the creation of the "Reflective Capacity Scale". Until 2005, no study had used this scale to measure the reflective capacity of parents. Luyten et al. (2009) designed the "Parental Reflection Capacity Questionnaire". This questionnaire measures the

caregiver's capacity to respond the psychological experiences of himself and his child. This questionnaire is a multidimensional self-assessment scale that measures the reflective capacity of the parent, which is his capacity to consider his child as a psychological unit. This questionnaire is designed for mothers with children under five years old. This questionnaire consists of 18 questions that respondents answer based on Likert, scoring between 1 (completely disagree) and 7 (completely agree). Very low scores in this questionnaire indicate a lack of interest and attention toward the child's mental state, and very high scores in it indicate excessive and intrusive mentalizing. According to Luyten et al.'s study (2017), Cronbach's alpha was reported as 0.7 for pre-mentalization, 0.82 for certainty in mental states, and 0.74 for interest and curiosity.

Achenbach-Child Behavior Checklist (CBCL): In the present study, the Persian version of the Children's Checklist (CBCL) translated by Minai (2006) will be used. The tool is completed by one of the parents and another person who is well acquainted with the child's abilities and behavioral problems. This tool can be used both as a self-report and as an interview. CBCL can also be used to measure over time or treatment. The overall coefficients of CBCL forms were reported using Cronbach's alpha of 0.97 and test-retest reliability of 0.94. Content validity (choosing the logic of the questions and using the analysis of the first class of questions), criterion validity (using a psychiatric interview with the child and correlation with the CSI-4 scale), and construct validity (internal relationships of the scales and group differentiation) of these forms have been reported as favorable. (Achenbach Rescorella, 2007). This tool was translated and standardized for the first time in Iran by Tehrani Dost et al. In Minai's research (2015), the range of internal consistency coefficients of the scales using Cronbach's alpha formula was reported from 0.63 to 0.95. The time stability of the scales was checked using the test-retest method with a time interval of 5-8 weeks, and the range of time stability coefficients was obtained from 0.32 to 0.67. Also, the agreement between the respondents has been examined, and the range of these coefficients fluctuated from 0.09 to 0.67.

Implemention

Mother and child received the training in 8 consecutive sessions in 8 weeks; During this

period, the meetings were held continuously and the experimental group received the mindfulness programs (mother) and mindfulness (child) which are listed in the following tables separately. The mindfulness sessions were adapted from the Mindfulness Skills Training Manual for Children and Adolescents (Burdick, 2014; original translation by Azad, Hosseini, and Tayibi, 2016). Finally, the results of the research after collecting the questionnaires and coding the information, using the 24 spss statistical software, from the descriptive and inferential indicators including percentage, central common indicators (mean) and dispersion (standard deviation) multi covariance analysis variable and before that, statistical tests related to the assumptions of this analysis, including the normality of the distribution of the variables, the equality of variances, were used.

Results

In the current study, there were 7 boys and 5 girls in the experimental group, and 5 boys and 7 girls in the control group. In the experimental group, there were 6 people in the first grade of primary school and 6 people in the second grade of primary school. In the control group, there were 7 people in the first grade of primary school and 5 people in the second grade of primary school. In the experimental group, there are 4 first children, 1 second child, 3 third children, and 4 fourth and older children. In the control group, 4 first children, 3 second children, 4 third children, and 1 fourth and older child. The results show a significant difference in the scores of children's behavioral problems in the two experimental and control groups in the post-test and follow-up phases. However, there was no significant difference in the pre-test phase. The results showed that Wilks's lambda statistic is significant. In other words, there is a significant difference between the subjects who received the interventions (experimental group) and those who did not receive the interventions (control group) in the post-test phase, at least in terms of one of the dependent variables. There is a difference (P>0.01). The effect or difference is equal to 0.79. In other words, 79% of the change of the dependent variables in the post-test scores is related to the effect of mindfulness-based treatment in mothers on children's behavioralemotional problems. Statistical power is also equal to 1.00.

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Table 1. The results of ANOVA analysis in the MANCOVA text on the mean follow-up scores of the dependent variables					
Variables	SS	D.F	MS	F	P
Anxiety/depression	352.08	4	88.02	92.71	0.001
Withdrawal/depression	307.41	4	76.78	123.47	0.001
Physical complaints	316.46	4	79.11	73.34	0.001
social problems	0.62	4	2.35	2.96	0.001
Attention problems	19.36	4	11.92	3.95	0.001
Thinking problems	329.37	4	82.34	135.03	0.001
Law breaking behavior	496.07	4	124.01	223.29	0.001
Aggressive behavior	467.15	4	116.78	332.04	0.001

According to the findings, the univariate test result for each dependent variable is significant except attention problems and social problems in the follow-up stage (P<0.05). Therefore, it is concluded that the effectiveness of the treatment based on mindfulness (mother) on the dependent variables has generally continued until the follow-up stage.

Conclusion

The present study aimed to investigate the effectiveness of treatment based on mentalization in children's behavioral problems. The results showed that treatment based on mentalization on children's behavioral problems in the areas of anxiety/depression (P<0.001), withdrawal/depression (P<0.001), physical complaints (P<0.001),problems thinking (P<0.001), law-breaking behavior (P<0.001) and aggressive behavior (P<0.001) were effective. The results are in line with the research of Valipour et al. (2019), Karimi et al (2019). From an evolutionary point of view, stress and tension in stressful parenting situations lead to reactive, anxious and overprotective parenting. Stress in mothers is the result of extreme tension related to mother-child interactions. Evidence shows that when mothers are stressed or depressed or suffer from acute stress or experience conflicts in their relationships, they are likely to face problems in effective parenting that is responsive and sensitive to their children (Duncan & Shadix, 2015). Therefore, identifying the stressful situations of parents and children and acquiring the skills to deal with children correctly is one of the requirements of parenting. One of the goals of mindful parenting is to improve parenting under high-stress conditions. In this approach, the primary focus of education is on the parents' stress, suffering, and psychological pathology instead of the child's behavioral problems.

In explaining the effectiveness of mentalization, it can be said that in children with behavioral and emotional problems, parents cannot understand the child's feelings, wishes and needs, and there is a lack of agreement between the child and the parents in various fields. According to Bleiberg (2013), this issue is like a conversation among the deaf because the parents' unresolved conflicts prevent the understanding of the child's natural needs. In such cases, a person who feels unheard or misunderstood and has no hope that anyone else can appreciate his individual point of view is much less accommodating and his needs and feelings are not considered. Mentalization helps the person to increase the quality of interpersonal relationships by identifying stressful factors in the family and mentalizing the mother in conditions. emotional **Indicators** mentalization, including curiosity, empathy, sympathy, and mediation, are examined in the mother. The interaction between the child and the family takes place to evaluate mentalization capacities.

It is suggested that the interventions carried out in this research get utilized to teach other ages in other educational levels and their families (fathers and mothers) on other psychological variables and in the form of research projects, to examine the different processes of these two approaches. Considering the effectiveness and impact of these two approaches on mothers and children, it is suggested that counselors and therapists of counseling centers use this treatment approach in therapy groups and training classes to improve the behavioral-emotional problems of children and teenagers. Moreover, it is suggested to develop programs to inform parents about behavioral-emotional problems of children and their impact on the formation of their behavior and personality. It is also suggested to identify the variables related to emotional-behavioral

problems, shyness, aggression, etc., and try to improve these variables to improve the quality and satisfaction of living in an atmosphere of peace and trust in children. Furthermore, another suggestion is identifying the emotionalbehavioral problems of children and adolescents and trying to change these problems through other educational methods and therapeutic interventions. Based on the findings of this research, it can be said that the treatment based on mindfulness and mentalization has played a unique role in treating children's emotionalbehavioral problems. Finally, parents and therapists are suggested to use these techniques under the supervision of experts in order to improve and enrich their relationships with their children.

Conflict of Interest

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

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