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Effectiveness of a Family-Based Problem-Solving Program on Children's Self-Esteem During the Coronavirus Pandemic

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A B S T R A C T

Problem-solving skills are designed to modify behavior, facilitate the selection of appropriate behaviors, and replace them in challenging situations individuals face. This study aimed to investigate the impact of family-based problem-solving training on the self-esteem of children during the Coronavirus pandemic among school students. The study employed a quasi-experimental design with a pre-test, post-test, and follow-up framework, including a control group. A total of 100 students were selected using a random sampling method and randomly assigned to two groups: experimental (n = 50) and control (n = 50). Parents and students participated in ten two-hour training sessions over three months using the family-based problem-solving program. Data were collected through the Coopersmith Self-Esteem Inventory based on parental evaluations. The data were analyzed using multivariate covariance analysis (MANCOVA) via SPSS software, version 25. The data analysis revealed that the family-based problem-solving program had a significant positive effect on the components of self-esteem ($P < 0.001$). These results were maintained during the follow-up phase ($P < 0.001$). Family-based problem-solving training impacts parental and child behavior by identifying goals, modeling, guiding mothers in accordance with the program, and utilizing techniques that prepare children to face challenges. It teaches children that they can employ diverse approaches to solving problems, which, in turn, enhances their self-confidence, creativity, and intrinsic motivation.

Keywords: *Family-Based Problem-Solving, Self-Esteem, Coronavirus Pandemic*

1. Introduction

Childhood, as a pivotal stage influencing all dimensions of human developmental growth, is considered a critical concern for researchers and counselors in contemporary times. This importance arises from the role and impact of this period on subsequent stages of individual life (Afzali et al., 2017; Mitchell & Walinga, 2017; Sutherland et al., 2018). To achieve abilities, competencies, and recognition of their potential, children need self-efficacy and self-esteem to discover the key to progress and success in their lives. The foundation of advancement in work, life, interpersonal relationships, social activities, and courage is achieving self-confidence (Weiten et al., 2010).

Individuals with higher self-confidence demonstrate courage in confronting problems and avoid experiencing stress and anxiety in life's struggles. Theoretical studies have shown that children with low self-esteem face challenges in achieving success. They struggle with learning difficulties, academic underachievement, and psychological problems (Beautrais et al., 2010). Perceptions and concepts about self-esteem vary among individuals, and how they define and think about it can be significant. When children are asked how they perceive their self-esteem, they respond in diverse ways. The perception of self-esteem often aligns with the beliefs they hold about what constitutes a healthy individual (Almurumudhe et al., 2024; Zhang et al., 2023).

When a child believes that their lack of perfection makes them less valuable than others, they tend to define their self-esteem similarly to how their parents perceive it. This can lead to undervaluing themselves. Conversely, when a child has a positive self-concept from their family's perspective, they perceive themselves as relatively valuable. This raises the question: Does low self-esteem in children correlate with their abilities, and do they have fewer capabilities compared to typical children? These children undoubtedly have talents that should not be overlooked. However, individuals with imbalanced self-esteem fail to recognize and value their abilities. Creativity, intelligence, memory, and thinking are aspects children can enhance through self-efficacy and diverse educational methods, enabling them to realize their potential. Achieving this involves inquiry, problem-solving, and forward-thinking (Esnaashari et al., 2018; Saliceti, 2015).

Empirical evidence suggests that individuals with high self-esteem are recognized as creative, capable of leveraging their skills and talents, and experiencing satisfaction and happiness in life (Khodaei Majd, 2016). Children with low academic performance, weak interpersonal relationships, social conflicts, behavioral problems, and poor mental health often experience low self-esteem. Factors such as personal experiences and social consequences received from parents and peers in societal, home, and school environments play a significant role in reducing self-esteem. These factors, if positively addressed, could significantly enhance the child's individual determination (Rasekhei Nejad & Khodabakhshi-Koolaee, 2020).

Children with low self-esteem may encounter significant social problems, such as substance abuse and behavioral and moral instability, during adolescence or adulthood. The subject emphasized in this study is problem-solving skills. Problem-solving is a process for discovering, sequencing, and properly organizing ways to achieve a goal or solution. When faced with a problem, individuals need an understanding to overcome it, which necessitates training to acquire this skill. The fundamental step in problem-solving is utilizing prior experiences to discover solutions previously unknown (Bharlo & Hashemi, 2018).

Applying a problem-solving approach in family-child relationships fosters self-efficacy and self-esteem in children. Problem-solving skills are cognitive-behavioral processes that individuals use to tackle daily challenges, serving as an effective strategy for adaptive coping (Kakabaraee, 2016, 2019; Kakabaraee & Heydarian, 2021; Kakabaraei & Moradi, 2017; Kakabraee & Emami, 2018). Problem-solving programs are self-guided processes that provide practical methods for addressing issues across all age groups. This approach does not aim to create specific belief systems but seeks to equip individuals with reasoning methods, beliefs, values, and decision-making skills for problem-solving. Miller posits that cognitive-behavioral therapies, such as family-centered problem-solving training, significantly enhance interpersonal relationships and individual well-being (Kakabaraee, 2016; Kakabaraee & Heydarian, 2021).

The outbreak of COVID-19, recognized as a global issue due to its high transmission rate and spread through personal interactions, has been particularly challenging for children, given their sensitivity and vulnerability during infectious disease outbreaks. The lack of interactions among parents, children, peers, and social connections has influenced individual self-efficacy (Ghanizade Bafghi, 2020). Researchers examining the impact of problem-solving on self-esteem suggest that problem-solving methods enhance students' self-esteem. They found a significant relationship

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between low self-esteem, aggression, and problem-solving (Sharifi, 2006).

Additionally, studies indicate that problem-solving training can be applied to individuals with substance dependence, demonstrating its effectiveness in boosting self-confidence and supporting therapeutic processes during addiction recovery (Habibi et al., 2012). This study explores how a family-centered problem-solving program influences children's self-esteem. Practical research in this area highlights that family-centered problem-solving training emphasizes behavior modification and the selection and replacement of appropriate behaviors. Problem-solving, as an educational and practical approach, can play a pivotal role in improving educational quality in schools, families, and institutions involved in child upbringing (Farid Marandi et al., 2020).

Problem-solving training is not limited to specific domains or age groups and can be redesigned and implemented with goals tailored to the problem's nature. Various studies have demonstrated the application of problem-solving in different contexts. For instance, Habibi et al. (2012) investigated the impact of family-centered problem-solving training on the self-esteem of substance-dependent clients. Their findings showed that this approach improved therapeutic processes and enhanced clients' self-esteem (Habibi et al., 2012).

Learning problem-solving skills enhances children's logical abilities, helps replace negative thoughts, and improves thinking methods. This research focuses on three areas: fostering parent-child interaction, identifying and addressing children's needs, and managing children's frustration-induced anger. These methods aim to enhance children's social skills and elevate their self-esteem (Zeraatkar & Moradi, 2019). Thus, this study investigates the effectiveness of family-centered problem-solving training on children's self-esteem during the Coronavirus pandemic.

2. Methods and Materials

2.1. Study Design and Participants

This study is an applied research conducted using a quasi-experimental design with a pre-test, post-test, and follow-up (one month after the intervention) framework, including a control group. The intervention lasted three months, and the statistical population consisted of all mothers of fifth and sixth-grade elementary school students in Eslamabad Gharb, enrolled during 2020. A sample of 100 mothers and their children (boys and girls) was selected through public announcements in schools using convenience sampling. Mothers of students with low self-esteem were chosen. Participants were randomly assigned to two groups: experimental (n = 50) and control (n = 50). Based on Canning's (2006) study, a minimum sample size of five participants per parameter is required, while a ratio of 10:1 is considered better, and 20:1 is ideal.

The inclusion and exclusion criteria for the study were as follows: ethical considerations, including respect and dignity for participants during the research process; mothers with children aged 11 to 12 years in fifth and sixth grades; students with no limiting physical or health conditions; mothers committed to timely participation in the tests and therapeutic sessions; and participants' willingness and voluntary consent to participate in the study.

During the intervention using the problem-solving training method, a pre-test was initially conducted to ensure homogeneity and test reliability and validity between the two groups. This confirmed that both groups were at the same baseline level before the intervention. The therapeutic intervention for the experimental group lasted three months, with 10 sessions of 90 minutes each. The control group received no intervention to serve as a comparison benchmark. In the follow-up phase, conducted one month after the post-test, the stability of the therapeutic method was evaluated, indicating its lasting impact over the one-month period. This follow-up served as evidence of the reliability of the experimental therapeutic methods.

2.2. Measures

2.2.1. Self-Esteem

The Coopersmith Self-Esteem Inventory (SEI), developed by Coopersmith (1967) for individuals aged 10 and above, was used in this study. The school version of this scale is based on extensive research on the principles, implications, and interrelationships of self-esteem. Coopersmith developed the inventory based on revisions to Rogers and Diamond's (1954) scale, assuming that self-esteem is a relatively stable trait. The inventory contains 58 items describing an individual's feelings, beliefs, or reactions. Respondents mark their answers as either "Like Me (Yes)" or "Unlike Me (No)." The subscales include the general scale (26 items), social scale (8 items), family scale (8 items), academic scale (8 items), and lie scale (8 items). The scores for the subscales and the overall score provide insights into the areas where participants demonstrate a

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positive self-image (Coopersmith, 1967). Scoring is binary (0 and 1), with some questions awarding one point for "Yes" and zero for "No," and others scored inversely. Studies in Iran and other countries have demonstrated the validity and reliability of this test. Herz and Gulen (1999) reported an alpha coefficient of 0.88 for the overall score. Additionally, validity analyses showed significant negative divergence validity with the neuroticism subscale and positive convergent validity with the extroversion subscale of Eysenck's Personality Questionnaire. In Iran, Fathi Ashtiani reported a mean score of 34.76, a standard deviation of 8.47, and a Cronbach's alpha of 0.83 for high school students (Khosh Lahje Sedq & Mohammadtahery, 2022).

2.3. Intervention

2.3.1. Raising a Thinking Child/Adolescent Workshop

The "Raising a Thinking Child/Adolescent" workshop was conducted for parents and their children, focusing on 11- and 12-year-old elementary school students. The workshop aimed to empower children to handle challenges in various environments and improve problematic behaviors in different situations. The workshop taught parents skills such as problem identification, logical thinking, strategic and operational planning, understanding problems, effective problem-solving methods, enhancing communication and empathy, and fostering self-confidence and self-esteem in both mothers and children. The workshop emphasized interactive parenting skills, engaging children in problem-solving, and enhancing their abilities and creativity to implement diverse solutions.

Parents were guided through exercises to help children explore various communication strategies, acceptance, empathy, curiosity fulfillment, and problem-solving approaches. A summary of the session topics was provided to parents during the workshop. One limitation of this educational program was the need for extended time to identify, evaluate, and address problems effectively. The educational intervention was delivered to mothers over three months through 10 group sessions, each lasting two hours. The validity and reliability of this intervention were supported by previous studies on family-centered problem-solving training (Habibi et al., 2012; Kakabaraei & Moradi, 2017; Shokoohi-Yekta & Shahabi, 2018).

Session 1: Orientation and Introduction to Childhood Characteristics

This session focused on introducing parents to the structure and objectives of the workshop, emphasizing the importance of childhood as a critical developmental period. Discussions covered effective parenting strategies and behavioral characteristics of children. Parents were shown a short film titled The Little Bird that illustrated overcoming challenges. Homework included describing children's behavioral traits.

Session 2: Understanding Problem-Solving

Parents were introduced to identifying and accurately defining problems, setting goals, and using a step-by-step approach to problem-solving. Activities included prioritizing issues, distinguishing significant problems, practicing active listening skills, and finding and testing solutions in practice. Parents were tasked with applying these strategies at home.

Session 3: Problem-Solving Skills and Parenting Techniques

This session covered key skills like active listening, effective communication, transparency, respect, and attention. Parents were taught planning, goal-setting, decision-making, analytical thinking, role modeling, and evaluation. Exercises emphasized physical presence during interactions, empathetic understanding, identifying root causes of problems, and avoiding defensive or judgmental reactions to children’s behaviors.

Session 4: Recognizing Children's Abilities and Talents

The session aimed at helping parents understand their children's abilities, evaluate their intelligence and interests, and recommend activities to enhance their skills. Techniques included active listening and stress assessment during problem-solving scenarios. Parents engaged their children in creative and problem-solving games like constructing wooden or paper mazes.

Session 5: Enhancing Motivation and Creativity

This session aimed to reduce self-doubt and foster a sense of self-worth in children. Parents were guided to discuss strengths and weaknesses, interpersonal relationships, and their child’s preferences and aversions. Activities included creative problem-solving exercises and games that encouraged children to explore and express their ideas.

Session 6: Positive Thinking

Parents learned strategies to cultivate and reinforce positive thinking in their children. Topics included countering negative thoughts, using affirmative phrases, and instilling confidence in goal setting and execution. Exercises focused on using energizing positive language, engaging in creative activities, and solving puzzles to boost reasoning and self-esteem.

Session 7: Strengthening Self-Esteem

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This session focused on fostering self-esteem through support, assertiveness, timely encouragement, and active listening. Parents were encouraged to respect their children's emotions, provide opportunities for self-expression, and focus on successes rather than shortcomings. Activities included empathetic interactions and allowing children to practice decision-making in safe environments.

Session 8: Goal Setting and Self-Esteem Development

Parents were taught the importance of goal setting in enhancing children's self-esteem, self-efficacy, and creativity. Activities emphasized identifying objectives, supporting children in achieving their goals, and applying problem-solving methods to boost confidence and self-worth.

Session 9: Strategies and Feedback from Parents

This session reviewed previous sessions, focusing on balancing strengths and weaknesses, fostering positive emotions, and creating inner peace. Parents discussed their experiences, provided feedback, and reflected on the role modeling of successful individuals. Exercises included planning, focusing, practicing, and implementing strategies to achieve set goals.

Session 10: Summary and Final Evaluation

The final session reviewed all workshop content, emphasizing solutions and relapse prevention strategies. Activities included watching problem-solving clips and completing a post-test to evaluate the program's effectiveness.

2.4. Data analysis

Data analysis were performed using SPSS version 25. Descriptive findings (mean and standard deviation) and inferential statistics were analyzed using covariance analysis (ANCOVA).

3. Findings and Results

The average age of the participants was 37.33 years for mothers and 11.52 years for their children. Table 1 presents the means and standard deviations for the self-esteem subscales based on the family-centered problem-solving approach, reported by mothers during the pre-test, post-test, and follow-up phases.

Table 1

Descriptive Statistics for Self-Esteem Variables in Children

Variable	Group	Pre-Test Mean (M)	Pre-Test Standard Deviation (SD)	Post-Test Mean (M)	Post-Test Standard Deviation (SD)	Follow-Up Mean (M)	Follow-Up Standard Deviation (SD)
General Self-Esteem	Experimental	13.82	2.60	17.24	2.49	16.62	2.51
	Control	16.62	2.53	13.35	2.10	13.18	2.35
	Total	13.72	2.56	15.30	3.02	14.90	2.89
Family Self-Esteem	Experimental	4.05	1.06	5.30	0.94	6.03	0.85
	Control	4.17	0.93	4.13	0.96	4.28	0.83
	Total	4.09	0.97	4.71	1.11	5.15	1.12
Social Self-Esteem	Experimental	3.94	0.95	5.64	0.82	6.33	0.85
	Control	4.16	0.94	4.17	0.93	4.14	0.88
	Total	4.05	0.95	4.90	1.14	5.23	1.40
Academic/Occupational Self-Esteem	Experimental	4.10	0.96	5.32	1.16	6.23	0.85
	Control	4.15	0.94	4.18	0.92	4.11	0.88
	Total	4.10	0.94	4.73	1.20	5.19	1.35

Table 1 demonstrates the means and standard deviations for children's self-esteem levels, based on parental self-reports, across three stages: pre-test, post-test, and follow-up. The findings indicate significant changes in the self-esteem levels of the experimental group during the post-test and follow-up stages compared to the pre-test. There were significant differences between the experimental and control groups in self-esteem subcomponents, including general self-esteem, family self-esteem, social self-esteem, and academic self-esteem.

Using the Kolmogorov-Smirnov test, the assumption of normal distribution for the variables was verified. The results confirmed normal distribution for general self-esteem ($p = 0.088$, $Z = 0.096$), family self-esteem ($p = 0.067$, $Z = 0.086$), social self-esteem ($p = 0.168$, $Z = 0.076$), and academic self-esteem ($p = 0.200$, $Z = 0.049$). Levene's test, which assesses the homogeneity of variance, showed that the

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self-esteem components in the questionnaire were not homogeneous. Thus, Wilks' Lambda test was used to evaluate the impact of the intervention.

Floortime rehabilitation methods have a significant impact on the Theory of Mind in children with high-functioning autism spectrum disorder. A one-way ANOVA was used to analyze the findings. Table 2 presents the results of multivariate tests comparing the Theory of Mind variable between the control and Floortime groups.

Table 2

Results of Multivariate Variance Analysis

Test Name	Value	F	Hypothesis df	Error df	p-value	Eta-Squared	Power
Wilks' Lambda	0.706	4.315	8	83	<0.001	0.294	0.992
Pillai's Trace	0.294	4.315	8	83	<0.001	0.294	0.992
Hotelling's Trace	0.416	4.315	8	83	<0.001	0.294	0.992
Roy's Largest Root	0.416	4.315	8	83	<0.001	0.294	0.992

Wilks' Lambda ($\lambda = 0.706$, $F = 4.315$, $p \leq 0.001$) indicated a significant difference in at least one of the self-esteem components between the control and experimental groups. The statistical power of 0.99 and a significance level of 0.01 confirmed an adequate sample size.

Table 3

Multivariate Covariance Analysis Results for the Effectiveness of Family-Centered Problem-Solving Training on Children's Self-Esteem

Source of Variation	Dependent Variable	df	Mean Square	F	p-value	Eta-Squared
Group	Post-Test General Self-Esteem	1	9.092	5.939	0.017	0.062
	Follow-Up General Self-Esteem	1	6.793	4.231	0.043	0.045
Covariate (Pre-Test General Self-Esteem)	Post-Test General Self-Esteem	1	0.001	0.001	0.975	0.000
	Follow-Up General Self-Esteem	1	0.011	0.007	0.934	0.000
Group	Post-Test Family Self-Esteem	1	0.866	4.192	0.044	0.045
	Follow-Up Family Self-Esteem	1	1.893	7.137	0.009	0.073
Covariate (Pre-Test Family Self-Esteem)	Post-Test Family Self-Esteem	1	0.811	3.922	0.051	0.042
	Follow-Up Family Self-Esteem	1	0.527	1.986	0.162	0.022
Group	Post-Test Social Self-Esteem	1	2.060	13.427	<0.001	0.130
	Follow-Up Social Self-Esteem	1	3.755	16.328	<0.001	0.154
Covariate (Pre-Test Social Self-Esteem)	Post-Test Social Self-Esteem	1	0.050	0.327	0.569	0.004
	Follow-Up Social Self-Esteem	1	0.005	0.021	0.886	0.000
Group	Post-Test Academic Self-Esteem	1	2.491	4.802	0.031	0.051
	Follow-Up Academic Self-Esteem	1	4.149	13.089	<0.001	0.127
Covariate (Pre-Test Academic Self-Esteem)	Post-Test Academic Self-Esteem	1	0.181	0.349	0.556	0.004
	Follow-Up Academic Self-Esteem	1	0.075	0.237	0.628	0.003

The results show significant differences between the experimental and control groups during the post-test phase for general self-esteem ($F = 5.939$, $p = 0.017$), family self-esteem ($F = 4.192$, $p = 0.044$), social self-esteem ($F = 13.427$, $p < 0.001$), and academic self-esteem ($F = 4.802$, $p = 0.031$). Similar significant differences were observed during the follow-up phase for general self-esteem ($F = 4.231$, $p = 0.043$), family self-esteem ($F = 7.137$, $p = 0.009$), social self-esteem ($F = 16.328$, $p < 0.001$), and academic self-esteem ($F = 13.089$, $p < 0.001$). These findings confirm the effectiveness of the intervention in enhancing self-esteem levels. The assumptions of homogeneity of variance were also met.

4. Discussion and Conclusion

This study aimed to investigate the impact of a family-centered problem-solving program on children's self-esteem during the Coronavirus pandemic. According to parental reports, the findings suggest that the program positively influenced the self-esteem of elementary school children. The self-esteem components included general self-esteem, family self-esteem, social self-esteem, and academic/career self-esteem. Self-esteem, as a fundamental aspect of human personality, shapes an individual's existential thinking and plays a pivotal role in behavioral health. Individuals with

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high self-esteem are better equipped to enhance their innate capacities, gain self-awareness, and address challenges effectively (Sadri Damirchi et al., 2016).

Each stage of the problem-solving process serves a specific purpose, including defining and formulating problems, listing solutions, decision-making, applying solutions, and evaluating results. The findings indicate that individuals who struggle with problems often lack adequate problem-solving skills (Sadri Damirchi et al., 2016; Saliceti, 2015). Mothers participating in the "Raising a Thinking Child" workshops over three months effectively used problem-solving techniques to improve their children's general, family, social, and academic/career self-esteem. The results highlight that problem-solving training not only improves mother-child interactions but also serves as a valuable approach for children with low self-esteem.

Problem-solving techniques, which focus on understanding and addressing issues while reinforcing self-esteem, positively influence goal-setting, correcting inappropriate behaviors, and fostering individual self-efficacy in children. The workshops also provided parents with better awareness of their children's behaviors through structured exercises and helped them tackle both simple and complex issues. This approach enabled mothers to apply their newly acquired problem-solving skills not only in parenting but also in other areas, such as marital relationships and social interactions, leading to improved outcomes compared to those without such training.

Similar studies have shown that family-centered problem-solving training enhances positive parent-child relationships, improves social skills, increases self-esteem and self-efficacy, and fosters better peer relationships and a more positive outlook (Shokoohi-Yekta et al., 2018). These findings affirm that family-centered problem-solving training positively impacts children's self-esteem components. Mothers who effectively understood and applied problem-solving skills experienced positive outcomes in their children's general self-esteem. Follow-up assessments confirmed the reliability and durability of these therapeutic effects.

In Iran, limited research has focused specifically on the application of family-centered problem-solving approaches to the self-esteem of elementary school children. However, related studies, such as Habibi et al. (2012), demonstrated that this approach improved the therapeutic process and self-esteem of individuals recovering from substance dependence. Similarly, Kakabaraee and Heydarian (2021) found that problem-solving training positively influenced preschool children's social skills, including cooperation, assertiveness, responsibility, and self-regulation, enhancing interpersonal relationships and constructive interactions (Kakabaraee & Heydarian, 2021). Shokoohi-Yekta and Shahabi (2018) reported that the "Raising a Thinking Child" workshops successfully taught parents effective problem-solving strategies, enabling them to evaluate various interpersonal options and reflect them in their behaviors, fostering better problem-solving skills in their children (Shokoohi-Yekta & Shahabi, 2018).

The findings of this study can provide actionable solutions for fostering reciprocal relationships between parents and children, promoting a more amicable and friendly dynamic. Problem-solving training can assist educators, therapists, and families in adopting appropriate behavioral strategies for children, adolescents, and even adults. As a self-directed process, problem-solving training offers a versatile method for addressing challenges across various age groups (Kakabaraee & Heydarian, 2021; Kakabaraei & Moradi, 2017).

Mahamoudi Rad et al. (2006) emphasized that social problem-solving and communication skills training significantly enhance elementary school students' self-esteem, noting positive effects on confidence and intelligence. These skills are considered part of life skills education, with notable impacts on academic self-esteem and teacher-student relationships. Consequently, problem-solving training plays a critical role in addressing behavioral, managerial, and educational challenges and is now recognized as a key component in family therapy approaches (Mahmoudi Rad et al., 2006).

Parents often use various methods to align their children with their expectations. Problem-solving training helps parents introduce children to effective problem-solving techniques. Given its adaptability, this educational method is highly applicable to a wide range of important social, managerial, and family issues. Families can benefit from educational packages and workshops such as "Raising a Thinking Child" to learn modern behavioral intervention techniques based on problem-solving.

Problem-solving skills aim to modify behaviors and replace them with appropriate alternatives in challenging situations. Researchers believe that by teaching problem-solving skills, individuals can better recognize and address issues they encounter. The family-centered approach, rooted in family systems theory, emphasizes fostering compassionate and empathetic relationships between children and their families. It seeks to equip parents with

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skills to create a calm and supportive environment, thereby enhancing children's potential and improving their performance. Researchers assert that problem-solving methods increase students' self-confidence and reveal a significant relationship between low self-esteem, behavioral problems, interpersonal difficulties, aggression, and problem-solving abilities.

Based on existing studies, teaching problem-solving to mothers helps them develop logical and tension-free strategies for addressing their children's issues. One limitation of this study was the short duration of follow-up, which limited the ability to assess the long-term effectiveness of the intervention. Future research should focus on incorporating problem-solving into school counseling programs and combining it with parent-child interaction therapy to further explore its benefits. Educational workshops like "Raising a Thinking Child" should be utilized to address behavioral, interpersonal, and relational challenges effectively.

Authors' Contributions

The first author, Ms. Samira Ganjipour, served as the primary designer and data collector. The second and third authors acted as academic advisors, while the fourth author served as a consulting advisor for this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is based on the first author's doctoral dissertation, approved by the Research Division of Islamic Azad University, Kermanshah Branch, under research number 162367317, dated January 28, 2021. Sincere gratitude is extended to Dr. Keyvan Kakabaraee for his invaluable guidance and support throughout this study.

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