

# Effectiveness of Short-Term Dynamic Therapy Based on Mentalization on the Reflective Capacity of Mothers and Internalizing and Externalizing Problems in Children

Tanya. Darabi<sup>1</sup>, Naser. Amini<sup>2\*</sup>, Mouloud. Keykhosrovani<sup>3</sup>

<sup>1</sup> Ph.D student, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

<sup>2</sup> Assistant Professor, Department of Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran

\* Corresponding author email address: amini\_n2010@yahoo.com

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### ABSTRACT

**Objective:** This study was conducted with the objective of examining the effectiveness of short-term dynamic therapy based on mentalization on the reflective capacity of mothers and internalizing and externalizing problems in children.

**Materials and Methods:** The research method was a quasi-experimental design with pre-test, post-test, and control group. The population consisted of all mothers with children aged 2 to 6 years who visited counseling centers in Ahvaz in 2022. Forty participants from the population were selected using a convenience sampling method. From these, two groups of 20 were randomly selected, then one group was assigned as the intervention group and the other as the control group. The intervention protocol was based on the short-term dynamic therapy of mentalization by Mousavi and Bahrami (2020). Data were collected using the Parental Reflective Functioning Questionnaire by Luyten et al. (2017) and the Child Behavior Checklist by Achenbach and Rescorla (2001). Data analysis was performed using descriptive and inferential statistics (analysis of covariance).

**Findings:** The results of the covariance analysis, adjusted for pre-test effects, showed that there were significant differences between the experimental and control groups in terms of reflective capacity and its components, and internalizing and externalizing problems. The therapy significantly improved reflective capacity, its components, and reduced internalizing and externalizing problems.

**Conclusion:** Based on the results of this study, it can be concluded that short-term dynamic therapy based on mentalization can be used as an effective treatment method to improve the reflective capacity of mothers and reduce internalizing and externalizing problems in children at counseling centers.

**Keywords:** Reflective capacity, internalizing and externalizing problems, short-term dynamic therapy based on mentalization.

## 1. Introduction

In every family system, parents play the most crucial role as the first educators of their children in upbringing and how the child behaves, and negligence in this matter can have severe consequences in their lives. Having parents who consistently provide emotional support can alleviate many of the psychological and social problems individuals face, guiding them towards growth and flourishing (Kodjebacheva, 2016). Behavioral problems in children are among the primary complaints of parents who seek psychological help for their children, which if untreated, may become chronic and its negative consequences may expand over time (Bolsoni-Silva & Loureiro, 2020). Disorders or emotional and behavioral problems in children are classified as externalizing problems (impulsivity, aggressive behavior, attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder) or internalizing problems (shyness, anxiety, depression) (Ogundele, 2018). Externalizing behavioral disorders target the child's interaction with the external environment and include behaviors such as aggression, disobedience, hyperactivity, and impulsivity (Saurabh, 2020). Internalized disorders, focused on the individual, include depression, anxiety, withdrawal, fear, physical complaints, worry, and fantasizing (Wang, 2019).

Internalizing problems are focused on the child themselves and rather than harming others, the child suffers. Unlike externalizing problems that have an outward manifestation, these problems are harder to identify, especially in younger children. Although these issues may not seem problematic, they can be very concerning as depression and anxiety, withdrawal and apathy can lead to school avoidance and severe academic decline, loss of self-esteem, reluctance to play, isolation, self-harm, and even suicide. These children and adolescents also experience many physical pains like headaches and body aches, which are more psychological than physical in origin (Peters, 2021).

One of the variables under investigation that can influence children's behavioral problems is the mother's capacity for mentalization. The capacity for mentalization, seen as a reflective function, is the ability to understand one's own and others' mental states that emerges through interpersonal relationships during childhood, especially in attachment relationships, and underpins manifest behaviors. In fact, mentalization is a structured therapeutic approach, aiming at the development and enhancement of

mentalization capacity through therapeutic relationships and increasing the client's ability to recognize thoughts and emotions they experience. Mentalization includes a wide range of cognitive operations such as presence, understanding, recognition, description, interpretation, simulation, recalling, reflection, and prediction (Einy, 2019).

Greenberger and colleagues (2005) reported that when mothers have poor and dysfunctional reflective functioning, they face problems in their emotional relationships with their children. Ultimately, it must be said that changes in child-parent relationships are usually subject to two events: first, a change in the parents' ability to perceive the child as an independent and different individual who has their own thoughts and feelings; second, considering that having reflective thinking about the child will improve the relationship. Reflective capacity or mentalization is a manifest narrative of an individual's mentalization capacity (Luyten, 2017). Mentalization is introduced as the capacity to understand one's own and others' behaviors through understanding underlying mental states and intentions, and also as a human capacity essential for emotional regulation and creating social relationships (Schultheis, 2019). This process, through which internal experiences, feelings, and beliefs come to mind, leads to the transformation of structures that are essential for self-regulation and emotions (Slade, 2005, 2020). In fact, the parental reflective capacity investigates curiosity about mental states, efforts to understand mental states and how they relate to behavior, and the non-acceptance of mental states and their impact on behavior, assessing parents who are unable to discern clarity in their own or their children's psychological states and what process occurs within them when communicating (Pazzagli, 2018). Mentalization, the capability and capacity for understanding situations and the mental -overt and covert- desires of oneself or those around them, is associated with self-regulation and how relationships resulting from it are conducted (Peters, 2021).

Parents with lower parental reflective capacity often cannot regard their infants as independent units with feelings and thoughts that influence their behaviors (Rutherford, 2015). These parents struggle to recognize their infants' limitations and may attribute incorrect or hostile intentions to their infants, such as thinking the infant cries to annoy them (Burkhart, 2017). Based on this, it is expected that higher maternal reflective capacity would also be associated with more positive developmental outcomes in children. For example, an intervention by Slade et al. (2020) aimed to increase parental reflective capacity among mothers in high-

risk groups during pregnancy until the child's second birthday showed that at one year old, children whose mothers were in the intervention group had more secure attachments and less disorganized attachments than those in the control group. They also had fewer externalizing and internalizing problems at two years old. Additionally, an increase in parental reflective capacity can modulate the negative effects of substance abuse and early-age pregnancy that the mothers experienced (Slade, 2020).

This study was conducted with the objective of examining the effectiveness of short-term dynamic therapy based on mentalization on the reflective capacity of mothers and internalizing and externalizing problems in children.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study employed a quasi-experimental design with pre-test and post-test with a control group. The study population consisted of all mothers with children aged 2 to 6 years who visited counseling centers in Ahvaz in 2022. The sample consisted of 40 individuals from the research population selected through convenience sampling. In the experimental group, treatment was administered over 8 sessions, each lasting 60 minutes, while the control group did not receive the experimental variable. Finally, a post-test was conducted to examine the impact of the independent variable on the dependent variables. A follow-up period was carried out 2 months after the treatment.

The inclusion criteria were: children with internalizing and externalizing problems, aged 2 to 6 years, absence of any acute psychiatric illness, assurance of both parents' presence at home, assurance of no severe family conflicts, and no use of psychiatric medication. The exclusion criteria were as follows: unwillingness to continue with the research process and absence from more than two training sessions.

In the first session, a psychological evaluation of the mother and child was conducted and other instruments were completed, and in subsequent weekly sessions, only the PRFQ questionnaire was filled out by the mother. At the end, other instruments were completed again by the mother and changes were evaluated through statistical tests.

### 2.2. Measures

#### 2.2.1. Parental Reflective Functioning

This short and multidimensional scale consists of 18 items, designed and tested by Luyten et al. (2017) to assess

the reflective functioning capacity of parents. Exploratory factor analysis by Luyten et al. (2017) indicates the presence of three factors; first factor: Pre-mentalizing Mode (PM), second factor: Certainty about Mental States (CMS), and third factor: Interest and Curiosity about Mental States (IC), with Cronbach's alpha coefficients of 0.70, 0.82, and 0.75, respectively (Luyten, 2017). This questionnaire was translated into Persian by Mousavi, Bahrami, Rostami, and Rahimi-Nejad in this study with permission from its developers, and its validity and reliability were obtained. The reliability coefficients for the subscales of Pre-mentalizing Mode, Certainty about Mental States, and Interest and Curiosity about Mental States in the Iranian sample calculated through Cronbach's alpha were 0.68, 0.72, and 0.68, respectively (correlation matrix diagonal coefficients of reliability). The overall reliability coefficient of the test was also 0.70 (Einy, 2019).

#### 2.2.2. Behavioral Problems

The Child Behavior Checklist is part of the parallel ASEBA forms developed by Achenbach and Rescorla (2001), assessing children and adolescents' problems across 8 factors: anxiety/depression, withdrawal/depression, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior. The last two factors constitute the second-order factors of externalized and internalized problems. The scoring of this questionnaire consists of 113 items regarding various behavioral states of children. Responses are rated on a 3-point Likert scale from 0 to 2, where a score of "0" is assigned to behaviors that never occur, "1" to behaviors that sometimes occur, and "2" to behaviors that occur most of the time or always. This form measures 8 emotional-behavioral problems or syndromes including: anxiety/depression, withdrawal/depression, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior. The reliability coefficients for the CBCL forms have been reported with a Cronbach's alpha of 0.97 and test-retest reliability of 0.94. Content validity (logical selection of questions and use of first-class question analysis), criterion validity (using psychiatric interview with the child and correlation with CSI-4 scale), and construct validity (internal relationships of the scales and group differentiation) of these forms have been reported as satisfactory. In the research by Minaei (2006), the range of internal consistency coefficients of the scales using the Cronbach's alpha formula was reported

from 0.63 to 0.95. The temporal stability of the scales was examined using the test-retest method over a 5-8 week interval, with temporal stability coefficients ranging from 0.32 to 0.67. Additionally, inter-rater agreement was also examined, with these coefficients ranging from 0.09 to 0.67 (Darabi, 2023).

### 2.3. Intervention

#### 2.3.1. Short-Term Dynamic Therapy

Session One: The research is introduced, providing an overview of the therapeutic approach's key aspects, and a diagnostic psychological interview with the mother regarding the child's emotional and behavioral issues. This session sets the groundwork for the therapeutic process, establishing rapport with the mother and understanding the baseline of the child's behaviors and the mother's initial concerns (Aslani, 2016; Darabi, 2023; Einy, 2019; Nejati, 2016).

Session Two: The session evaluates the mother's reflective functioning capacity, elaborates on the child's fundamental psychological needs, and assesses the mother's mental representations of the child. This involves addressing and reducing excessive commands and control or overprotection by the mother, encouraging her to adopt a reflective stance, and engaging in a "guessing game" to practice recognizing and considering the child's mental states and perspectives.

Session Three: The mother is encouraged to recognize her role in the child's various behaviors and to understand the reasons behind her child's actions. This session continues to support the mother in adopting a reflective stance, further utilizing the guessing game to enhance empathy and understanding of the child's emotional and behavioral expressions.

Session Four: This session focuses on accepting the child's emotions, refraining from judging these emotions, and reflecting the child's emotions in the mother's language (acting as a mirror for the child). It addresses acknowledging and accepting the child's negative and contradictory emotions (expressing and validating these emotions, thus reducing the child's anxiety and guilt), and encourages the mother to use her emotional experiences to understand the child's emotional experiences.

Session Five: Methods of appropriate encouragement and discipline are discussed, including matching praise to the child's efforts and successful actions, aligning criticism with

specific misbehaviors rather than the child's personality or general traits, eliminating harsh words during criticism, and avoiding contradictory patterns such as threats, bribes, promises, preaching, and lecturing. The mother is again encouraged to adopt a reflective stance.

Session Six: Responsibility is defined, and ways to foster responsibility in the child are explored, including through consistency, peer modeling, and competition. The session covers the child's right to express opinions and make choices, further encouraging the mother to adopt a reflective stance and continue with the guessing game to practice these concepts.

Session Seven: Methods of expressing emotions in front of the child are discussed, including how to express and name emotions, and how to express behavioral desires during moments of anger. The child is encouraged to adopt a reflective stance, and the guessing game is used to practice these emotional expression techniques.

Session Eight: A final interview with the mother evaluates the effectiveness of the program and gathers feedback on its strengths and weaknesses. This session provides an opportunity to reflect on changes, progress made, and areas for further improvement, both for the child and the mother's reflective practices.

Each session is structured to progressively build the mother's capacity for reflective functioning, aiming to improve both the mother's understanding of her child's emotional and behavioral landscape and her responses to them.

### 2.4. Data Analysis

To analyze the data in this study, after collecting data using the questionnaire, SPSS-24 software and descriptive statistical methods such as frequency calculation, mean, standard deviation, and inferential statistics like multivariate and univariate analysis of covariance, assumptions of linearity, multicollinearity, homogeneity of variances, homogeneity of covariances, homogeneity of regression slopes, and normal distribution of variables were used. A significance level of 0.05 was considered for testing hypotheses.

## 3. Findings and Results

Table 1 presents the means and standard deviations of the research variables at pre-test and post-test stages in both the experimental and control groups.

**Table 1**

*Mean and Standard Deviation of Internalization and Externalization Problems in Children and Parental Reflective Capacity at Pre-test and Post-test Stages*

Variable	Treatment Group Pre-test Mean	Treatment Group Pre-test SD	Treatment Group Post-test Mean	Treatment Group Post-test SD	Control Group Pre-test Mean	Control Group Pre-test SD	Control Group Post-test Mean	Control Group Post-test SD
Internalizing Problems	25.25	6.77	14.95	7.30	22.35	11.17	21.90	9.87
Externalizing Problems	23.75	11.41	16.05	8.23	20.80	8.80	21.40	8.67
Pre-mentalizing Mode	9.00	2.67	12.95	2.76	10.05	2.50	10.30	2.15
Certainty about Mental States	17.85	2.89	21.95	3.05	19.15	2.64	19.65	2.92
Interest in Mental States	19.65	3.01	22.50	1.93	20.25	3.13	19.60	3.08
Parental Reflective Capacity	46.52	5.03	57.40	6.05	49.45	5.49	49.55	6.50

Given the nonsignificance of Mauchly's test of sphericity for the variables of reflective capacity and internalizing and externalizing problems, the assumption holds, and sphericity can be assumed for the ANOVA model. The results of the Box's M test showed that the significance level was greater than .05; therefore, the assumption of homogeneity of variance-covariance matrices has been met. The normality

of the data was also examined with the Shapiro-Wilk test, which was above .05, indicating that the data are normal. The results of Levene's test also showed that the significance level obtained was greater than .05; hence, the condition of homogeneity of error variances has also been met. Subsequently, the results of the multivariate analysis of covariance are shown in [Table 2](#).

**Table 2**

*Multivariate Analysis of Covariance for Examining the Effectiveness of Short-Term Dynamic Therapy Based on Mentalization on Parental Reflective Capacity*

Statistic	Value	F	Significance Level	Effect Size
Pillai's Trace	0.56	14.05	.001	0.56
Wilks' Lambda	0.44	14.05	.001	0.56
Hotelling's Trace	1.28	14.05	.001	0.56
Largest Root	1.28	14.05	.001	0.56

As observed in [Table 2](#), the multivariate tests in the groups of short-term dynamic therapy based on mentalization and control show that these groups differ

significantly in at least one of the dependent variables ( $p < .001$ ). [Table 3](#) shows the results of the univariate analysis of covariance for post-test scores on the dependent variables.

**Table 3**

*Univariate Analysis of Covariance on Post-test Scores for Parental Reflective Capacity*

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Eta Squared
Pre-mentalizing	96.40	1	96.40	26.55	.001	0.43
Certainty about Mental State	73.19	1	73.19	18.63	.001	0.35
Interest in Mental States	40.85	1	40.85	16.41	.001	0.32
Parental Reflective Capacity	613.31	1	613.31	43.23	.001	0.55



According to Table 3, the results of the analysis of covariance, adjusted for the pre-test effect, showed that there is a significant difference between the two groups in the variable of parental reflective capacity and its components. This indicates that short-term dynamic therapy based on

mentalization significantly impacts this variable, improving parental reflective capacity and its components. The analysis of covariance for internalizing and externalizing problems in children was also conducted.

**Table 4**

*Multivariate Analysis of Covariance for Examining the Effectiveness of Short-Term Dynamic Therapy Based on Mentalization on Internalizing and Externalizing Problems in Children*

Statistic	Value	F	Significance Level	Effect Size
Pillai's Trace	0.43	20.03	.001	0.43
Wilks' Lambda	0.57	20.03	.001	0.43
Hotelling's Trace	1.72	20.03	.001	0.43
Largest Root	1.72	20.03	.001	0.43

As seen in Table 4, the multivariate tests in the groups of short-term dynamic therapy based on mentalization and control indicate that these groups differ significantly in at least one of the variables. Table 5 shows the results of the

univariate analysis of covariance for post-test scores on the variables of internalizing and externalizing problems in children.

**Table 5**

*Univariate Analysis of Covariance on Post-test Scores for Internalizing and Externalizing Problems in Children*

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Eta Squared
Internalizing Problems	1078.65	1	1078.65	27.29	.001	0.43
Externalizing Problems	237.39	1	237.39	47.32	.001	0.51

According to Table 5, the results of the analysis of covariance, adjusted for the pre-test effect, showed that there is a significant difference between the two groups in the variables of internalizing and externalizing problems in children. This means that short-term dynamic therapy based on mentalization significantly impacts these variables, improving the internalizing and externalizing problems of children.

finding is consistent with the prior results (Aslani, 2016; Darabi, 2023; De Oliveira, 2017; Einy, 2019; Nejati, 2016).

To explain this finding, it can be stated that mentalization is largely a semi-conscious and imaginative psychological activity in which an individual must imagine what others think or feel, especially in emotionally charged situations. This process is influenced by stressful conditions, anxiety, external environments, and unconscious internal reactions, sometimes making the capacity for mentalization challenging. The goal of the therapy is also to develop and strengthen the capacity for mentalization through therapeutic relationships and to enhance the patient's ability to recognize the thoughts and emotions they experience (De Oliveira, 2017). According to the developmental model by Fonagy and Target (1996), in an environment where parents are securely attached and interested in the mind and mentality of the child, they help in the growth of the child's self and emotional regulation and subsequently in creating a reflective, thinking, and capable self for mentalization (Fonagy, 1996). High levels of mentalization are associated with resilience to traumatic conditions and the ability to adopt a different perspective as a result of adversities.

#### 4. Discussion and Conclusion

As observed in the previous section, short-term dynamic therapy based on mentalization is effective in enhancing maternal reflective capacity. Additionally, this therapy has been shown to improve internalizing and externalizing problems in children. The results of the covariance analysis, adjusted for the pre-test effect, indicate significant differences between the two groups in the variable of reflective capacity and its components. This implies that short-term dynamic therapy based on mentalization has a sustained impact on this variable and has improved reflective capacity and its components during the follow-up stage. This

Throughout this program, mothers learn to reflect a child's emotions instead of reacting quickly.

Clinicians, through modeling reflective thinking, aim to educate parents and help them endure their own and their child's psychological states; this does not mean converting the unconscious into the conscious but rather transforming an unrecognized matter into a recognizable one. The gradual development of the capacity to see and think about internal experiences leads to a reduction in defensive mechanisms (especially projection, projective identification, denial, splitting) and the growth of an individual's psychological capacity. In this therapeutic approach, the therapist aims not to implement fundamental psychoanalytic techniques but to identify parental defense mechanisms and resistance, demonstrate their dynamic nature to the parents, and clarify their impact on the relationship with the child (Slade, 2005, 2020). In other words, instead of their emotions being triggered alongside the child's, they respond appropriately to the child's emotions. Essentially, parents have learned to act as a thermostat rather than a thermometer.

Educating mothers about reflective capacity can be one of the best methods to enhance parental competence and form secure attachments in their children. By adopting a reflective stance, a caregiver becomes curious about the child's psychological state; in such circumstances, the mother strives to think about the underlying roots of the child's behavior and to guess the child's psychological state before reacting to the child's emotion or action. The most important factor that plays a decisive role in enhancing a mother's reflective capacity is thinking about her own psychological state and the shared experiences she may have with the child.

In essence, acquiring precise scientific knowledge about child development can enhance parenting skills, while a lack of information can lead to unrealistic expectations from the child and create an unsuitable environment. Research also shows that many parents lack sufficient information about child development. We know that a parent's awareness of development can impact their parenting skills; for example, material incentives are suitable for younger children, and emotional incentives and attention are appropriate for older children. Therefore, when a mother's level of knowledge about child development increases, she can act more effectively in parenting, and the mother's reflective capacity is likely to increase.

Mentalization is a crucial factor in creating secure attachments, significantly affecting a child's self-esteem, social competence, and mental health (Vismara, 2021). A

parent with ineffective mentalization may not fully recognize their child's inner world, making them more likely to exhibit insensitive parenting, thus causing insecure attachment in the child (Zeegers, 2017). Meanwhile, parents with effective mentalization are less likely to deny their children's thoughts and feelings, which fosters sensitivity toward the child and leads to secure attachment (Adkins, 2018). Fundamental skills addressed include positive interaction with the child and strengthening child-parent relationships, which involve spending quality, content-rich time with the child, expressing emotions, and communicating with them. In these programs, parents are generally taught to enhance stable and positive relationships with their children and to reduce inconsistent parenting (Moharreri, 2012). These trainings have lasting effects over time on parenting style and parents' behavioral patterns with their children. Thus, it can be expected that training in positive interaction with the child will have a significant impact on increasing mothers' reflective capacity.

The results of the covariance analysis, adjusted for the pre-test effect, showed that there are significant differences between the two groups in the variables of internalizing and externalizing problems in children. This means that short-term dynamic therapy based on mentalization significantly impacts these variables and has improved internalizing and externalizing problems in children. This finding is consistent with the prior research (Darabi, 2023; Dejko-Wańczyk, 2020; Ordway, 2014).

In explaining the effectiveness of this program, it can be stated that the goals include enhancing maternal empowerment and their self-regulatory capacity in essential life skills and assisting them in independently solving problems. A significant concern for many therapists is how to use the natural emotional connections between mother and children for therapeutic purposes, and how mothers can be suitable substitutes for therapists. By training mothers, they can become therapists who treat their children's disorders at home (Nejati, 2016). Training mothers towards enhancing child development can facilitate a sense of social competence and self-regulation in parents, which in turn leads to increased parental self-efficacy (Salari, 2014).

The primary premise of this therapy is that common psychological problems and disorders in childhood stem from destructive patterns of parent-child communication. Therefore, the initial goal of this therapy is to interrupt these destructive patterns, which are often due to poor mentalizing abilities of parents. By participating in workshops, parents learn correct parenting styles and interactions with their

child, which reduces child problems, communication issues between parent and child, and changes parenting styles. During these trainings, mothers learn how to manage both positive and negative behaviors of their children. In this program, authoritative parenting is indirectly taught through various training methods such as methods of giving instructions to children, and reinforcement and punishment techniques. Therefore, mothers who use these training techniques naturally change their views on parenting styles and methods. Ultimately, by changing the mother's perspective towards parenting as the most crucial person in the child's life, the defective cycle of parenting can be corrected. Thus, with a change in the mother's perspective towards parenting, her parenting style also changes. These strategies are suitable alternatives to ineffective and aggressive parenting methods such as yelling, threatening, and physical punishment. These strategies include principles of arguing with children, affirming, maintaining calm, using time-outs, temporary deprivation, and planned ignoring, all of which are age-appropriate. These techniques are taught to parents to be used in home and social environments (Arjmandnia, 2017). Indeed, these strategies can change parenting methods.

Overall, it can be said that it creates a positive relationship between mothers and their children and helps parents learn effective management strategies when dealing with various developmental and behavioral issues of their child. The skill of establishing positive and effective communications with the child, taught through this program, can also impact parenting style and parental self-efficacy. In that, parents learn through various techniques during these trainings how to be authoritative while being responsive to their child's needs and how to say no to unreasonable demands or how to give orders in a way that increases compliance. Factors such as increasing mothers' awareness and ability to manage children's behaviors, receiving positive feedback from increased positive behaviors in children, role-playing, observing appropriate parenting models, practicing these models in small groups, and receiving social support through positive feedback in groups ultimately change mothers' attitudes toward correct parenting methods and can lead to increased parenting self-efficacy and reform of extreme parenting styles (authoritarian and permissive), and enhance authoritative parenting. Due to its wide applicability, cost-effectiveness, and acceptance by families, this program can be an effective strategy to help parents. In that the reflective capacity and mentalization ability of parents are among the influential components on the psychological growth of the

child and creating secure attachment. Enhancing the reflective capacity or mentalization ability of parents leads to improved parent or caregiver relationships with the child and has a direct impact on improving this ability in the child; consequently, by enhancing the parents' ability to understand the child's psychological state and creating appropriate interactions with them, the child's emotional and behavioral problems will also be resolved.

## 5. Limitations and Suggestions

The present study had limitations that might have influenced the results, so it is recommended that the findings of this study be generalized with more confidence. As mothers frequently mentioned in various sessions that economic, social, and cultural factors influence their attitudes and behaviors and are considered obstacles to their reflective capacity and their relationship with their child, the effect of these factors cannot be overlooked in the research.

Considering cultural differences in the country, it is recommended that similar studies be conducted in different regions and subcultures of the country to study the impact of cultural differences on the effectiveness of these therapeutic approaches. It is suggested that the utility of this therapeutic approach be evaluated longitudinally to ensure the validity of the findings over time. Future research with an expanded sample and research on both parents, while paying attention to other variables related to the effectiveness mechanism of short-term dynamic therapy based on mentalization and comparing it with other existing parenting programs, can help in understanding the effectiveness of this method. In the realm of each individual disorder of the child domain, a clinical trial with qualitative and quantitative measurements should be conducted to be able to present this treatment as a therapeutic protocol. It is also necessary for the effectiveness mechanism of this treatment to be evaluated by various experts in this field.

Given the effectiveness and impact of this approach on mothers and children, it is suggested that counselors and therapists in counseling centers use this therapeutic approach in therapeutic groups and educational classes to improve the behavioral-emotional problems of children and adolescents. This treatment can provide effective strategies for psychologists and counselors to change extreme parenting styles and increase mothers' reflective capacity through teaching correct and effective parenting methods, and it has the potential to be generalized to medical and rehabilitation



centers to provide specialized assistance to mothers of children with internalizing and externalizing disorders.

### Authors' Contributions

Authors contributed equally to 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.

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