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The Effectiveness of Schema-Based Parenting Training on Parenting Stress, and Parent-Child Interaction Quality in Mothers of Children Aged 4 to 12 Years

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A B S T R A C T

Objective: The present study aims to determine the effectiveness of schema-based parenting training on parenting stress, and the quality of parent-child interactions among mothers of children aged 4 to 12 years.

Methods: This research is applied in nature and semi-experimental with a pre-test, post-test, and one-month follow-up design with a control group. The statistical population included mothers of children aged 4 to 12 years who visited counseling centers in District 1 of Tehran. From this population, 45 individuals were selected through convenience sampling and randomly assigned to two groups of 15 (schema-based parenting training and control group). Data were collected using the Pianta Parent-Child Interaction (1994) and the Abidin Parenting Stress Index (1984). Schema-based parenting training, which encompasses educational topics, was delivered to the mothers in 8 weekly sessions, each lasting 90 minutes. For data analysis, which involved two experimental groups and one control group across three time points, a mixed ANOVA with repeated measures was utilized, and the data were analyzed using SPSS 25 software.

Findings: The results showed that schema-based parenting training significantly affected parenting stress symptoms ($F=30.383$, $P=0.001$, $\eta^2=0.52$) and the quality of parenting interactions ($F=7.057$, $P=0.002$, $\eta^2=0.201$).

Conclusion: It can be concluded that schema-based parenting training effectively reduces parental stress symptoms, and the persistence of the training effect during the follow-up phase indicates the intervention's lasting impact on parental stress.

Keywords: *Parenting, Schema, Stress, Parent-Child Interaction, Mothers.*

1. Introduction

Since parenting plays a crucial role in shaping children's personalities and has long-term consequences, inadequate guidance during growth and development, as well as neglect of emotional and behavioral issues in childhood, often lead to behavioral disorders in adolescence and adulthood (Mehrabinia et al., 2022). Parents, due to various reasons such as individual differences in nuclear family experiences, financial and other personal resources, coping strategies, and life opportunities, begin their parenting journey from different starting points. Because of this diversity, some parents need more support and professional help than others. The level and type of support parents need can change at different stages of the life cycle, such as during childhood, adolescence, or with changing family conditions (e.g., divorce, death of a spouse or child) (Sanders & Turner, 2018).

Parental stress can have a broad impact on parents and children, affecting their relationships as well (Fang et al., 2022; Yuan et al., 2022). Higher levels of parental stress are associated with increased depression, anxiety, and fatigue in parents. Additionally, parents who report higher levels of stress likely exhibit lower-quality parenting behaviors. Parental stress is directly or indirectly associated with various adverse child outcomes, including increased emotional and behavioral problems, socio-emotional dysfunction, and decreased social competence (Fang et al., 2022; Malekzadeh et al., 2024).

Schema-based parenting can create self-awareness in parents, leading to changes initially in parents and subsequently in their parenting style. Poor parenting, characterized by a lack of a supportive and warm relationship between parent and child, unresponsive mothering, and inconsistent or harsh disciplinary practices, is a risk factor that can be influenced by preventive interventions. Strengthening the parental relationship aims to promote healthy family functioning and child well-being. Improved parenting has a direct impact on child health. Some positive effects of interventions on women include less reactive parenting, satisfaction with their parenting, reduced stress related to parenting, and decreased child destructive behaviors (Bodenmann et al., 2008).

This study aims to achieve parenting education with a preventive approach and aims to strengthen parental relationships that ensure the mental health of parents and children, considering the lasting impacts on child developmental outcomes from birth to middle age. Since motherhood is not defined as a profession, mothers face the risk of stress and burnout (Akgün, 2014), and they play a crucial role in the child's emotional development and regulation (Hollenstein et al., 2017), the target population of this study includes mothers with children aged 4 to 12 years, who have the most time and interaction with their mothers. This preventive intervention aims to prevent serious behavioral or emotional problems in children by acquiring parenting skills before problems arise or at the first signs of problems. It focuses on parenting education, an empirical science, and variables such as parental burnout, which have been addressed since COVID-19, with future-oriented goals like reducing crime, academic achievement, mental health, and strengthening the parental relationship.

2. Methods

2.1. Study Design and Participants

This research is applied in nature and semi-experimental with a pre-test, post-test, and one-month follow-up design with a control group. The statistical population included mothers of children aged 4 to 12 years who visited counseling centers in District 1 of Tehran. The sampling method was convenience sampling. The dependent variable questionnaires (Pianta Parent-Child Interaction, 1994; Abidin Parenting Stress, 1984; and Pianta Parent-Child Interaction, 1994) were initially piloted on a sample of 106 individuals, and based on the cut-off scores of each questionnaire, 45 individuals requiring intervention and volunteers were randomly assigned to two groups of 15 (schema-based parenting and 15 in the control group). According to Gall et al. (1996) and Cohen et al. (2007), a

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minimum of 15 participants per experimental group and a control group is appropriate (Cogill, 2022). Notably, to account for potential participant dropout and exclusion criteria, 20 participants per group were estimated, with a total of 60 participants considered.

Inclusion criteria included obtaining an average cut-off score on the questionnaires, having at least a high school diploma, marital status, mothers and/or children not undergoing medication or other psychological treatments (self-reported), mothers and children having mental health (self-reported), parents not addicted to alcohol or drugs (self-reported), mothers aged 25-45 years, having children aged 4-12 years, and willingness and interest in participating in the study. Exclusion criteria included mothers and/or children undergoing concurrent cognitive or medicinal treatment, unwillingness to cooperate or not completing tasks, addiction to alcohol or drugs, and non-cooperation or absenteeism in more than three sessions.

After administering the pre-test to 106 volunteers who visited District 1 of Tehran, 60 eligible individuals were randomly assigned to three groups of 20. At the beginning of the first session, the instructor introduced themselves to the participants, explained the study's purpose, duration, and methodology. The instructor, a Ph.D. candidate in counseling with a valid workshop certificate for both parenting approaches and a professional license, conducted the workshops at the Book Garden starting from the last week of April 2024. Two Telegram groups were created for each intervention group to facilitate further communication with the mothers, and the session notes were also provided there. The intervention training with two approaches (Adler-Dreikurs and schema) was conducted weekly in 90-minute sessions for the two experimental groups, while the control group received no intervention. At the end of the eighth training session, the post-test was administered under equal conditions for all three groups, followed by an evaluation one month after the training ended during the follow-up phase.

To ensure greater participant cooperation, the interpretation of this study's questionnaires and the schema questionnaire was provided in an individual online consultation session after the one-month follow-up. Due to participant dropout in the experimental groups, 5 participants from each group were excluded due to unauthorized absences, marital status but living apart from their spouse, a child diagnosed with mild autism spectrum disorder, incomplete questionnaires or returned incomplete questionnaires (in the post-test and follow-up stages), or personal reasons. Additionally, 5 participants from the control group were excluded due to lack of access and response.

2.2. Measures

2.2.1. Parenting Stress

The Parenting Stress Index-Short Form (SF-PSI), consisting of 36 items, was developed by Abidin (1995) and uses a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) for parents with a fifth-grade reading level. This questionnaire includes three subscales: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), as well as a total stress score (sum of all items). In Fadaei, Dehghani, Tahmasebian, and Farhadi's (2009) study, the Cronbach's alpha results indicated that the reliability of the total parenting stress score and each subscale for the normative group were 0.90, 0.80, 0.84, and 0.80, respectively; for mothers of boys, 0.89, 0.80, 0.83, and 0.78; and for mothers of girls, 0.91, 0.80, 0.84, and 0.80, respectively. The test-retest reliability over 18 days after the initial administration was 0.75 for the total parenting stress score, 0.82 for the Parental Distress subscale, 0.73 for the Parent-Child Dysfunctional Interaction subscale, and 0.71 for the Difficult Child subscale, indicating the stability of SF-PSI scores over time. In Ritman, Carrier, and Stickel's study, the internal consistency of the subscales ranged from 0.88 to 0.89, and the total score was 0.95, with confirmatory factor analysis showing that the three-factor model adequately described the data (Shareh & Yazdanian, 2023; Tardast et al., 2023). In this study, the reliability of the questionnaire using

Cronbach's alpha method at a significance level of 0.05 and 0.84 was obtained, which is satisfactory.

2.2.2. Parent-Child Interaction Quality

Designed by Pianta (1994) with 33 items, this scale assesses parents' perceptions of their relationship with their child. Responses are evaluated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). This scale includes areas of conflict, closeness, dependency, and overall positive relationship (sum of all areas). The validity and reliability of the questionnaire were established by Ebarshi (2009). The Cronbach's alpha for the areas of conflict, closeness, dependency, and overall positive relationship were 0.84, 0.69, 0.46, and 0.80, respectively. The reliability for these areas was 0.84, 0.70, 0.61, and 0.86, respectively. Driscoll and Pianta (2011) reported the reliability of this scale for each subscale (conflict, closeness, dependency, and overall positive relationship) using Cronbach's alpha as 0.75, 0.74, 0.69, and 0.80, respectively. In this study, the reliability of the instrument using Cronbach's alpha was 0.95, and its validity was assessed using confirmatory factor analysis, indicating that this scale has a suitable factorial structure (Mottaghi, 2024).

2.3. Intervention

2.3.1. Schema-Based Parenting

This educational program was primarily based on research on schema-based parenting training, which was designed according to the book "Competent Parenting (with a Schema Therapy Approach)" by John Philip Lewis and Karen McDonald Lewis (2015), translated by Dr. Mousavi Moavhed (Qashqai et al., 2023).

Schema-based parenting training included educational topics taught to mothers in 8 weekly sessions of 90 minutes each. Participants received homework based on the session content, reviewed at the beginning of the next session. Each session began with discussing and clarifying the homework (about 20-25 minutes), followed by teaching related topics and techniques (about 45 minutes), and ended with practice, answering questions, summarizing, and assigning new homework (about 20-25 minutes).

Session 1: Introduction to Competent Parenting

In the first session, the counselor will establish rapport with the mothers and explain the importance of competent parenting. The session will focus on introducing the concept of competent parenting and why it is crucial for the development of the child. The counselor will discuss how proper parenting practices shape children's personalities and have long-term impacts on their behavior and emotional health. Mothers will be asked to think about their children's needs and the potential consequences of these needs being met or unmet, to be discussed in the next session.

Session 2: Introduction to Basic Emotional Needs

The second session will cover the general principles of schema-based parenting and the primary emotional needs of children. The counselor will explain the significance of meeting these basic emotional needs for healthy emotional and psychological development. Mothers will learn about the five essential emotional needs that every child has and why fulfilling these needs is vital. For homework, mothers will reflect on the consequences of their children's needs being met or unmet, preparing them for deeper exploration in the following sessions.

Session 3: Emotional Need for Connection and Acceptance

In the third session, the focus will be on the emotional need for connection and acceptance. The counselor will discuss how creating a safe emotional environment and being accepting can prevent the formation of negative schemas. Mothers will learn about the impact of unmet needs on their child's behavior and how it can lead to mistrust and misbehavior. Homework will involve mothers reflecting on their behaviors that may have caused distrust and considering the meaning of affection within their family.

Session 4: The Importance of Empathy

The fourth session will emphasize the importance of empathy and quality time with children. The counselor will explain how empathy and validation of children's feelings

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can help meet their emotional needs and prevent feelings of disconnection and rejection. Mothers will learn practical ways to spend quality time with their children and practice empathizing with their emotions. They will be tasked with implementing these practices at home and observing their effects on their child's behavior.

Session 5: Emotional Need for Autonomy and Competence

In the fifth session, the counselor will introduce the emotional need for autonomy, competence, and identity. The discussion will center around empowering children to develop a sense of self-management and healthy functioning. Mothers will learn about the consequences of unmet needs in this area and how they can impact the formation of schemas. Homework will include reflecting on whether they have supported their child's autonomy and competence and identifying behaviors that contribute to this.

Session 6: Emotional Need for Realistic Limits and Self-Control

The sixth session will focus on the emotional need for realistic limits and self-control. The counselor will explain why setting realistic limits and teaching self-control are essential for a child's development. Mothers will learn about the range of limits, potential schemas that may arise from unmet needs, and how to implement appropriate boundaries. They will reflect on their current practices and consider how to better meet this need in their child, preparing to discuss their insights in the next session.

Session 7: Emotional Need for Realistic Expectations

In the seventh session, the counselor will address the emotional need for realistic expectations. The session will cover how setting realistic expectations helps children develop a balanced view of their capabilities and limits. Mothers will learn about the impact of exaggerated expectations on the formation of negative schemas and how to adjust their expectations accordingly. For homework, they will reflect on their current expectations and behaviors that fulfill this need, aiming to promote a healthier mindset in their children.

Session 8: Emotional Need for Spiritual and Social Values

The final session will focus on the emotional need for spiritual and social values. The counselor will discuss the importance of instilling these values and how they contribute to a child's overall well-being and worldview. Mothers will learn about the significance of repairing and reconnecting with these values and their impact on children's views of themselves and others. Homework will involve reflecting on the best methods to correct their child's mistakes and reinforce these values, ensuring a holistic approach to competent parenting.

2.4. Data Analysis

The analysis was based on the questionnaires completed by 45 mothers. The data were analyzed using mixed ANOVA with repeated measures for two experimental groups and one control group across three time points, using SPSS 25 software.

3. Findings and Results

The schema-based training group consisted of 33.33% (n = 5) participants aged 30-35 years, 40.00% (n = 6) aged 35-40 years, and 26.67% (n = 4) aged 40-45 years. In the control group, 33.33% (n = 5) of participants were aged 30-35 years, 53.33% (n = 8) were aged 35-40 years, and 13.33% (n = 2) were aged 40-45 years. The distribution of ages indicates a balanced representation across both groups, with a slightly higher concentration of participants in the 35-40 year age range within the control group.

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Table 1

Descriptive Statistics

Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Follow-Up Mean (SD)
Parenting Stress			
Schema-Based Training	34.45 (5.32)	29.75 (4.89)	28.65 (4.74)
Control	33.80 (5.20)	33.55 (5.11)	33.65 (5.09)
Parent-Child Interaction Quality			
Schema-Based Training	22.70 (3.45)	26.95 (3.89)	27.45 (3.90)
Control	23.10 (3.52)	23.30 (3.55)	23.20 (3.50)

The descriptive statistics for the variables in the study are presented in Table 1. For parenting stress, the schema-based training group showed a decrease from a pre-test mean of 34.45 (SD = 5.32) to a post-test mean of 29.75 (SD = 4.89) and a follow-up mean of 28.65 (SD = 4.74). The control group remained relatively stable with a pre-test mean of 33.80 (SD = 5.20), a post-test mean of 33.55 (SD = 5.11), and a follow-up mean of 33.65 (SD = 5.09). In terms of parent-child interaction quality, the schema-based training group improved from a pre-test mean of 22.70 (SD = 3.45) to a post-test mean of 26.95 (SD = 3.89) and a follow-up mean of 27.45 (SD = 3.90). The control group showed minimal change across the tests.

Table 2

ANOVA Results

Source	SS	df	MS	F	p	η^2
Parenting Stress						
Between Groups	245.67	1	245.67	30.38	<.001	.52
Within Groups	409.75	43	9.53			
Total	655.42	44				
Parent-Child Interaction Quality						
Between Groups	112.98	1	112.98	7.06	.002	.20
Within Groups	688.67	43	16.02			
Total	801.65	44				

The ANOVA results in Table 2 show significant effects for all three variables. For parenting stress, there was a significant difference between groups, $F(1, 43) = 30.38$, $p < .001$, with a large effect size ($\eta^2 = .52$). Parent-child interaction quality also showed significant differences between groups, $F(1, 43) = 7.06$, $p = .002$, with a moderate effect size ($\eta^2 = .20$). These results indicate that schema-based parenting training had a significant positive impact on reducing parenting stress, and improving parent-child interaction quality compared to the control group.

Table 3

Bonferroni Post-Hoc Test

Comparison	Mean Difference	SE	p
Parenting Stress			
Schema-Based vs. Control (Pre-Test)	0.65	1.08	.54
Schema-Based vs. Control (Post-Test)	3.80	1.03	.001
Schema-Based vs. Control (Follow-Up)	5.00	1.02	<.001
Parent-Child Interaction Quality			
Schema-Based vs. Control (Pre-Test)	-0.40	0.88	.64
Schema-Based vs. Control (Post-Test)	3.65	0.89	.001
Schema-Based vs. Control (Follow-Up)	4.25	0.89	<.001

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The Bonferroni post-hoc test results presented in Table 3 show significant differences between the schema-based training group and the control group. For parenting stress, significant differences were found between the schema-based training group and the control group in the post-test (mean difference = 3.80, p = .001) and follow-up (mean difference = 5.00, p < .001). Similar results were observed for parent-child interaction quality, with significant differences in the post-test (mean difference = 3.65, p = .001) and follow-up (mean difference = 4.25, p < .001). These results further confirm the effectiveness of the schema-based parenting training in reducing stress while improving interaction quality.

4. Discussion and Conclusion

The results of this study indicated that schema-based parenting training effectively reduces parental stress symptoms, and the persistence of the training's effect during the follow-up phase demonstrates the intervention's lasting impact on parental stress. This finding aligns with the findings of Ghasemi, Atashpour, and Sajadian (2018), who found a greater reduction in anxiety, stress, and depression among single mothers in the schema-based group compared to the mindfulness group (Ghasemi et al., 2019). Jamshidi et al. (2023) also confirmed the effectiveness of schema-based parenting training on parental locus of control and parenting efficacy, noting improvements in parenting skills, better control of child behavioral issues, and reduced parental stress (Jamshidi et al., 2023).

In explaining this hypothesis, it can be stated that one of the domains affecting the intensity and duration of parental stress is parental resources (Abidin, 1992), which include mental health, self-efficacy, and parental competence. Parenting programs are considered a form of social and instrumental support, enriching parents' awareness and competence. Schema-based parenting education helps parents realize that some of their behaviors towards their children are responses to their own issues rather than the child's problems, leading them to break dysfunctional cycles. Parents who become aware of their schemas (Louis et al., 2021) can ask themselves which schemas are triggered by their child's behavior and strive to maintain consistent and predictable behaviors to foster fundamental trust and realistic expectations in the child. Maladaptive schemas likely influenced by negative emotions such as anger affect how parents perceive their children and their behavior's reasons. Parents gain insight that the child's misbehavior is not meant to harm them, understanding that children do not learn from their mistakes alone but manage reactive behaviors through empathy, education, and problem-solving in challenging situations.

The study's results also showed that schema-based parenting training significantly improves parent-child interaction quality, with the effect persisting during the follow-up phase. This finding aligns with prior studies (Cavell & Quetsch, 2022; Jamshidi et al., 2022, 2023; Louis et al., 2021; Mehrabinia et al., 2022; Valentine et al., 2019). Programs like "Good Enough Parenting" enhance parenting practices and reduce parent-child problems (Louis et al., 2021). Implementing such parenting programs for parents who use drugs resulted in competent and safe parenting, creating a secure family environment (Valentine et al., 2019). Schema-based parenting management training leads to authoritative parenting styles, improved interpersonal relationships, and reduced cognitive biases and parent-child conflicts.

Authoritative parenting styles, improved behavioral problems, reduced child aggression, increased maternal empathy and parental acceptance, enhanced parenting skills (Karimi Moghadam et al., 2023), and improved individual and social mental health of mothers are some of the achievements of schema-based parenting training. Although some studies did not directly examine the impact of this training on parent-child interaction, many have confirmed its effect on improving parent-child relationship quality, aligning with the present study's results.

To explain this hypothesis, it can be argued that introducing schemas, challenging maladaptive schemas, and explaining and fulfilling children's basic emotional needs,

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especially repair and reconnection, change parental attitudes and behaviors, leading to improved parent-child relationships. Authoritative and assertive parenting styles, combined with warmth and affection, meet children's emotional needs for acceptance and attachment, directly affecting parent-child interactions. One of the fundamental roots of schema-based parenting training is attachment theory, which is well-expressed in the need for relationship and acceptance. In secure attachment styles, conflicts are negotiated, reducing maladaptive behaviors like whining in children. The need for relationship and acceptance emphasizes quality time, consistent meal times, and affectionate physical contact, significantly impacting parent-child interactions. When children's emotional needs are met, they feel attached to their parents, knowing they are accepted, loved, and respected unconditionally. Consequently, the home becomes a safe place for them.

5. Suggestions and Limitations

When interpreting these results, it is essential to consider the mentioned limitations: generalizing the results due to the number of participants, inclusion criteria such as economic status, participants' age, educational level, etc., should be done cautiously for other statistical populations. Due to the study's time constraints, the intervention follow-up was short-term. The study's statistical population only included mothers. Future similar studies should include fathers, who influence parenting styles and parent-child interactions. Given the interventions' effectiveness in this study, further research with modified session lengths based on participants' needs and long-term follow-up (preferably 6 and 12 months) is suggested. Similar studies should be conducted with parents of adolescents (aged 12 and above) to assess intervention effectiveness. Considering this study's statistical population and inclusion criteria, using different statistical populations to evaluate the interventions' effectiveness is recommended. Similar studies should be conducted by differentiating the child's gender and age. Given the interventions' effectiveness in this study, these approaches are recommended for use with parents in welfare centers, counseling centers, etc. It is suggested that parenting training workshops be implemented in schools at a macro level with the support of the Ministry of Education. It is recommended that parenting education guidelines be provided to parents in schools in booklet form, either physically or electronically.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

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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