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### Investigating the Effectiveness of Parent Management Training and Life Skills training based on a Cognitive-Behavioral Therapy (CBT) Approach in Reducing Preschool Children's Internalizing Problems in the Community Center of District 11 of Tehran

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#### ABSTRACT

The present study aims to determine the effectiveness of parent management training and life skills training based on a cognitive-behavioral therapy (CBT) approach in reducing preschool children's internalizing problems in the community center of District 11 of Tehran. This study utilizes a quasi-experimental method with a pretest-posttest control group design. The statistical population consisted of children aged 5-6 years who were enrolled in preschool in two community centers of District 11 of Tehran Municipality in the academic year 2016/2017. This preschool was selected from six community centers located in District 11 through a convenience method. The total size of the population was 75 preschoolers. For determining the sample size, 60 preschool children with higher behavioral problem scores (score  $\geq 30$  or T-score  $\geq 60$ ) on the Achenbach Child Behavior Checklist (CBCL, 1987) were selected from this population and randomly assigned to two control and experimental groups. Then, the experimental group was exposed to two independent variables "parent management training" and "life skills training for children", whereas the control group received no treatment or intervention. When the training was finished, again the two groups were measured by the Child Behavior Checklist. The CBCL filled out by mothers was used to collect and assess data. After data collection and extraction, both descriptive and inferential statistics were used to analyze research data. The results showed that parent management training based on CBT and teaching life skills to preschoolers have a significant effect on the reduction of internalizing problems.

**Keywords:** Parent management training, life skills, children's internalizing problems, preschoolers

#### INTRODUCTION

The root of many behavioral problems originates in the preschool period and then extends over the next stages of children's development (Paterson, 2014). Thus, timely diagnosis and treatment of behavioral disorders among preschool-aged children are of great importance (Sanders, 2019). According to a report by the World Health Organization (WHO), the prevalence rate of mental health problems among children between 2 and 5 years old in developing countries is in the range of 5% to 15%. In addition, a cross-sectional study by Waglus revealed that the prevalence rate of anxiety disorders among children aged 6-8 years was 5.7% (Wakim, 2014). The importance of early prevention is more recognized where we see increasing referrals of young children to specialized mental healthcare centers so that any delays in identifying mental problems in children aged 1-5 years (preschool children) would certainly cause serious problems and have negative effects on their rehabilitation and treatment (Stenger, 1996). Preschoolers with acquired cognition and educational-cultural perceptions at home enter an environment that may provoke or aggravate their behavioral problems; in other words, fundamental problems which can develop adult behavioral disorders and make the treatment more challenging and time-consuming. Some researchers put special emphasis on early



treatment as a kind of prevention and have also demonstrated that the identification and treatment of these disorders in early childhood and preschool age can lead to mitigating the effects of these problems and also improving children's performance in different aspects (Bratton et al., 2005).

More than 50% of Iran's population is under the age of 15, and consequently addressing their mental health problems is of great importance concerning the large population of children under 15 years of age (Vesali, 2016). The findings of a study conducted by Malekshahi and Farhadi (2006) showed that the majority of preschool-aged children in some way suffered from behavioral problems. Tracking and identifying these problems may seem necessary regarding the fact that 1 in 10 children has diagnosis criteria for internalizing disorders (e.g. anxiety and depression) when they start going to school (Dalnik, 2006). These behavioral disorders lead to performance deficiency in school, in education, and the family. This will ultimately result in academic failure, expulsion from school, and incidence of delinquent behaviors with long-term serious consequences (Evans et al., 2005). Furthermore, the results of a study titled "examining the prevalence of behavioral disorders in preschool children in Khorramabad", revealed that 79% of urban children and 68% of rural children at least had one type of behavioral problem (Malekshahi and Farhadi, 2008). Finally, Poursaied et al. (2010) in their study on examining the common behavioral problems and their prevalence rate among preschool children in Tehran demonstrated that most preschoolers somehow suffer from behavioral disorders and a great number of them deserve more attention and support in terms of mental health. As a result, timely diagnosis and treatment of children's behavioral problems will be essential.

Regarding etiology, several causes have been identified and the most important of them are parents' inability to manage child behavior and negative parent-child interaction (Breen, 1996; Kazdin, 2016; Dichena, 2006). The majority of the theorists who assessed the amount of attention to children's needs and the way the mothers meet these needs believe that childhood experiences and events are associated with a variety of factors such as behavioral problems, mental states, self-esteem, personality development during puberty, and adult behavior patterns (De Souza, 2011; Izadi, 2010).

As many studies have shown, family risk factors like ineffective parenting can be regarded as a strong predictor for developing and maintaining emotional and behavioral disorders in children and adolescents (Sanders, 2007; Fabinho, 2008). Therefore, an intervention method to address specifically parenting can be regarded as one of the effective methods in preventing chronic behavioral problems among children (Amir Sayafi, 2017). A study (Sanders, 2005) showed that parent behavioral management training can lead to reducing symptoms of parental depression, anxiety, stress, and conflicts concerning parenting, and also improving marital adjustment. The findings of research carried out by Balali and Agh Yousefi (2011) in Iran revealed that parent training programs for reducing behavioral problems in children can contribute to the significant reduction of some behavioral problems such as disobedience, irritability, fighting, and quarreling. The results of another study by Amiri and Fathi-Ashtiani (2012) demonstrated that parent management training is extremely important and effective for reducing aggressive and rule-breaking behaviors in children with behavioral problems, and for improving their performance as well.



Considering the negative effects of children's behavioral problems on effective communication and interaction with the environment, and also the parents' unfamiliarity with behavioral strategies for controlling behavioral problems in children, it can be concluded that behavioral parent training will be strictly necessary. Parent training programs help parents manage their children's behaviors more effectively and respond to their unconventional behaviors and negative emotions in a deliberate manner (Ord, 2012; Zimmer, 2013). Therefore, regarding the importance of childhood, parent training programs for mothers concerning how they should treat their children properly and also utilize the set of communication skills will be necessary (Ahadi and Banijamal, 2008). Armstrong (2013) believes that parent training has a close relationship with the reduction of children's behavioral problems and not all parents know how to treat their children properly, how to use proper tools for achieving a behavioral goal, or how to help them avoid bigger behavioral problems in the future. Yousefi Namini et al. (2014) besides their quantitative results, also obtained qualitative results demonstrating the sign of attitude change and mothers' sense of empowerment in treating their children, perceived efficacy, the reduction of children's behavioral problems, and a change in the parent-child relationship. In addition, the results of a study conducted by Kajbaf et al. (2015) show that parent behavioral training can lead to improvement in the areas of family functioning, problem-solving, increased parental self-confidence, decreased stress and depression levels in parents, and finally, improving relationships with each other and children. Thus, parent training to develop stable behavior patterns will be necessary for the prevention and reduction of initial behavioral problems in children.

Furthermore, the results of other studies show that at present the first and most important step in preventing and correcting many behavioral problems, is to assess and develop personal and social skills in children and adolescents (Hagerty, 2012).

Consequently, it is necessary to acquire this set of skills for dealing with everyday life challenges such as organizing personal affairs, controlling health care, pursuing professional, educational, and recreational activities, and involving in positive social interactions (Kubelnski, 2006). The importance and necessity of life skills training are realized when we find that this training can lead to improving psychosocial skills and abilities and helps people cope with their struggles and complicated situations in life. As a result, the practice of life skills will result in enhancing or changing people's attitudes, values, and behaviors (Najafi, 2016) so that developing and encouraging healthy and positive behaviors can prevent many behavioral problems (Esmaeili et al., 2010). Those studies which support cognitive-behavioral therapy (CBT) for children are very accurate in terms of methodology and have also achieved effective results (Ganji et al., 2011). Recent studies show that parent/child training with a cognitive-behavioral approach has been more effective than other training methods.

In recent years, the research experience in workshops showed that many children's behavioral problems arise as a result of the parents' neglectful and unknowing behaviors towards their children and the inability to build intimate relationships with them. In addition, the child's lack of sufficient skills in knowing oneself and society also contributes to the development and continuation of these behavioral problems in adulthood. Therefore, the collection of components of effective training for children and parents as a preventive solution with less operational and executive history in the Iranian educational environment is very important and essential. The purpose of the present study is to examine the effectiveness of life skills and parent management



training based on a cognitive-behavioral therapy (CBT) approach in reducing preschool children's internalizing problems in the community center (neighborhood house) of District 11 of Tehran.

### **Research Methodology**

The present study in terms of its objective is an applied research and concerning the research administration can be regarded as a quasi-experimental method with a pretest-posttest control group design. The statistical population consisted of children aged 5-6 years who were enrolled in preschool in two community centers of District 11 of Tehran Municipality in the academic year 2016/2017. These two community centers were selected from 6 community centers of District 11 having preschool through a convenience method. The total size of the population was 75 preschoolers.

In this design, subjects were selected through convenience sampling and the Child Behavior Checklist (CBCL) for ages 6-18, with a score  $\geq 30$  (equal to T-score  $\geq 60$ ), and were randomly assigned to two control and experimental groups. Then, the programs of "parent management training" for mothers and "life skills training for children" were implemented in the experimental group, but the control group received no intervention. After completing the training, again the two groups were measured by the Child Behavior Checklist (CBCL) posttest.

### **Research Instruments**

#### **The Child Behavior Checklist (CBCL)**

In this study, the Child Behavior Checklist (CBCL) is used as the research instrument. One method which is consistent with the behavioral assessment approach and also considers the variability among situations and conditions using different information sources for children assessment has been developed by Achenbach and McConaughy (Achenbach & McConaughy, 1987), and is known as the Achenbach System of Empirically Based Assessment (ASEBA). This system uses behavior rating scales for obtaining information about parents, teachers, and children. These scales are as follows: the Child Behavior Checklist (CBCL), the Youth Self-Report (YSR), and the Teacher's Report Form (TRF). They are developed by Achenbach et al. based on statistical methods like factor analysis, with two general factors labeled as the internalizing and externalizing factors (Achenbach & Rescorla, 2001). The present study uses this questionnaire concerning the importance of assessing children's behavioral-emotional disorders, the lack of a valid standardized tool in the Persian language, and that the forms for ages 6-18 in this system are considered to be the best type of empirical rating scales and questionnaires (Breen, 1996). In addition, because preschool children are still in the preschool period, in this study only the Child Behavior Checklist (CBCL) is used to assess them.

This questionnaire consists of two parts the first part has 13 items for assessing general competence in the form of 3 scales activity scale, social scale, and school scale. The sum of the scores of these three scales is considered the general competence score. The second part of the CBCL has 113 items for assessing emotional and behavioral problems. The respondent rates each item based on the child's situation as 0 (not true), 1 (sometimes true), and 2 (often true).

The score of behavioral-emotional problems is calculated by the sum of the internalizing behavioral problems scores (including withdrawal, somatic complaints, anxiety, and



depression), externalizing problems (aggressive and rule-breaking behaviors), and also attention problems, thought problems, and social problems. In addition to previous scales, Achenbach also presents another scoring form based on the diagnostic categories in the Diagnostic and Statistical Manual of Mental Disorders (DSM). DSM-based scales include affective problems, anxiety problems, ADHD problems, conduct disorders, oppositional defiant disorder (ODD), and somatic disorders. Three types of scores are calculated for each scale including raw scores, percentile ranks, and T-scores. For ease of identifying the child's competencies and problems, the child's performance in each of these 3 forms is displayed in a profile (Minaee, 2005). The range 0-240 is defined for the behavioral-emotional problems scores and the range 60-63 for T-scores in the borderline range, and scores above 63 are defined for the clinical range (Achenbach and Rescorla, 2001; Minaee, 2011).

Glosser (2011) reported test-retest and internal consistency reliability for behavioral-emotional problems as 0.94 and 0.97; 0.92 and 0.94 for externalizing behavioral problems; and 0.91 and 0.90 for internalizing behavioral problems, respectively. In the standardization of this checklist in the Iranian population, the coefficients for test-retest and internal consistency reliability for the general competence scales were 0.58 and 0.79; 0.58 and 0.83 for behavioral-emotional problems; 0.48 and 0.86 for internalizing problems; and 0.97 and 0.88 for externalizing problems; 0.39 and 0.80 for attention problems; 0.38 and 0.78 for thought problems; and 0.48 and 0.69 for social problems, respectively.

After selecting the subjects, the days and hours of parent management training sessions were determined by 30 mothers in the experimental group. Parent management training is provided in 8 sessions, but the training in this study was conducted in 16 sessions due to the need for following up on the practices and repeating the techniques in the group. Thus, the training was provided for 30 mothers two days a week for two and a half months, and the time for each training session was 2 hours. One technique was presented to mothers in the parent management training program and because in this type of training, presenting a new technique requires the proper performance of previous techniques, the next sessions were assigned for presenting appropriate solutions regarding the way of performing, child reaction and not performing the techniques well or performing the techniques ambiguously by mother. In this program, mothers learned the techniques in 8 sessions and practiced them in another 8 sessions. These techniques were practiced with children each week at home. The process of performing these exercises and the mothers' performance during the week were controlled and corrected by the researcher.

In addition, training in 10 life skills was provided for 30 children in two preschools. The children's training sessions were also held two days a week for two and a half months and the days and hours of these sessions were determined by the principals of the preschools. In life skills training for children, the culturalization of each skill was performed by presenting a package including game, handwork, story, play, mud play, puppet play, music, and philosophy. In this training course, concerning externalizing and internalizing problems, and DSM for children, 10 skills of life were designed and presented. The SPSS software was used for data analysis.

## Findings

Regarding the data in the table, the mean score of internalizing problems in the experimental group in the pretest and posttest is 42.07 and 38.27, respectively. The mean score of



internalizing problems in the control group in the pretest and post-test is 42.87 and 42.70, respectively (Table 1).

**Table 1: Descriptive indicators of internalizing problems**

Group	Variable	Number	Minimum	Maximum	Mean	Standard deviation
Experimental	Pretest	30	34	50	42.07	4.616
	Posttest	30	31	46	38.27	4.578
Control	Pretest	30	36	50	42.87	3.998
	Posttest	30	36	51	42.70	4.095

**Table 2: Examining homogeneity of variance for pretest and posttest scores of variables**

Variable	F	Degree of Freedom 1	Degree of Freedom 2	Significance level
Internalizing problems	0.008	1	58	0.928

Regarding the significance level of the F test which is more than the assumed error in the study (0.05), the homogeneity of variance for scores is confirmed (table 2). The next examined assumption is the homogeneity of regression slopes.



**Table 3: Examining homogeneity of regression slopes of the scores**

Group interaction with variable	Sum of squares	Degree of freedom	Mean square	F	Significance level
Internalizing programs	0.246	1	0.246	0.666	0.418

Regarding the significance level of group interaction with variables which is more than the assumed error in the study, the homogeneity of regression slopes of the scores is confirmed (Table 3).

**Table 4: Analysis of covariance of examining the effect of parent management training and life skills training with cognitive-behavioral approach on the reduction of preschool children's internalizing problems.**

	Sum of squares	Degree of freedom	Mean squares	F-statistic	Significance level	Eta squared (effect size)	Test power
Pretest	1073.215	1	1073.215	2919.774	0.0001	0.981	1

Group	196.599	1	196.599	534.865	0.0001	0.904	1
Error	20.951	57	0.367				

Regarding the significance level of multivariate analysis of covariance which is less than the assumed error in the study ( $0.0001 < 0.05$ ), the effect of parent management training and life skills training with cognitive-behavioral approach on the reduction of preschool children's internalizing problems is confirmed. There is a strong relationship concerning Eta squared (0.904), that is, 90.4% of the scores of preschool children's internalizing problems are explained under the influence of parent management training and life skills training for children with cognitive-behavioral. In addition, the test power is 1 (Table 4).

### Discussion

The results showed that parent management training based on CBT and life skills training for preschool children have a significant effect on the reduction of internalizing problems. The findings of this study are consistent with internal findings such as Safaiee et al. (2006), Isanejad et al. (2017), Hosseini et al. (2016), Dahaghin et al. (2014), Rezaee (2015), Bakhtiari et al. (2013), and Balali (2011). These results are also consistent with foreign studies including Fisher et al. (2007), Kofman et al. (2005), Oliveri (2015), Teti et al. (2011), and Ganji (2011).

Internalizing problems are very hard to diagnose and due to their latent nature, the assessment of them is more difficult than externalizing problems. According to this study, aggressive, disobedient, and ill-tempered children were more problematic for their parents in comparison with shy and withdrawn children. Children with internalizing behaviors were recognized as calm and diffident children. They talked less and were very shy and embarrassed. Children with internalizing problems have signs and symptoms such as sadness, guilt, worry, withdrawal, and somatization. When these symptoms become acute, they will be recognized more easily, especially in the preschool period when these children interact with others. Shyness, nail-biting, nocturnal enuresis (bedwetting), fear of strangers, and fear of the dark are among the symptoms implying the beginning of internalizing problems in some children. It was clear that different factors were involved in creating these problems, but the most important of them were parents' inability to manage child behavior, negative parent-child interaction, and the child's negative thoughts of self. Therefore, the parents' insufficient understanding of internalizing behaviors in their children prevented the selection of any solutions to these problems and proper performance. Consequently, these problems continued and extended over the preschool period. In the first stage of parent training, the children's internalizing behaviors and their causes were examined so that parent could know their inconsistent attitudes. The parents' negative reactions to the most insignificant details of their children's performance, complaining, repeating tasks, inattention to desirable behaviors, and parents conflicts were the most important factors in creating internalizing problems in preschoolers. Parents during their training learned to know the favorite activities of their children and take part in them. They also learned to respect the ideas of their children and give them the right to choose. These children tried to get their parents' confirmation and felt anxious and uncomfortable to show their feelings. Thus, they should know themselves and their abilities and display them in the group. During the training, these children were equipped with cognitive and social skills through play, puppet shows, and storytelling and



parents learned to encourage and give them hope for a better life through confirmation and praise. Furthermore, these skills helped children use assertiveness skills in decision-making, giving remarks, and choosing. The integration of these two kinds of training in this plan, helped mothers and children know themselves and their behaviors simultaneously and solve the problems. This had a positive effect on internalizing behavioral problems in children. Parent training alone could not effective in reducing children's internalizing problems because internalizing children needed to learn more skills for knowing themselves, increasing their self-esteem and social interactions in comparison with externalizing children. The results of this study revealed that attitude change and proper functioning in parents can help children change their negative thoughts of self and behaviors.

One of the limitations of this study is that it was conducted only in one district of Tehran.

The results of the present study highlight the need for parent management training and life skills training for children in kindergartens, preschools, and primary schools continuously. Therefore, it is recommended that parent management training and life skills training for children are provided simultaneously and consistently, and constantly. Finally, holding workshops for kindergarten and preschool teachers for the identification and treatment of children with behavioral problems and special issues will be very essential.



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