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The Effectiveness of Parenting Education based on Acceptance and Commitment on Anger and Emotional Self - Regulation of Mothers of Children with ADHD

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ABSTRACT:

This study aimed to evaluate parenting education's effectiveness based on acceptance and commitment on anger and emotional self-regulation of mothers of children with ADHD. The research design was quasi-experimental and a pre-test-post-test design with a control group. The statistical population of this study was all mothers with children with ADHD who were referred to psychiatric clinics affiliated to Tabriz University of Medical Sciences in 1398. The statistical sample consisted of 30 mothers who were selected using the purposive sampling method and randomly divided into intervention and control groups (15 mothers for each group). Spielberger anger and Larsen and Prize Mike questionnaires were used in gathering the data. Data were analyzed by analysis of covariance. The results showed that parenting education based on acceptance and commitment approach has an effect on mothers' anxiety and emotional self-regulation and reduces anger and increases emotional self-regulation in mothers.

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Introduction:

The presence of a child with ADHD in any family can be considered an unpleasant and challenging event that can lead to tension, frustration, feelings of sadness, and despair. There is ample evidence that parents of hyperactive children are more likely to experience social, economic, and emotional problems that are often restrictive, destructive, and pervasive (Khamis, 2007). In such a situation, although all members of the family and its function are affected (Herring, Gray, Taffe, Sweeney & Einfeld 2006), mothers, because of their traditional role as caregivers, take on more responsibilities towards their child, which, in turn, They face more psychological problems (Cachia, Anderson, & Moore, 2016; McConkey, Truesdale-Kennedy, Chang, et al., 2007).

Among these, one of the most important and at the same time very sensitive factors for mothers of inactive children is the degree of emotional self-regulation of parents in emotional dealings with children, which determines the main framework of parenting in their personality and lack of proper formation of these frameworks. And parents' inability to emotionally self-regulate leads to children's emotional and behavioral problems. Self-regulation refers to the self-birth and self-control of thoughts, feelings, and behaviors to achieve a goal (Zahed, Rajabi, and Omid, 2012). Research shows that emotional self-regulation is associated with the development of aggression and disordered behavior disorders, and mothers with emotional regulation problems are more likely to take risks and engage in risky behaviors due to having an inactive child (Schroeder and Gordon, 2002).

On the other hand, studies have shown that parents of children with ADHD experience latent and overt anger after realizing their child's diagnosis; In addition to experiencing high anxiety, another of the most important reactions of parents of children with ADHD is the experience of anger in them (Strauss, Vicari, Valeri, Delia, Arima and ICT, 2012). Goepfert, Molo, Vonhan, Visco, and Siegel (2015) showed in their research that the heavy responsibilities of caring for inactive children and the resulting stress increase anger and impulsivity in mothers.

Considering that mothers of hyperactive children have more negative emotions such as anger, worry and anxiety, and low self-regulation, it is necessary to take psychological and supportive interventions to promote

the health of these mothers; Not only will the mother be saved from the critical and threatening situation, but she will be able to control her self-sufficient child to some extent by using appropriate parenting methods. Numerous interventions such as supportive interventions, cognitive-behavioral therapy, mother-child interaction pattern, and family-centered interventions have been used for mothers of children with this disorder (Mansoori and Krujeh, 2017). Among these interventions, parenting based on the approach of acceptance and commitment due to its general structure and content, in the field of severe and difficult problems and disorders of children, has become popular among experts around the world. The approach of accepting and committing to its philosophy of parenting expresses that all parents have aspirations for their children. They want their children to grow up happy and secure. Parents want their children to be successful, autonomous, kind, and knowledgeable. They also want to play an important role in ensuring that their aspirations are fulfilled (Coyné and Morrell, 2009). Acceptance and commitment-based parenting helps parents compassionately accept perceived feelings, worries, and inadequacies. The acceptance and commitment approach has the potential to improve the parent-child relationship by facilitating the identification of parents' empirical avoidances and to be effective in meeting parents' needs (Brown, Wettingham, Boyd, McLeckin, & Safronov, 2014).

In this regard, Francisco (2014) in a study called psychological inflexibility, self-efficacy, and anxiety concluded that training psychological flexibility, which is part of the treatment of acceptance and commitment, reduces the level of anxiety sensitivity and worry. Poddar, Sinha and Urbi (2015) in a study on acceptance and commitment therapy in mothers with children found that acceptance and commitment therapy affects mothers' anxiety, worry, and psychological resilience. Mohammadi (2015) in a study entitled the effectiveness of group therapy based on acceptance and commitment to reduce/reducing - aggression in delinquent male adolescents, concluded that group therapy based on acceptance and commitment has a role in aggression in delinquent adolescents and reduces aggression. Physically and verbally, it becomes anger and hostility.

Given that in the family of these children, parents, and especially the mother, have a role in caring, security, control, and development of children and have lasting effects before the child enters school, so they can in the

best case provide reliable assistance to family members to Demonstrate preventive adjustment and development of children's talents. This is possible when specialists and psychologists gain an accurate understanding of the experiences of these mothers. Therefore, it is very important to pay attention to the parents of inactive children, recognize their mental health problems and even teach them mental health programs. In fact, given the devastating and irreparable effects that disability such as inactivity has on the family system, paying attention to the necessary training in emotional self-regulation, anger management skills to the parents of these children, including their mothers, is an undeniable necessity. Therefore, the main question of the present study is whether parenting education based on the approach of acceptance and commitment affects anger and emotional self-regulation of mothers with inactive children?

Materials and Methods:

This research was a quasi-experimental method with a pretest-posttest design with a control group. The statistical population of this study was all mothers with children with ADHD who were referred to psychiatric clinics affiliated to Tabriz University of Medical Sciences in 1398. The statistical sample of the study included 30 mothers who were selected using the purposive sampling method and randomly divided into intervention and control groups (15 people for each group). The intervention group was exposed to parenting education using an acceptance and commitment approach. This training was conducted by a trained psychologist on the acceptance and commitment approach. In this meeting, by explaining the objectives of the research, an attempt was made to attract the necessary motivation and consent of the clients to participate in the research. to comply with the ethical principles, the informed consent form for participation in the research was completed by the participants and the researcher assured the clients that all the materials presented in the training sessions and the data of the questionnaire would be confidential. Inclusion criteria included having a child with ADHD, agreeing to participate in research and written consent, having at least a diploma and absenteeism for more than one session in treatment, participating in other treatment programs at the same time and unwillingness of participants to continue cooperation. Exclusion criteria were considered.

The following tools were used to collect data:

A: Emotional Self-Regulation Questionnaire: The questions of this questionnaire are mainly taken from the comprehensive self-regulation guidebook written by Larsen and Prize Mike (2000) and completed by mothers. This questionnaire has 44 questions that are scored in 7 Likert scores from never to forever and from zero to 6. The reliability of this questionnaire was reported on 60 people (30 girls and 30 boys) using the 0.75 halving method and 0.80 using Cronbach's alpha (Salehi Morkani, 2006). Also, in the present study, Cronbach's alpha method was used to determine the reliability of the questionnaire, which was obtained at the level of 0.83.

B: Anger Questionnaire: The 57-item revised questionnaire developed by Spielberger (1990) provides an overall measure of anger expression and control. When answering each of the 57 items in the questionnaire, subjects rate their situation on a 4-point scale from rarely to almost always (4), thereby intensifying their anger at one time. They also measure the frequency with which they express, express, suppress, or control their anger. Completing the questionnaire usually takes 12 to 15 minutes. Navidi (2006) reported Cronbach's alpha coefficient of this scale for anger and trait scales as 0.88 and 0.85, respectively, and for anger expression and anger control scales and general anger expression index as an average of 0.71. To evaluate the validity of criterion, convergent, divergent, and anger list structure, the correlation coefficients of the subscales of this instrument with parallel instruments were calculated and the results showed that this questionnaire has a good validity (Khodayarifard, Gholam Ali Lavasani, Akbari, Zardkhaneh and Liaqat, 2010).

C. Parenting intervention based on acceptance and commitment approach: The package of treatment sessions in this study is taken from the content of "Parenting Pleasure Book (Using Acceptance and Commitment Approach)" by Kevin and Morrell (2009) as well as "Parenting Program in Acceptance and Commitment" Written by Butler (2015). These interventions were performed for 8 2-hour sessions (twice a week) for mothers. The content of the sessions is as follows:

Table 1. Parenting intervention based on acceptance and commitment approach

Meetings	Content of meetings
First Session	Familiarity with the mother of the child and communication of treatment, expressing the importance of childhood and also the result of parenting in the future of the child, introducing the approach of acceptance and commitment and its superiority over previous approaches, introducing different types of families from the perspective of acceptance and commitment (emotional and logical families, Decision-making based on the mind and family of the lover (decision-making based on values), explaining about the family and parents of the lover and expressing the characteristics of the parents of the lover, encouraging the mother to go to the parent of the lover with the help of the mother's examples.
Second Session	By drawing a table related to the situation, the products of the mind (thoughts, feelings, memories, physical symptoms, and desires) and behavior will explain to the mother what her mind and the products of the mind are, with more examples the mind will be introduced to the mother. Explain that our mind is unconscious and have no control over it (creating a challenge about how to deal with it), adding columns of behavior, short-term and long-term effects to the table we have already drawn to show The point is, what are the short-term and long-term consequences of following the mind, and that most of the commands of the mind are ineffective. Assignment: Looking at the events of a week, listing three reports daily, and preparing a table related to the mind and its products.
Third Session	Familiarity with cognitive flexibility using the metaphor of guest and small house, teaching the effect of cognitive flexibility by choosing appropriate behaviors, drawing a table of mind and behavior by providing a few examples, and examining other possible behaviors that the mother could choose with cognitive flexibility. Assignment: Not reacting to events in such a way that the mother is just a spectator of her mind.
Fourth Session	Teaching the construction of psychological privacy between the child and parents, introducing inappropriate control methods of the mother (shouting, surrendering and giving up), using the metaphor of the island to and challenging the mother to her parenting. Assignment: Listing of island behaviors by the mother.
Fifth Session	Teaching precedence, behavior, outcome, and context to illustrate the vicious cycle of inappropriate behavior, using computer metaphor to teach communication with the mind.
Sixth Session	Teaching kindness to oneself (creating empathy with the mother and strengthening the spirit in her to take care of herself as a mother), introducing values using the metaphor of funeral, defining values in the relationship between mother and child. Assignment: List personal values and values related to parenting.

Seventh Session	Use the metaphor 1-2-3 to show the persistence of inefficient and irrational beliefs and principles and choose the appropriate behavior, introduce and teach short-term, medium-term and long-term goals in line with values, teach committed action towards the set goals. Task: To set short-term, medium-term and long-term goals for the values that the mother has already set.
Eight Session	Examining parents' communication methods (1- passive, 2- aggressive, 3- thoughtful), teaching the stages of thoughtful communication (1- observing instead of judging, 2- expressing the parent's feelings towards what he has observed, 3- expressing need, 4 - Demand expression), training to create coordination with the child (through daily play with the child and child management), teaching parenting techniques and behavior with the child in conditions of playfulness, mood swings, worries and lack of hearing.

Descriptive statistical methods (mean and standard deviation) and statistical methods of analysis of covariance were used to analyze the research data.

Findings:

Indices of dispersion and central tendency of research variables (anger and emotional self-regulation) by group and type of test are shown in Tables 2 and 3.

Table 2. The Mean and standard deviation of variables before training (pre-test) parenting based on acceptance and commitment approach in two experimental and control groups

Group	Examination Group		Control group		
	Variables	Mean	Standard deviation	Mean	Standard deviation
Anger		116.73	3.36	116.113	2.61
Emotional self-regulation		131.66	2.74	131.01	4.73

The results of Table 2 show that the mean scores of anger and self-regulation in the control and experimental groups are almost equal and the results show that in the experimental and control groups they are not much different from each other.

Table 3. Mean and standard deviation of variables after training (post-test) parenting based on acceptance and commitment approach in experimental and control groups

Group	Examination Group		Control group		
	Variables	Mean	Standard deviation	Mean	Standard deviation
Anger		114.13	2.13	116.06	2.73
Emotional self-regulation		133.66	2.66	130.86	3.54

The results of Table 3 show that the mean anger scores in the experimental group were lower than the control group; While the scores of emotional self-regulation in the experimental group increased compared to the control group. As can be seen in Table 3, parenting education based on the acceptance and commitment approach decreased the mean scores in the anger variable and increased the scores in emotional self-regulation in the experimental group while there was not much difference in the control group.

Before analysis of covariance, to observe the presuppositions of box analysis of covariance for homogeneity of matrices, Lambda Wilkes and Levin test for homogeneity of variances were performed. Based on the results of the box test, which was not significant for any of the variables, the condition of homogeneity of variance-covariance matrices is established. Based on Wilkes's Lambda test, which was significant at the level of 0.02. Also based on Levin test showed that the research variables are not significant and therefore the same variance is established. Therefore, based on these assumptions and preconditions of the covariance analysis test that have been realized, the analysis of covariance test was used for research hypotheses.

Table 4. Results of univariate analysis of covariance on pre-test scores of anger variable

Source of changes	Total squares	Df	MS	F	Sig
Pretest	2.15	1	2.15	0.34	0.56
Group	29.34	1	29.34	4.75	0.03
Error	166.51	27	6.16		
Total	397637.01	30			

According to the figures obtained from Table 4, after adjusting the pre-test scores, there is a significant effect on the factor between the subjects ($F = 4.75$, $P = 0.03$). The scores show that the average of the experimental group that has been trained has decreased. Therefore, it can be concluded that parenting education based on the acceptance and commitment approach has an effect on the anger of mothers of hyperactive children and significantly reduces it.

Table 5. Results of one-variable analysis of covariance on pre-test-post-test scores of emotional self-regulation variable

Source of changes	Total squares	Df	MS	F	Sig
Pretest	0.58	1	0.58	0.06	0.81
Group	59.37	1	59.37	5.84	0.02
Error	274.48	27	10.16		
Total	525168.01	30			

According to the figures obtained from Table 5, after adjusting the pre-test scores, there is a significant effect on the factor between the subjects ($F = 5.84$, $P = 0.02$). The scores show that the average of the experimental group that has been trained has increased. Therefore, it can be concluded that parenting education based on the approach of acceptance and commitment, has an effect on the emotional self-regulation of mothers of hyperactive children and significantly increases it. Therefore, the third hypothesis of the research is confirmed.

Discussion and Conclusion:

This study aimed to determine the effectiveness of parenting based on the acceptance and commitment approach on anger and emotional self-regulation of mothers of hyperactive children.

Findings showed that the mean of the experimental group that was exposed to training decreased significantly. Therefore, it can be concluded that parenting education based on the acceptance and commitment approach has an effect on mothers' anger and reduces it. This finding is consistent with the results of the study of et al. (2014). So that parenting based on the approach of acceptance and commitment helps parents to compassionately accept the perceived feelings, worries, and inadequacies. the acceptance and commitment approach has the potential to improve the relationship between parent and child by facilitating the identification of parents' empirical avoidances and be effective in responding to the needs of parents (Brown et al., 2014). Therefore, intervention in parenting increases the ability of parents to understand their thoughts, feelings, and behaviors and has a positive effect on the process of change in themselves and their children, as well as the relationship with them and other family

members. Parenting education can reduce the anger of mothers with hyperactive children. Shiralinia et al. (2017) in a study found that group education based on acceptance and commitment therapy was more active in reducing parenting stress and increasing the psychological resilience of mothers of children. Based on this, it can be concluded that acceptance and commitment treatment can be effective in improving the mental health of this group of mothers.

Acceptance and commitment therapy is considered as a kind of innate human capacity or ability. However, it can be enhanced through a range of exercises such as mindfulness meditation and interventions (such as stress reduction mindfulness). According to Baer, Lykins, and Peters (2012), acceptance and commitment therapy can be described as a way of "being" or a way of "understanding" that requires understanding personal feelings. Acceptance and commitment therapy is a way to better communicate with life, which can relieve physical pain and enrich and make life meaningful. Acceptance and commitment to this work by coordinating with moment-by-moment experience and providing direct insight into the role of the mind in creating unnecessary anxiety, thereby reducing anger in mothers who have an inactive child. , it is possible.

The inability to not be present in the present moment causes a distance between oneself and reality and deprives him of the possibility of correctly understanding the situation and providing reasonable and conscious answers (Ahmadvand, Heidari Nasab and Sha'iri, 2012). Numerous scientific studies have shown that the cause of many psychological problems of people is their absence in the here and now's the moment of their lives, while people with the characteristic of accepting and committing perceive internal and external realities freely and without distortion and have a great ability to face them. They have a wide range of thoughts, emotions, and experiences (both pleasant and unpleasant). The presence of the mind with components such as acceptance (reality), presence (in the present), avoidance (of rumination) includes goals such as promoting competence and self-awareness and the environment along with adjusting the mind. Unlike many schools of psychotherapy, and of course in line with the goals and assumptions of positive psychology, the purpose of using mindfulness and acceptance and commitment therapy is

not to create ideological change but to help become aware of the processes that underlie traumatic mentality or persistence. It is in those mental states (Mohammadkhani, Dobson, Hosseini Ghaffari and Mo'meni, 2011).

Another finding of the study showed that the mean of the experimental group that was exposed to training increased significantly. Therefore, it can be concluded that parenting education based on the acceptance and commitment approach has an effect on mothers' emotional self-regulation and increases it. This finding is consistent with the results of research by Nokani et al. (2017).

In general, acceptance facilitates the core processes of parenting education based on acceptance and commitment. Commitment processes include the use of empirical exercises and metaphors to help parents articulate the goals they purposefully and meaningfully choose in their lives (ie, values) and to make sustainable behavioral changes based on these values. Parents are guided to be committed specifically in action. , to be committed (ie, committed action). Acceptance of personal thoughts, emotions, and feelings are designed to facilitate the process of committed, value-driven action and can improve mothers' emotional self-regulation. Implementation of group intervention of mindfulness and therapy based on acceptance and commitment, while providing a bed for accepting emotions, using mindfulness techniques and other methods of acceptance and commitment to educating mothers to get rid of fruitless struggle and try to control and eliminates negative emotions and experiences within itself and encourages mothers to pursue values, followed by a commitment to action based on values; As a result, it can be said that this leads to an increase in emotional self-regulation in mothers (Nokani et al., 2017). In parenting education based on acceptance and commitment to treatment, setting goals and clarifying values are considered important. Values are presented as a general way of life. Goals and values are the choices of the authorities themselves. This therapeutic phase serves two useful purposes: first, it encourages mothers to choose their own goals and values, and second, it highlights goals that may not have been clear. In the field of working with values, clients are trained to examine their values in different areas and determine their necessity in

each area to finally get out of focus on problems and move in the direction of values. And finally, identify goals in the direction of values. Therefore, this attention to parenting and education provided in this field can play an important role in increasing mothers' self-regulation (Cachia et al., 2016).

This study faced some limitations. Since the research findings were the result of a personal report and a questionnaire about the available variables, care should be taken to generalize the research results. This study was performed on mothers with hyperactive children; Therefore, caution should be exercised in generalizing it to mothers with other disorders. Also, since the present study was performed on patients referred to psychiatric clinics affiliated to Tabriz University of Medical Sciences; Care should be taken in generalizing findings to other individuals and cities. Acceptance and commitment parenting education have a role and effect on reducing mothers' anger; Therefore, this method can be used successfully to reduce mothers' anger and aggression in medical and counseling centers.

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