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Research Paper

Effectiveness of Schema-based Parenting Training on Mothers' Parental Self-Efficacy, Self-Concept and Parental Acceptance of Children with Internalized disorders



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ABSTRACT

Objective: Occurrence of behavioral problems during the childhood years has an adverse effect on the child's mental and physical development process and if not treated, it can lead to chronic physical and psychological problems in the child. The present study aimed to investigate the effectiveness of schema-based parenting training on mothers' parenting self-efficacy, self-concept and parental acceptance of children with internalized disorders.

Methods: The research was semi-experimental (pre-test, post-test and follow-up design with control group). The statistical sample included 30 mothers and children with internalized problems who were randomly assigned to two experimental groups (15 people) and a control group (15 people). The experimental groups were given schema-based parenting training for 8 sessions of 90 minutes. Children's self-concept scale, parental rejection-acceptance questionnaire, parental self-efficacy questionnaire were used to collect information. The data were analyzed based on multivariate analysis of variance with repeated measurements and SPSS-24 software.

Results: The findings showed that approach of schema-based parenting education was effective in improving mothers' parenting self-efficacy, self-concept and children's parental acceptance ($p < 0.05$).

Conclusion: Based on the findings of this research it can be said that schema-based parenting education can help parents to know themselves correctly, learn the correct principles of parenting, control their own emotions and problems, lead to the improvement of mothers' parenting self-efficacy, self-concept and parental acceptance of children with internalized problems.

1. Introduction

Emotional and behavioral disorders of children and adolescents are divided into two general categories: externalization disorders and internalization disorders. Externalizing disorders include problems that face outside and are in conflict with other people and the environment. On the other hand, internalized disorders are characterized by excessively inhibited behaviors that are directed inward (Achenbach & Rescorla,

2001). Internalized symptoms include excessive silence, anxiety, depression, inhibition, hopelessness, withdrawal, social isolation, and physical complaints. Internalized problems can start very early, from the second year of life, and evolve over time. Among the family members, the mother is the first person who has a close and dependent relationship with the child, not only during the fetal period, but also in the period after.

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Among the many factors of human relations, the mother's personality and her communication style are effective in the development of the child and have fundamental importance (Amir et al, 2012). Barlow et al. (2003) in his studies showed that 7% of 3-4 year old children show serious behavioral problems. Considering the high prevalence of problems, Barlow et al. (2003) believed that children's behavioral problems in the first years of life are related to the mother's negative behavior and communication and her stress, and the child's problematic behavior reduces parenting self-efficacy (Boruszak-Kiziukiewicz, & Kmita, 2020). Parental self-efficacy refers to the caregiver's assessment of his/her abilities in the role of caregiver. Parenting self-efficacy predicts mother's disciplinary style, mother's belief about parenting methods, and even her sensitivity and responsiveness (Matalon & Turliuc, 2022). Parental self-efficacy reflects the extent to which parents believe they can fulfill their parenting roles in a competent and effective manner (Peacock-Chambers et al., 2017). Parental self-efficacy is a key factor in the healthy functioning of parents and in the welfare of parents and their children, and has been associated with better adaptation to parenthood (Albanese et al., 2019). It seems that mothers who feel effective in their parenting role have warm and regular relationships with their children, and unlike mothers who feel ineffective, they have problems in their relationship with their children (Ponomartchouk & Bouchard, 2015).

Based on many new theories, self is both learnable and constructive. Self is learned by internalizing the beliefs and tendencies of people around the person such as parents and teachers, and it is built by the formation of beliefs as a result of the interaction of the person with the environment (Lotfabadi, 2000). The term self-concept is related to valuable factors such as life satisfaction, self-interest, and self-worth, and is defined as a set of self-tendencies that describe and evaluate one's own attitudes and behaviors (Dunn et al., 2009). Self-concept changes under the influence of several factors. The feedback of others, especially parents, social interactions, the relationship between the child and the environment, and environmental contexts are among the factors that have been discussed by many authors (Pourhossein & Dadstan, 2002). Researches have shown that the positive quality of emotional relationships between parents and children (from childhood to youth) has a valuable effect on the formation of their proper self-concept. In his study, Taub (1974) showed that there is a positive relationship between the self-concept of parents and children. Also, lack of similarity between parents' self-concept was

negatively related to child's self-concept. Although the unfavorable relationship between parents and children generally results in negative effects, the negative effects of the unfavorable relationship with the mother are more than the negative effects caused by the existence of such relationships with the father; because children spend more time with their mother and as a result receive more influence from her. It can also be said that children's social behavior is more influenced by the behavior they have observed from their mothers (Ahadi & Banijamal, 2006). Mothers with a positive self-concept, while accepting their own characteristics and valuing them, pay more positive attention to their children, which provides the basis for creating more intimate relationships and as a result, the child is more influenced by the mother and the formation of a positive self-concept in children (Abarashi et al, 2014). The birth of a baby is one of the most enjoyable events in the life of every parent, which in itself is stressful for parents and sometimes they may feel ineffective in playing their parenting role. Parental acceptance is the sensitivity of parents to the needs and desires, attention to the child's interests and unconditional love for the child. Research has shown that parental acceptance is one of the factors influencing the reduction of children's disruptive behaviors (Moses, 2012; Ramírez-Uclés, 2018).

A great number of studies have shown that perceived parental acceptance has a significant effect on the psychological adjustment of children and adolescents across different countries and culture (Carrasco, et al, 2019; Ramírez-Uclés, 2018; Khaleque, 2013).

According to the opinion of researchers such as Stevens (1984), the disturbance in the positive relationship between mother and child and the self-efficacy of parenting is caused by the low awareness of mothers in the field of effective communication skills with children. The findings of Stevens (1984) showed that educational programs can increase parents' awareness of effective communication with children; therefore, comprehensive educational programs can be used as an effective method to improve parent-child relationship and increase interaction with children. Therefore, one of the approaches that we are looking for to be effective on mothers' parenting self-efficacy, self-concept and parental acceptance of children with internalizing disorders, is schema-based parenting education. Roediger, director of the Frankfurt International Society of Schema Therapy, says: Schema therapy aims to heal the wounds and injuries caused by parents' lack of attention to meet the "Core emotional needs" of children during childhood (Louis & Louis, 2015).

Primary maladaptive schemas are deep, pervasive and dysfunctional patterns or themes that are formed during childhood or adolescence, continue during adulthood, and operate at the deepest level of cognition, which usually a person is not aware of them. Some schemas make people prone to depression, anxiety, dysfunctional interpersonal relationships and psycho-physical disorders. In the formation of schemas, innate temperament interacts with initial maladaptive communication experiences (Young et al., 2003). Schemas are created due to the satisfaction of the basic emotional needs of childhood. We believe that humans have five basic emotional needs: 1) secure attachment to others (including the need for security, stability, affection and acceptance), 2) Autonomy, adequacy and identity, 3) freedom to express healthy needs and emotions, 4) Spontaneity and fun and 5) realistic limits and Self-control. We believe that these needs are universal. All humans have these needs, although the intensity of these needs is greater in some people. A person with mental health can satisfy these basic emotional needs adaptively. Sometimes the interaction between the child's innate temperament and the early environment, instead of satisfying these needs, leads in their failures (Young et al., 2003). Schema-based parenting helps parents meet what we call "basic emotional needs" and equips parents to raise self-sufficient, emotionally healthy children to better interact with the world around them, from transmitting attitudes and dysfunctional behaviors to children as much as possible, and step-by-step guidance will give parents of teenagers and children how to restore and rebuild relationships after trauma (Louis & Louis, 2015).

Several studies indicate that a significant percentage of internalized disorders remain stable during development and into adulthood and have harmful consequences for the individual (Perle, et al, 2013; Chen, Lewis, Liu, 2011). Considering the long-term effects of internalized disorders in recent years, finding effective treatments and strategies to prevent the spread of problems in children at risk has been the focus of many therapists and researchers. It seems that the family can be an important protective factor in preventing of children's internalized problems. Therefore, interventions that target parents are among the effective methods to prevent internalized disorders, so it seems that schema-based parenting training can be one of the effective methods to reduce children's internalized problems. On the other hand, from a practical point of view, if this method is effective, it can provide psychologists with effective solutions so that they can change the extreme educational method and increase the sense of parents' self-efficacy of children with internalized disorders through teaching correct and effective parenting methods.

According to what was stated, the present study was conducted with the aim of investigating the effectiveness of schema-based parenting training on mothers' parenting self-efficacy, self-concept, and parental acceptance of children with internalized behavioral problems.

2. Materials and Methods

The current research was a semi-experimental pre-test-post-test and follow-up study with a control group. The statistical population of the present study included all primary school children and their mothers in the 2nd district of Tehran during 2020 that referred to psychological centers. In this way, children with internalized problems were first identified based on the Achenbach list questionnaire (1991), and then, if their parents consented, the necessary coordination was made to participate in the study. Sampling was done in an accessible way and among the volunteers willing to cooperate in the research. In the first step, the form of Achenbach Children's Behavior Inventory (CBCL) was provided to the parents, and then 45 children who were internalized on the scale based on the cutoff score (for girls, scores higher than 16 and for boys, scores higher than 14) needed Clinical attention, were selected. The selected sample were randomly divided into 2 experimental and control groups (15 people in each group). In an explanatory meeting, the ethical principles, including research objectives, and confidentiality of the participants' information were explained.

Entry criteria included 1) 8-12-year-old students who have internalized problems and whose mothers are alive; 2) Mothers are literate and able to participate in completing the questionnaires; and 3) have no history of receiving schema therapy treatments. Also exit criteria included children who were below the cut-off score of the Achenbach Child Behavior Inventory (for girls, scores below 16 and for boys below 14) and their mothers were excluded from the study; 2) Receiving psychological treatments at the same time, having another mental disorder, missing more than two sessions.

Ethical considerations: Obtaining written consent, stating the goals and methods of conducting the research for the participants, maintaining personal information, keeping their information confidential, observing all human principles during the implementation of tests and treatment, were among the ethical considerations of the present research.

Achenbach Child Behavior Checklist (1991): The Children's Behavior Checklist (CBCL) (1991) is an instrument that is completed by a parent or other

person who is familiar with the child's abilities and behavioral problems. This tool can be implemented both as a self-report and as an interview. Also, the CBCL can be used to measure a child's behavioral changes during or following treatment. It was prepared to measure externalized and internalized problems of 6-18 years old children. This form evaluates the problems of children and adolescents in 8 factors: anxiety/ depression, isolation/ depression, physical complaints, social problems, thinking problems, attention problems, ignoring rules and aggressive behavior. The two factors of ignoring the rules and aggressive behavior constitute the second-order factor of externalizing problems. Answers to the questions of Achenbach's child behavior list are 3-option Likert scale from 0 to 2. In this way, the grade "0" is assigned to things that are never present in the child's behavior; a score of "1" is given to situations and behaviors that are sometimes observed in the child, and a score of "2" is given to those that are present most of the time or always in the child's behavior. A child who scores above 16 for girls and above 14 for boys has internalized problems and needs clinical attention. The overall reliability coefficients of CBCL forms (Achenbach Child Behavior Checklist) were reported using Cronbach's alpha of 0.97 and using test-retest reliability of 0.94. Content validity (choosing the logic of the questions and using the analysis of the first class of questions), criterion validity (using a psychiatric interview with the child and also correlation with the CSI-4 scale) and construct validity (internal relations of the scales and group differentiation) has been reported as favorable (Achenbach & Rescorla, 2001). In Minaee 's research (2006), the range of internal consistency coefficients of the scales using Cronbach's alpha formula was reported from 0.63 to 0.95. The time stability of the scales was checked using the test-retest method with a time interval of 5-8 weeks, and the range of time stability coefficients was obtained from 0.32 to 0.67.

2. Children's Self-Concept Scale (CSCS): This scale was formulated in 1964 by Piers-Harris in 164 statements and finally revised in 1969 with 80 statements, 40 of which were positive and 40 were negative. This questionnaire was prepared to measure the self-concept of children and adolescents aged 8 to 18 years. Piers-Harris obtained the internal consistency coefficients of the scale using Richardson code formulas and even-odd, Spearman and Brown methods of 0.90 and 0.87 for male and female students, respectively. In Iran, Qudsi et al. (2012) determined the validity of the Piers-Harris self-concept scale. Cronbach's alpha in this study was 0.88,

0.91 and 0.93.

3. Child Acceptance-Rejection Questionnaire-Mother form: This questionnaire is a self-evaluation instrument that Roner (2004) made in order to evaluate people's perception of rejection-acceptance of their parents. This questionnaire contains 60 sentences that measure the mother's acceptance. There is no right or wrong answer in this questionnaire and the respondents to this questionnaire record their answers on a Likert scale from almost always false (1) to always true (4) and its instruction is to sum up the scores. Questionnaire items are directly and inversely obtained from the total score of parents' acceptance. In a research with 140 subjects, Yazdkhasti and Ghasemi (2010) used the Cronbach's alpha method for the reliability of this questionnaire, which was obtained as 0/92, and the coefficient of similarity of the questionnaire factors was 0.91 for the rejection factor and 0/91 for the acceptance factor have reported.

Dumka Parental Self Agency Measure-PSAM: This tool was created in 1996 by Dumka and his colleagues to evaluate the overall level of parental self-efficacy. This test evaluates the efficiency and hopelessness of parents when faced with children's situations, the ability to solve parent-child conflicts, and their effort and resistance in parenting. The test consists of 10 items and a high score in this test indicates high self-efficacy and a low score indicates low self-efficacy, the minimum score is 10 and the maximum score is 70, which is obtained with a 7-point Likert scale. Dumka and his colleagues (1996) have reported the internal consistency of this scale in English-speaking mothers who had an average economic level with a Cronbach's alpha coefficient of 0.70 (Ramassini, 2000). To use it in this research, first it was translated into Persian, and then it was given to 3 professors to check its formal validity. After correcting it, it was implemented on a sample of 25 mothers of 7-9 years old girls who were randomly selected, and Cronbach's alpha coefficient was 0.70 (Taleei et al., 2011).

After the selection of the subjects based on the sampling method described in the sampling section, the questionnaires related to the dependent variables that are mentioned in the measuring instrument section were implemented on them in the form of pre-test measurement and then according to the entry criteria and The exit was randomly distributed and assigned in two experimental and control groups. Then, trainings were implemented for each of the groups. After the intervention sessions, the aforementioned tests were performed again in the form of post-test assessment. 1 month later, in the form of a follow-up meeting, the tests related to the dependent variables were

performed again.

The sessions of schema-based parenting training were conducted according to the protocol, during 8 sessions of 90 minutes for the mothers of the experimental group, while the control group was on the waiting list, and finally, the post-test phase and then the follow-up

one month later were conducted for both groups. The protocol of schema-based parenting training was designed based on the book Parenting with Adequacy (with a schema therapy approach) written by John Philip Louis and Karen MacDonald Louis (2015) and translated by Dr. Mousavi Mowahed (Tables 1).

Table 1. Outlines of parenting sessions based on schema

Meetings	Content of sessions
First session	Communicating and getting to know each other, doing the pre-test, the importance of parenting
Second session	Familiarity with the general principles of schema-based parenting, familiarity with basic emotional needs, reactions leading to anger
Third session	Getting to know the basic emotional need of emotional connection and acceptance, informing the mother about creating a safe zone for the child, getting to know the traps and ways to prevent them.
Fourth Session	Familiarity with spending quality time with the child, empathy and validation of feelings
Fifth meeting	Familiarity with the basic emotional need of self-management and healthy functioning, its scope and traps, and empowerment according to the child's age
The sixth session	Familiarity with the basic emotional need to accept reasonable limits, the range of faulty limits and traps
The seventh session	Getting to know the basic emotional needs, realistic expectations, ways to satisfy them and the scope of exaggerated expectations
The eighth session	Acquaintance with spiritual and social values, restoration and reconnection with them

As can be seen in Table 1, a summary of schema-based parenting sessions is reported.

3. Results

According to the self-reported information about the employment status, in the control group, 40% (6 people) were housewives and 60% (9 people) were employed, and in the experimental group, 47% (7 people) were housewives and 53% (8 people) were employed. Also, in terms of education variable, in the control group, 20% (3 people) had a post-graduate degree or lower, 53% (8 people) had a bachelor's degree, and 27% (4 people) had a master degree or higher. In the experimental group, 71 percent (1 person) had a graduate degree or lower, 53 percent (8 people) had a bachelor's degree, and 40 percent (6

people) had a master's degree or higher.

Schema-based parenting training has an effect on mothers' parenting self-efficacy, self-concept, and parental acceptance of children with internalized problems. Like the main hypothesis, multivariate analysis of variance with repeated measurements is used to investigate the above hypothesis. In the table below, the results of the Mbox test of the first sub-hypothesis are reported.

Considering that the probability value obtained in the M-box test is higher than the significance level of the test 0.05, therefore, the condition of homogeneity of the variance-covariance matrices is established at the error level of 0.05. Table 3 shows the results of Levene's test.

Table 2. The results of Levene's test to check the assumption of homogeneity in variance of the variables of mothers' parental self-efficacy, self-concept and parental acceptance for the first sub-hypothesis of the research

Variable		F	df1	df2	P
Mothers' parental self-efficacy	Pre-test	0/05	1	28	0/945
	Post- test	0/103	1	28	0/751
	Follow up	0/067	1	28	0/798
Self-concept	Pre-test	0/609	1	28	0/442
	Post- test	0/060	1	28	0/808
	Follow up	4/11	1	28	0/052
Parental acceptance	Pre-test	0/291	1	28	0/594
	Post- test	2/166	1	28	0/152
	Follow up	0/043	1	28	0/837

To check the assumption of homogeneity of variances, Levene's test was used, the results showed that the probability values in Levene's test for all the investigated variables are greater than 0.05, so the

assumption of homogeneity of variances was confirmed at the error level of 0.05 in the studied groups.

Table 3. The results of Mauchly's test to check the assumption of sphericity in the variables of mothers' parenting self-efficacy, self-concept and parental acceptance for the first sub-hypothesis of the research

Variable	Mauchly's sphericity	chi-square	df	P	Greenhouse–Geisser correction
Mothers' parental self-efficacy	0/898	2/899	2	0/235	0/908
Self-concept	0/828	5/091	2	0/078	0/835
Parental acceptance	0/830	5/040	2	0/080	0/845

According to the above table, the probability values obtained in Mauchly's sphericity hypothesis test for all research variables are higher than the significance level of 0.05. Therefore, the hypothesis of sphericity (homogeneity of the variance-covariance matrix) with Mauchly's sphericity values reported in this table for the variables of mothers' parenting self-efficacy, self-concept and parental acceptance is accepted at the error level of 0.05. Therefore, the assumptions of multivariate analysis of variance with repeated

measurements have been established, and analysis of variance with repeated measurements can be used to analyze the effect of schema-based parenting education on mothers' parenting self-efficacy, self-concept and parental acceptance of participants' children. In the table below, the results of Wilk's Lambda test are presented to investigate the effect of time and the interaction of time and group on the research variables.

Table 4. The results of the multivariate Wilk's Lambda test to investigate the effect of the time factor and the interaction effect of time in the group on the variables of mothers' parenting self-efficacy, self-concept and parental acceptance

Effect	Value	F	Hypothesis df	Error df	P	Partial Eta Squared	
Within group	Time	0/971	53/420	8	21	p<0.001	0/656
	Group* Time	0/971	28/64	8	21	p<0.001	0/506
Between group	Group	0/280	35/66	1	28	p<0.001	0/560

The results of the test listed in Table 4 show that the effect of time, the effect of group and the interaction of time in the group are significant ($P<0/05$). The interaction effect examines whether the effect of schema-based parenting skills training was similar in the time stages of the experiment. The significance of

the interaction effect shows that there is a significant difference between the effectiveness of schema-based parenting education over time. In other words, the amount of effectiveness over time in the two control and schema-based parenting groups is not the same, but significantly different.

Table 5. The results of intra-group and inter-group effects related to the comparison of the variables of mothers' parenting self-efficacy, self-concept and parental acceptance

Variable	Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Mothers' parental self-efficacy	Within group	Time	2	397/21	37.20	p<0.001	0/70
		Time* Group	2	334/43	36/22	p<0.001	0/66
		Error	56	5/93			
	Between group	Group	1	1612/9	34/12	p<0.001	0/55
		Error	28	47/12			
Self-concept	Within group	Time	2	394/67	35/67	p<0.001	0/56
		Time* Group	2	390/34	35/37	p<0.001	0/55
		Error	56	11/03			
	Between group	Group	1	1195/37	31/46	0/001	0/52
		Error	28	37/99			
Parental acceptance	Within group	Time	2	219/14	72/32	p<0.001	0/72
		Time* Group	2	240/01	79/2	p<0.001	0/73
		Error	56	3/03			
	Between group	Group	1	146/94	4/609	0/041	0/14
		Error	28	31/88			

The results of Table 5 showed that in teaching skills based on approach of schema-based parenting, there is a significant difference between mothers' parenting self-efficacy, self-concept and parental acceptance in

the pre-test, post-test and follow-up times ($P<0/05$). The results show that 70, 56 and 72% of the intra-group changes in the variables of mothers' parenting self-efficacy, self-concept and parental acceptance are

explained by time. The results related to the interaction effect between time and group show that this effect is significant in all variables ($P < 0/05$). Therefore, there is interaction between different levels of time and different levels of groups. The effect sizes show that 66, 55 and 73% of the within-group changes are explained by the time interaction in the group.

The results related to intergroup effects listed in the above table show that there is a significant difference between the scores of the dependent variables in the experimental and control groups, ($P < 0/05$). In other words, for each of the variables of mothers' parenting self-efficacy, self-concept and parental acceptance, there is a significant difference between the participants of the control and schema-based parenting groups. The eta square size for the variables of mothers' parenting self-efficacy, children's self-concept and parental acceptance are 55, 52 and 14%, respectively

4. Discussion and Conclusion

This finding is consistent with previous studies such as Sabzi et al. (2022), Sundag et al. (2018) and Khorasani zadeh et al (2018) which showed parenting is related to early maladaptive schemas, although there was no study that showed the effect of schema-based parenting on the variables studied in this research.

In explaining these findings, it can be claimed that parents are often unaware of the important role in shaping children's personality through their behavior and relationships with children. They attribute children's maladaptive behaviors to him and ignore their own behaviors. This is where education can empower parents with parenting skills. In the light of education, parents get a clear picture of the child's world and by knowing his feelings and needs; they find themselves closer to the child. In this way, by creating a warm and intimate environment, the child experiences the feeling of competence and affection, and since the attitude of the parents infinitely affects the attitude of the child, he also looks at himself in a new way. Research shows that parent training is an effective tool in changing and directing children's behavior. Studies show that healthy family relationships have a significant impact on a child's mental and social health. Considering the importance of parents' role in creating these relationships, education can strengthen their communication skills (Sabzi et al, 2022).

A central assumption of schema therapy is that early maladaptive schemas develop when a child's basic

emotional needs are not met, and early adaptive schemas develop when they are met. It is believed that this occurs in the context of parenting and involves the interaction between the child and the parent and is influenced by the temperament of each. When early maladaptive schemas develop in adulthood, they lead directly and indirectly through maladaptive coping behaviors to emotional distress and difficulties in interpersonal relationships (Yang et al., 2003). In contrast, when early adaptive schemas are established, they are believed to lead to adaptive functioning that contributes to overall well-being (Louis & Louis, 2015). These are believed to be related but distinct from parents' own early adaptive schemas and early maladaptive schemas, although there is also evidence that parents' schemas are transmitted to their children (Gibson et al., 2019).

Schema theory explains that problematic behavior and tendencies in adulthood are due to the neutralization of basic emotional needs, leading to maladaptive schemas. These schemas, along with their associated copying styles, become pathological in that they become rigid ways of viewing and acting in relation to the world, others, and self that are not subject to subsequent environmental changes or disconfirming evidence. When this happens, parents' socialization goals are not met because the schemas can lead to problematic behaviors and tendencies that damage the person's relationships well adulthood and old age. In schema therapy, an adult with strong and active maladaptive schemas undergoes a process of "re-socialization" with the therapist acting as a transference parent figure through a process called "limited re-socialization" (Yang et al., 2003). This emphasizes the importance of parents, as it has lifelong effects regardless of whether the child reaches the age of "adulthood".

In adequate (schema-based) parenting, specific strategies and interventions are provided to parents to increase the number and quality of positive interactions, and parents are also taught to recognize negative parenting patterns (Louis et al, 2021). They also learn how to avoid them or withdraw from them once they start and practice positive parenting patterns. The goal of this approach is to develop behaviors that meet the child's basic needs and prevent the formation or consolidation of early maladaptive schemas. Therefore, considering the importance of childhood experiences, it can be expected that the child's perspective, which is his schemas, will change with parents' awareness of effective parenting methods and their use (Esmali, et al, 2015).

Stevens (1984) has also pointed out that parent education, before making changes in any field creates reforms and changes in parents' awareness and perception of their competences, and this itself causes changes in the relationship between parents and children. Therefore, the increase of parenting self-efficacy as one of the main variables of this research, as suggested by Siu-Kau (2001), can alone be considered a significant success in parenting education programs. In general, self-concept is a set of beliefs that a person has about himself, and this self-concept is formed in a hierarchical structure. Family and culture can play an important role in children's self-concept through effective feedback. A child can have a high self-concept when he can discover his conflicting feelings in the face of emotional conflicts and accept them, with a sense of sufficiency, freedom in expressing feelings, and needs and healthy emotions, realistic limits and self-control. Sometimes the interaction between the child's innate temperament and the primary environment, instead of satisfying these needs, leads to their failure (Yang, et al., 2003). In short, when people behave in harmony with the schema, they feel comforted by this harmony and self-confirmation; when people behave inconsistently with the schema, they feel tension from this inconsistency and disconfirmation. But correct education can guide these thoughts and actions in the right direction, which can be seen in positive parenting education. Increasing parental acceptance and the child's understanding of the acceptability of the relationship with the parents can have a great impact on reducing children's behavioral problems (Mostafavi, et al., 2012). According to Rohner (2004), parental acceptance and rejection is one of the important dimensions of parental relationship. These dimensions can be considered as a continuum, on side of which are parents who express their love and affection verbally and non-verbally to their child. On the other side of this continuum are parents who feel disgust and hate, condemn their child and probably use strict and abusive parenting methods (Lila & Garcia, 2007). In general, it can be said that schema-based parenting education can help parents to know themselves correctly, learn the correct principles of parenting, control their own emotions and problems, lead to the improvement of mothers' parenting self-efficacy, self-concept and parental acceptance of children with internalized problems.

This research had some limitations such as different experience, stated the amount of years of awareness of the child's problem and not homogeneous in terms of time experience. Failure to control other factors

affecting family relationships (people's growth history, social and economic class, or the level of social support of people) makes the generalization of the results cautious. Also, since in this research, written evaluation tools were used and responding to them as well as evaluating the effectiveness of techniques and trainings required literacy and a minimal amount of mental activities, the participants were selected from among literate people, and therefore the generalization of the results to the other group is doubtful. Therefore, in order to increase the credibility of the results, it is suggested that in future researches, in addition to the questionnaire, other methods of data collection, such as observation and interview, should be used. It is also recommended to use independent evaluators in all stages of future research. Another reason is that one of the most difficult areas of psychological pathology that a person experiences in his life can be severe emotions (such as anxiety, stress, depression, lack of self-confidence, loss of identity and feelings of worthlessness) caused by the existence of a child. It is suggested that training programs to cope with stress and acquire effective skills should be seriously included in educational and social programs and necessary follow-up studies should be carried out throughout life.

5. Ethical Considerations

Compliance with ethical guidelines

The information of this research has been registered in the ethics code in Sari biomedical research ethics code number: IR.IAU.SARI.REC.1400.053.

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All authors of this article participated in all stages of writing and conducting research.

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