

Structural model for predicting Internalized problems of children based on maternal parental self-efficacy with the mediating role of family communication patterns

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Abstract

The aim of this study was to construct a structural model for predicting children's internalized problems based on mothers' parental self-efficacy with the mediating role of family communication patterns. The study population consisted of 257,142 9- to 11-year-old primary school students in Tehran with their mothers. Participants included 540 people (275 boys and 265 girls) from 9 to 11 year old primary school students in Tehran in the academic year 1400-1399 with their mothers who participated in the study by available sampling method. To examine the research variables, participants answered the Child Behavior Inventory (CBCL), Parental Self-Efficacy Questionnaire (Dumka, 1996), and Family Communication Patterns (Ritchie and Fitzpatrick, 1990). For statistical analysis of data, Spss software version 26, Amos software version 24 and R software version 4.0.2 were used. The results of statistical analysis showed a good fit of the collected data with the designed model. According to the findings, parental self-efficacy (direct effect -0.13) has a direct role in children's internalized problems ($P < 0.05$). Family communication patterns play a significant role in children's internalized problems. The parental self-efficacy variable does not play a direct role in family communication patterns ($Z = 1.53$). Parental self-efficacy through family communication patterns has no significant role on internalized problems ($P > 0.05$). The findings of the present study are a step towards developing predictive theoretical models for children's internalized problems.

Keywords: Internalized problems, Parental self-efficacy, Family communication patterns

Introduction

Childhood is a transitional period in human development that plays an essential role in each individual's future and mental health, and the study of this period is of great importance [1]. We pay attention to children's behavioral issues and problems as one of the significant issues in psychiatry and child psychology. Because, on the one hand, children make up a large part of the population of any society, and on the other hand, many children in the early years of childhood have emotional and behavioral problems that do not go away quickly, but this possibility Do not give. These problems persist into adolescence and even adulthood [2].

Behavioral and emotional disorders in children, as children's psychological problems, are common and debilitating problems for children [3]. In the definition of behavioral problems in children, those behaviors are considered abnormal that are severe, chronic, or persistent when not appropriate for age [4]. Ashnbach (1991) named eight behavioral problems that fall into two categories. This classification classifies division/depression, isolation/depression, physical complaints, social problems, thinking problems, problems paying attention to internalized behavioral problems, ignoring the rules, and aggressive behavior with behavioral problems [5]. Internalized problems

tend to the inside of the person and affect the psychological world of the person [6]. Children with internal disorders have various problems such as significant functional disorders, mental health problems in years such as substance use, bipolar disorder [7], and social and educational disorders are available. The onset of anxiety disorders and depression in early childhood and early school years (11-15) predicts the family affected by mental, social, and occupational disorders and leads to unfortunate consequences. People with internalized problems try to apply a high level of extreme and uncompromising ability to their mental, behavioral and emotional processes [8]. Internalized disorders are less identified, diagnosed, and referred for treatment due to their latent nature. (Such as frustration, anxiety, inhibition) are experienced only within the individual. These problems are less identified and receive clinical attention [9].

One of the essential and critical elements in preventive measures and treatment of childhood problems and disorders is recognizing the factors that can play a role in causing these problems. Regarding the etiology of these problems, many factors have been proposed, the most important of which are the inability of parents to manage child behavior and negative parent-child interaction [10]. The family and the prevailing atmosphere play an effective and decisive role in the mental development and formation of children's personalities and mental health. Some experts believe that most children's behavioral problems reflect the complex interpersonal conditions of family members, especially parents. In other words, the existence of behavioral problems in children is a bad relationship between family members. It is closely related to incorrect parenting methods and their unsatisfactory interactions with children [11]. Parents' perception of their power and effectiveness can reduce depression and improve their performance [12]. Self-efficacy proposed by Bandura is the basis of human activity, and the belief in self-efficacy guides people's lives. Self-efficacy refers to an individual's ideas about organizing and managing activities. If a person thinks that he has no power or effect in production or result, he will not try to do it. To be successful in shaping our path, we must judge our abilities, determine the possible effects of our behavior, and socio-cultural opportunities to adjust our behavior

accordingly [13]. Self-efficacy is not a personality trait but specific cognitions that are defined and defined only concerning a particular behavior in a particular situation or context.

In general, people with positive affective beliefs do not become emotionally disturbed in the face of threatening situations. In contrast, people who believe in an inability to cope with traumatic situations are more likely to experience more anxiety in those situations. Self-efficacy can be examined based on the role of parents [14]. Parental self-efficacy refers to a parent's beliefs or judgments about their abilities to regulate and perform a series of parenting tasks with the child [15]. Studies show that low parental self-efficacy in mothers is associated with maternal depression, learned helplessness, and the perception of behavioral problems in the child. Studies show that gaining a sense of personal effectiveness in various life situations is both achievable and beneficial to the psychological well-being of parents and children. In this environment, the child learns the type of communication. Effective communication causes the flourishing of human identity and perfection and is the primary basis of his connection with others. This is while ineffective communication hinders flourishing and destroys relationships [16].

Models have been presented about the family's system and context, and the most famous of which is the model of family communication patterns. This model reflects how parents relate to their children. Family communication patterns are role models that deal with family interactions and their role in effective adaptation to the environment. The pattern of family communication or how members express their thoughts and feelings varies from family to family. Knowing these patterns helps understand different aspects of family functioning [17]. Two fundamental dimensions of dialogue orientation and compliance orientation in family communication models have been proposed. Orientation reflects dialogue, open discussion, and acceptance of ideas between parents and children. The dialogue orientation refers to a situation in which the family encourages members to participate freely and easily in interaction and dialogue in various fields. Conformity orientation, on the other hand, refers to family relationships that force members to unify

attitudes, values, and beliefs; That is, families with high harmony in their interactions emphasize the similarity of beliefs and attitudes, and the relationship between the two generations in these families is based on hearing from the father, mother and other adults [18].

Research shows that communication plays a vital role in family functioning and functioning. Families that are flexible as an institution and are based on discourse, high accountability, and autonomy, rather than families that emphasize parental obedience, close interaction, and consistency of beliefs and attitudes, enable children to express their feelings and emotions. Have. In such families, the flexibility of joint roles and decisions is usually expanded, the development and promotion of members are considered, and the level of stress is reduced. Kouroshnia and Latifian (2007) state that anxious people probably belong to families where dialogue is prohibited or does not exist. Bringing more time to share the thoughts and feelings of family members will reduce the likelihood of their children suffering from anxiety and depression. Koerner and Fitzpatrick (199, quoted in Koerner and Fitzpatrick, 2002)

suggest that children of highly conversationally oriented families are more likely to have more developed communication skills, which allows them to communicate effectively with others about their roles and expectations. They also have more efficient problem-solving skills that enable them to function well in various situations, withstand more problems, and not be exposed to negative emotions.

Therefore, considering the great importance of childhood and the sensitivities of this stage of each individual's life and the particular significance of children's future for any society, this study intends to examine some of the protective and risk factors in the field of problems. Internalize children so that by recognizing the factors involved and underlying these problems, suggestions, and recommendations for more effective parenting and prevention of irreparable damage that behavioral and emotional issues cause to the present and future life of children, provide Dad. Does this study seek to answer whether mothers' parental self-efficacy is causally related to children's internalized problems through the mediation of family communication patterns?

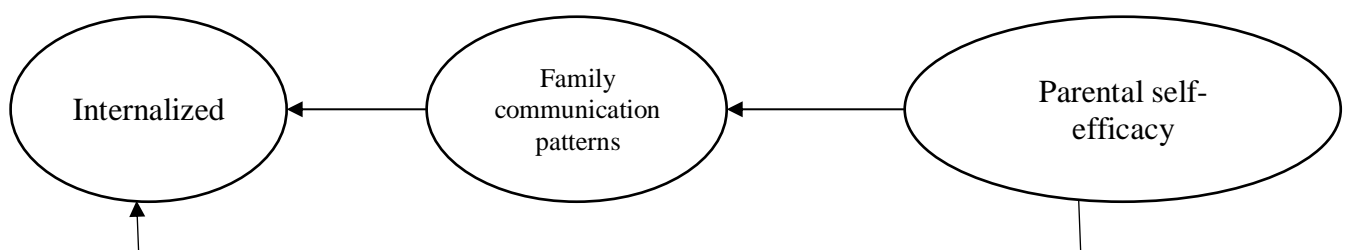


Figure 1. Proposed research model

Materials and methods

This research is a correlational study of structural equations. The statistical population included all 257142 male and female students aged 9 to 11 years (third to fifth grade) of primary schools in the twenty-four districts of Tehran with their mothers. The number of samples is 423 considering the variables in this study, which due to possible shortcomings in several questionnaires, 540 students with their mothers are considered. Sampling method In this study, sampling was available. The

questionnaire was made available to teachers and principals of primary schools and virtual groups related to schools and associations of parents and educators and groups that have the characteristics of the target community through a link that was prepared, and they were asked to Answer questionnaires on family communication patterns, parental self-efficacy, and children's internalized problems. At the beginning of the questionnaire, demographic questions including student age and gender, student's educational level, age, education, and parents' occupation were included. The first

page of the questionnaire gave a brief explanation of the research topic and its objectives. Then, reasons were given on how to complete the questionnaires. The researcher's phone number and e-mail were included in the description to answer possible questions about answering them.

A) Children's Behavior Inventory Form: The Achenbach Children's Behavior List Form identifies children's problems in eight factors: anxiety/depression, isolation/depression, physical complaints, social problems, thinking problems, attention problems, ignoring rules, and behavior. Aggressive evaluates. The three factors of anxiety/depression, isolation/depression, and physical complaints are the second cause of internalized problems. This questionnaire should be completed by the parent or guardian of the child or anyone who deals with the child in a quasi-family setting and knows them well. The respondent rates each question on a Likert scale (0 = incorrect, 1 = partially correct, 2 = completely correct) based on the child's situation in the last 6 months. This questionnaire has 113 questions, and the score is between 0 and 226. This scale has been validated in various studies. For example, Larson et al. (2000) used the parents' prescription to assess children's skills and behavioral problems from a parent's point of view in a sample of 80 boys and girls aged 5 to 16 in Sweden, with a reliability of 0.34 to 0.94. they reported. In Iran, Cronbach's alpha, the correlation between equivalent versions, the correlation between subscales with the total score, and obtained cut points indicate this tool's structural validity and appropriate reliability for measuring children's skills and behavioral problems [19].

B) Domka et al.'s (1996) Parental Self-Efficacy Questionnaire: Developed in 1996 by Domka et al. To assess general levels of parental self-efficacy. This test assesses parents' performance and frustration when confronted with child situations, their ability to resolve parent-child conflicts, and their effort and resilience in parenting. The test consists of 10 items with five positive expressions and five negative expressions and measures the parents' general sense of confidence in the parent's role. Five negative words are scored inversely—7-point Likert questions ranging from rarely = to always = 7. A high score in this test indicates high self-efficacy, and a low score indicates low self-

efficacy. Domka et al. (1996) reported internal consistency of this scale in English-speaking mothers with moderate economic status with a Cronbach's alpha coefficient of 0.70. To use it in the research of Talei et al. (2011), it was first translated into Persian; then it was given to three professors to check its face validity, and after correcting it, on a sample of 25 mothers of girls 7 to 9. Randomly selected years were performed with a Cronbach's alpha coefficient of 0.70.

C) Fitzpatrick & Rich Family Communication Patterns Questionnaire (1990): This questionnaire is a self-report tool designed by Fitzpatrick and Ritchie (1990) to measure the dimensions of family communication patterns or, in other words, the dimensions of conversational orientation and family harmony orientation. It has 26 questions and 2 subscales including conversational orientation (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15) and compliance orientation (16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26). Questions on the Likert scale of 5 degrees are not true about me = 0, a little truth about me = 1, often true about me = 2, very true about me = 3, and true about me = 4 is scored. The minimum and maximum scores on this scale are in the range of zero to 104. A higher score on both scales means that the subject perceives a greater conversational orientation or conformity in their family. Kouroshnia and Latifian (2007) reported the internal consistency coefficient (Cronbach's alpha) for the 87% and 81% subscales, respectively. In Iran, this scale has been standardized by Kouroshnia and Latifian.

Spss software version 26, Amos software version 24, and R software version 4.0.2 were used for statistical analysis of data, which includes two sections of descriptive statistics and inferential statistics (structural equation model). Is a model of structural equations of the type of latent variable).

Results

Summary of descriptive results (mean and standard deviation) of the participants' scores on the variables of parental self-efficacy, internalized problems (anxiety and depression, isolation and depression, and physical complaints) and family communication patterns

(orientation of dialogue). Listening and Orientation Compliance) are given in Table 1.

Table 1. Descriptive information of research variables

The standard deviation	Average	Side	Variable
1.04	4.77	-	Parental self-efficacy
0.36	0.55	Anxiety	Internalized problems
0.38	0.38	Isolation and depression	
0.27	0.25	Physical complaints	
0.77	3.82	Orientation of dialogue	Family communication patterns
0.87	3.25	Orientation of compliance	

Multivariate Shapiro-Wilkes test was used to investigate the non-deviation from the normality of research dependent variables. The analysis results showed that the significance level obtained in the multivariate Shapiro-Wilkes test is more significant than 0.05 ($P = 0.19$ and 0.98 Mvw). As a result, by confirming the normality of the data distribution form, there is no obstacle

to using the structural equation model method. After reviewing the data, the model of mothers 'parents' self-efficacy in predicting internalized problems mediated by family communication patterns, the best-fitted model with the relevant indicators mentioned in Table 2, is presented.

Table 2. Structural analysis model fit indices

Fit indicators		Index name
Limit	Value	
<3	2.87	X ² ratio to the degree of freedom
<0.08	0.06	RMSEA (root mean of estimation error)
>0.9	0.95	CFI (Modified Fit)
>0.9	0.93	NFI (Softened Fit)
>0.9	0.94	TLI (Lewis Tucker Index)
>0.9	0.95	IFI (Fitness Goodness Index)

The values obtained for these indicators show that, in general, the model is in an excellent position to explain and fit. Therefore, the test of research sub-questions is unobstructed.

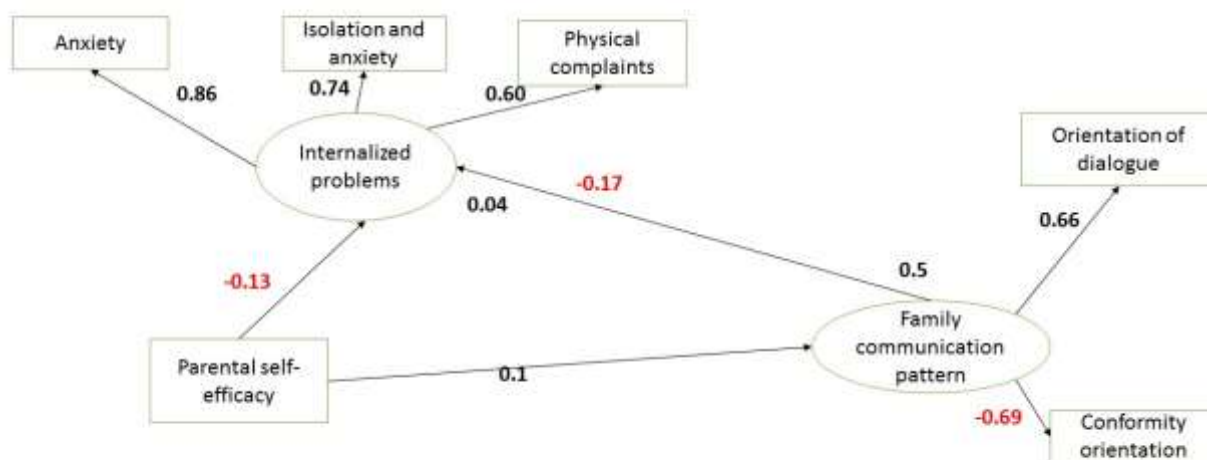


Figure 2. Structural model of research with standardized coefficients

Then, the research questions are answered using the results obtained in the research model. To understand whether the relationship between the

variable is significant or not, the statistic of z and the model of substantial numbers or P-Value has been used.

Table 3. Standard and significant coefficients of direct effect of self-efficacy on internalized problems

p-value	z	direct impact	Predictive variable	Criterion variable
0.01	-2.69	-0.13	Self-efficacy	Internalized problems

As the results in Table 3 show, at the error level of 0.05, self-efficacy has a significant direct effect (-0.13) on children's internalized problems (P < 0.05). As a result, it can be argued

that parental self-efficacy can reduce children's internalized problems.

Table 4. Standard and significant coefficients of direct effect of communication patterns on internalized problems

p-value	z	direct impact	Predictive variable	Criterion variable
0.01	-2.42	-0.17	Communication patterns	Internalized problems

The results in Table 4 indicate that at the confidence level of 0.95, communication

patterns have a significant role in children's internalized problems (P < 0.05).

Table 5. Standard coefficients and significance of the direct effect of parental self-efficacy on family communication patterns

p-value	z	direct impact	Predictive variable	Criterion variable
0.12	1.53	0.1	Parental self-efficacy	Family communication patterns

The results in Table 4 indicate that at the confidence level of 0.95, communication

patterns have a significant role in children's internalized problems ($P < 0.05$).

Table 6. Coefficients and significance of the indirect effect of self-efficacy on internalized problems

p-value	z	Indirect effect	Mediator	Predictive variable	Criterion variable
0.78	0.34	0.01	Communication patterns	Self-efficacy	Internalized problems

The results of Table 6 show that the self-efficacy variable has no significant role in the variable of internalized problems of children at 95% confidence level through the variable of communication patterns ($P > 0.05$). Therefore, according to the evidence obtained, the mediating role of communication patterns in explaining the relationship between self-efficacy and internalized problems is not confirmed.

Discussion and conclusion

This study aimed to construct a structural model for predicting children's internalized problems based on mothers' parental self-efficacy and family communication patterns' mediating role. The statistical analysis results showed that parental self-efficacy could reduce children's internalized problems. In line with the findings of other studies, we can refer to the research of Abu Bakr Makubi [20], Satourian et al. [19]. In explaining the findings, referring to the research of Shiralinia et al. [7] and Abu Bakr Makoubi [20], it can be stated that parents with self-efficacy achieve better results in dealing with children. So they feel more successful, and it will be a two-way relationship. In general, people who have positive affective beliefs do not become emotionally disturbed in the face of threatening situations. In contrast, people who believe in an inability to cope with harmful situations are more likely to be more anxious.

Situations experience. Parental self-efficacy empowers parents and regulates parenting duties and communication with the child. In other words, an effective parent is aware of what knowledge and information are needed to raise his child and believes in his child's ability, and until he reaches, He helps her achieve her goals. He can educate the child through emotional, motivational, and behavioral reciprocal responses. For example, parental self-efficacy can be a model for solving complex future problems in the family. In behavior, parents' self-efficacy beliefs can directly affect them by creating readiness, feeling of competence, and creating psychological peace in them. In this regard, we can avoid the research of Moalemi and Haji Alizadeh [4] and state that improving parental self-efficacy and parental social support is an effective method to reduce child stress. Also, Satourian et al. [19] pointed out the role of parenting skills in explaining internalization problems. This means that parental empowerment and having the right behavioral and communication skills can be crucial in creating or controlling positive and negative behaviors in children. Finally, referring to the findings of the present study and in line with the research literature, it can be said that by increasing and improving parents' self-efficacy, it is possible to reduce the internalized problems of children and create a favorable situation for children.

Empirical evidence suggests that the direct effect of communication patterns on children's internalized problems is significant at the 95%

confidence level. The results of this study were consistent with the findings of Mirza [21] and Barfar et al. [6]. In explaining this issue, we can point out that family interactions and relationships and the type and manner of family upbringing affect individuals' traits, abilities, and behavior. In this regard, referring to Mirza's [21] research, it can be said that couples' communication patterns are effective in the occurrence of internal and external problems of adolescents. Also, in this study, he points to the pivotal role of the maternal parent. He states that mothers' non-constructive communication patterns play a more significant role than fathers in the formation and exacerbation of externalized and then internalized problems of female adolescents and then their adolescents. Barfar et al. [6] also state a significant position between aggression patterns and parenting styles on aggression and its components. As a result, it can be said that communication patterns between family members are more critical in children's adjustment. In addition, the warm relationship between parents and children will create a healthy and favorable environment for the upbringing and development of children for optimal effect.

On the other hand, since people's personalities and behaviors are established in the early years, children who do not experience favorable and expected conditions in relationships with family members, especially parents, have poorer emotional and behavioral development and poor social interactions. The ability to make long-term relationships and aggressive, hostile behaviors are more evident. Therefore, it can be said that some behavioral problems of children reflect the complex interpersonal conditions of family members, especially parents. In other words, the existence of behavioral problems in children is a bad relationship between family members and parents' educational methods.

The results showed that the variable of self-efficacy through the variable of communication patterns does not play a significant role in the variable of internalized problems of children at the level of 95% confidence. Therefore, according to the evidence obtained, the mediating role of communication patterns in explaining the relationship between self-efficacy and internalized problems is not confirmed. Presenting the results, we can point to the direct effect of parental self-efficacy on

internalization problems and say that since difficult children and children with behavioral issues need more effort from parents, especially the mother, to calm down and meet their needs, therefore, In dealing with these children, mothers are more likely to experience confusion and failure to satisfy their child's needs or to control in difficult situations. Because a child who calms down quickly gives the mother a sense of confidence in doing her job correctly and ultimately increases the mother's self-efficacy, and a child with behavioral problems makes the mother feel insecure about doing the mother's duties as a result of the mother's parental self-efficacy. Is reduced.

The present study was conducted on students and mothers in Tehran. Therefore, generalizing the results to other groups, including students and mothers in other cities and the clinical population, should be done with caution. It is suggested that parents, especially mothers, reduce their internalized problems in raising their children by increasing their self-efficacy and empowerment and having parenting skills. Psychologists and counselors can also consider the importance of mothers' effectiveness in diagnosing and treating children's psychological and behavioral problems. It is suggested that parents, especially mothers, reduce their internalized issues in raising their children by improving communication patterns and relationships between family members. Psychologists and counselors can also pay attention to the importance of communication patterns of family members, especially the role of mothers, in diagnosing and treating children's psychological and behavioral problems.

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