

Original research

Investigating the effectiveness of the combined package of Iberg child-parent interaction and personality-oriented parenting in reducing the symptoms of physiological anxiety, extreme sensitivity and worry in children aged 7-10 yearsMaryam Eisazadeh,¹ Reza Ghorban Jahromi,^{*2} Mansoreh Karimzadeh,³ Fateme Dehghani-Arani⁴**Abstract:**

Introduction: The purpose of this research was to investigate the effectiveness of the combined package of Iberg child-parent interaction and personality-oriented parenting in reducing the symptoms of physiological anxiety, extreme sensitivity and worry in children aged 7-10 years.

Research method: The method of this semi-experimental study is pre-test and post-test with a control group. The research community was mothers of children with physiological anxiety problems, extreme sensitivity and worry of children aged 7 to 10 years in Tehran, among them 30 mothers of children were selected by available sampling method and randomly replaced in two equal groups. (Each group 15 people). The experimental group received 8 90-minute online training sessions on parent-child interaction and personality-oriented parenting, and the control group did not receive any intervention. In order to analyze the data, first descriptive information related to the variables of the research was presented, and after confirming the assumptions, the covariance analysis was used to examine the results of the hypothesis test. The results showed that the intervention package of Ayberg's child-parent interaction and personality-oriented parenting on all 3 components of anxiety problems, i.e. (physiological anxiety, extreme sensitivity and worry) has been effective ($p < 0.01$). The comparison of the obtained effect sizes showed that the intervention package has the greatest effect on hypersensitivity with a coefficient of 0.59 (large), followed by physiological anxiety with a coefficient of 0.52 (large), and worry with a coefficient of 0.38 (medium) are located.

Results: The findings showed that teaching parents has reduced the problems of physiological anxiety, extreme sensitivity and worry in children.

Conclusion: The results show that parents are in the best position to teach children adaptive and appropriate responses and strengthen these responses. Definitely, when these trainings are tailored to the unique characteristics of the child, it will be more effective.

Key words: Eiberg and Aldegri, interactive training of the parent of the child, anxiety, extreme sensitivity and worry, personality-oriented, physiological

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Introduction:

Anxiety is an evolutionary and adaptive response that we all need a certain level of to be alert and function effectively. Anxiety can even sometimes improve a person's performance; But high anxiety in children causes helplessness and disruption in school, job and relationships with friends and family (١٧).

In children, anxiety as an internalized behavior is a natural reaction to the feeling of danger, which happens in the natural process of children reaching independence from their parents. In the meantime, the mother will accept the most influence in order to have more interaction with the child.(٤٩)

Fear and anxiety are considered abnormal when the amount of agitation and excitement of the child in front of an anxiety-inducing stimulus is more than normal and causes uncontrollable distress; Therefore, in the diagnosis of anxiety, attention should be paid to the proportion of the intensity of anxiety to the age of the child and the level of his performance (30, 35).

According to the above explanations, research in the field of children's anxiety is necessary because the findings have shown that the rate of spontaneous recovery of anxiety symptoms in children and adolescents is low and it continues during the development period and is known as a risk factor for the development of later internalizing disorders (31). At the same time, research results regarding the coexistence of this disorder with other psychological disorders have shown that it increases the prediction of other disorders in adulthood (depression, addiction, anxiety, and suicide) (14, 21).

Today, various methods have been developed for teaching parent-centered therapies, which have many similarities and often have good research support and empirical support. Child-parent interaction therapy is based on parent education and a family-centered therapy that provides appropriate techniques for children aged 3 to 12 years (٣).

Parent-Child Interaction Therapy (PCIT) has features that set it apart from other similar programs. Among these cases, in the first place, it is possible to mention the focus of treatment on strengthening the parent-child relationship through the use of play therapy, parent-child interaction as one of the cognitive treatments in reducing disorders, the results of which show that the quality of the favorable relationship between parents and children, It leads to the reduction of behavioral disorders (١٨, ٢٥, ٤٦, ١, ١١).

At the same time, it seems that parenting strategies will be much more effective if they are applied in line with children's personality preferences. Because children need to be noticed and respected for their unique personality and their talents, abilities and differences are respected and understood by adults; therefore, another important topic that is discussed in this research is children's personality typology. In this regard, many research backgrounds consider the child's

personality as a factor related to academic life, career and even family formation (9, 19); therefore, knowing children's personality can probably guide how to meet the educational expectations of parents and school officials. The hypothesis that this research seeks to investigate, but the present research, the use of Iberg parent-child interaction in combination with parenting based on the child's unique personality, is implemented. And it seeks to answer the question whether by implementing an interactive program Also, parenting based on children's unique personality, can be effective in reducing children's anxiety symptoms?

Research method:

The method of this study is semi-experimental with pre-test and post-test with control group. The research community was the mothers of children with physiological anxiety problems, extreme sensitivity and worry aged 7 to 10 years in Tehran, among them mothers of 30 children were selected by the available sampling method and with the sample size formula for experimental researches in two groups by random method. They were replaced equally (15 people in each group). The experimental group received 8 90-minute online sessions of parent-child interaction and personality-oriented parenting, and the control group did not receive any intervention. To analyze the data, descriptive information related to the research variables was first presented and then the assumptions of using covariance analysis were checked. . Then, in order to respond to the research hypotheses, analysis and Kalmagrove-Smirnov test are performed and measured by Levin's univariate and multivariate covariance index. The assessment of the dependent variable, which is the symptoms of physiological anxiety, extreme sensitivity and worry, was done in two stages: two weeks before the start of the treatment in the baseline and one week after the end of the treatment. The criteria for entering this research were: the age of the child is between 7 and 10 years, which is a prerequisite for parent-child interaction treatment, according to the report of at least one source that includes parents, educators and clinical psychologists, the child has symptoms of anxiety He has received the diagnosis of anxiety problems by Orsimus test. And in the treatment, he must be the primary and legal caregiver of the child. According to the report of at least one source, which includes parents, educators, and clinical psychologists, the child has symptoms of anxiety, and has received a diagnosis of anxiety problems by the Orsimus test. And in the treatment, he must be the primary and legal caregiver of the child. The criteria for leaving the research were: the age of the child is below 7 years or above 10 years and the parent or main caregiver refuses to attend the training sessions and also participate in the evaluations. The research tools are:

Revised Children's Manifest Anxiety Scale: RCMAS is a 37-item scale developed by Richmond and Reynolds (38) to assess anxiety symptoms in children. The 28 items of this questionnaire are added together to obtain the overall score of this questionnaire. The other 9 items of the questionnaire are added together to obtain the lie detector index. Children's responses to each of the 37 items of the children's overt anxiety scale are determined by choosing one of the yes or no options. This questionnaire includes an overall score (Ag), There are three subscales (1- physiological anxiety, 2- extreme sensitivity and concentration, 3- worry and one score for

honesty in answering (lie detector scale). The results of the conducted research have reported satisfactory psychometric properties for children's overt anxiety scale. For example, Pella and Reynolds (39). They reported excellent test-retest reliability in their research (total anxiety score: $r=0.98$, lie detector scale $r=0.94$), factor analysis studies in examining the construct validity of this questionnaire on the existence of a three-factor structure for the overall anxiety score in addition to the scale The lie detector emphasized (44, 45, 41). In Taqavi's research (2), the test-retest reliability coefficient of 0.67 was reported for this scale.

2nd to 6th grade typology (MBTI for children): Children's MBTI test includes 70 questions in a population of 73 people, the reliability coefficient using the internal consistency method is 0.81, the reliability coefficient of introversion and extroversion preferences is 0.75, sensory and intuitive is 0.70, intellectual and emotional is 0.78, and judgment and perception is 76.0 was obtained. The results showed that the children's typology questionnaire has good internal consistency and good validity in the Iranian population.

Myers-Briggs Personality Type Test (MBTI) for adults: To measure the mother's personality type, the standard Myers-Briggs test was used. This test measures personality types based on Jung's theory and was created by Myers and Briggs. This tool examines four bipolar personality types (extroversion-introversion, sensory-intuitive, logical-emotional, and perceptual-judgmental) on a continuous scale. This questionnaire was standardized in Iran by Mohammadian Dehkordi in 1386. The reliability coefficient of the whole test according to Cronbach's method is 0.51 and as a self-assessment tool, it includes 88 questions that divide people into 16 personality groups and four main dimensions according to their preferences, and finally provide sixteen personality types. Scoring is done as one (key option) and zero (non-key option). The key option is set in favor of extroverted, logical, sensual and structured types. The Myers-Briggs test is considered a standard tool and its validity (22) and reliability (37) have been investigated in numerous foreign and domestic researches (4).

Introducing the intervention program:

The combined package of child-parent interaction and personality-oriented parenting

Parent-Child Interaction Therapy Program: Parent-Child Interaction Therapy is a parent training program that was created and validated by Ayberg in 1999. The application of this treatment is suitable for children aged 2 to 10 years, and in this program, two sets of skills are considered in two stages of treatment. (32). This treatment approach was first used to help children who had disorganized behavior and is now considered as an evidence-based treatment for children with behavioral and emotional disorders in many countries of the world, and it improves the quality of the relationship and changes the patterns of parent-child interaction emphasizes (42).

Personality-oriented parenting program: Personality-oriented parenting is an educational and intervention program based on Jung's psychological types (1920), which was developed by the researcher. In this program, the personality type of the child and mother will be determined based on the MBTI approach as well as the diagnostic interview, and then parenting related to each of

the personality types will be taught to the parents. Obviously, the type of parenting is determined according to the type of child and mother typology (36, 40, and 30).

Evaluation of the reliability and validity of the parenting training program: The training package was given to a group of experts to check its content validity, and after obtaining their opinions, the CVR content validity ratio and the CVI content validity index were calculated. The minimum acceptable CVR is calculated according to the number of experts who check the contents of this package. If there are ten experts, the minimum acceptable content validity is 0.62, and if the score is less than that, the content in question lacks acceptable validity (47). The intervention was conducted in the form of eight sessions and each session lasted for one and a half hours for the experimental group. The summary of the content of each session is explained in the next section.

Table 1: Summary of parent-child interaction therapy sessions and personality-oriented parenting

session	content
First session	The first session begins with a pre-treatment assessment session. Then the typology of the child and mother is determined through a personality test.
Session2	Part I: Child-centered interaction In this session, parents are taught to use the ignoring method against the child's negative behaviors Teaching the basics and general concepts of the personality-oriented parenting course with the aim of giving parents a brief overview of this course
Session3	Child-Parent Interaction Therapy Introducing the specific time of the game and stating some of its conditions and the points that should be used at this time, avoiding questioning, criticizing and using behavioral descriptions while playing with the child. Personality-oriented parenting therapy Teaching the mother's personality traits based on the approved code in the first session with the aim of familiarizing the mother with her personality preferences and capabilities in parenting.
Session4	Child-Parent Interaction Therapy Teaching and talking about skills such as paying attention and encouraging appropriate behavior, imitating children's games, Personality-oriented parenting therapy With the aim of familiarizing parents with the four dimensions of a child's personality that play a guiding role in his behavior
Session5	Child-Parent Interaction Therapy Parents are encouraged to apply the skills of the child-centered interaction stage taught in these sessions and report each play session with their children. Personality-oriented parenting therapy

	With the aim of familiarizing parents with the capabilities and preferences of children in pre-primary and primary school periods
Session6	<p>Child-Parent Interaction Therapy</p> <p>Teaching the skills of how to talk effectively with the child and how to get him to listen to commands</p> <p>Personality-oriented parenting therapy aims to make parents aware of the fact that increasing children's self-confidence can have a preventive role against the occurrence of internalizing or externalizing problems in children.</p>
Session7	<p>Child-Parent Interaction Therapy</p> <p>In this session, teaching how to give orders to children and expressing skills to face the child's disobedience to orders, such as the deprivation method</p> <p>Personality-oriented parenting therapy</p> <p>Aiming to make parents aware of the influence of the four human natures and the dominant characteristic in guiding the child's thoughts and behavior and the supportive effect of the secondary characteristic which is seen as introversion or extroversion</p>
Session8	<p>Child-Parent Interaction Therapy</p> <p>In this session, applying and generalizing the learned skills in all situations of daily life and solving the possible weaknesses of mothers.</p> <p>Personality-oriented parenting therapy</p> <p>-How to apply and generalize the learned skills in all situations of daily life and remove possible weaknesses of mothers in the field of learned skills.</p>

Findings:

Table 2 shows the descriptive indices of the anxiety symptoms of the experimental and control groups in the pre-test and post-test phases.

Table 2: Descriptive indicators of anxiety symptoms

Variable	group	levels	Average	standard deviation	minimum	maximum
Physiological anxiety	test	Pre-exam	4.67	0.98	3	6
		Post-exam	2.27	1.22	0	4
	Control	Pre-exam	4.67	1.95	1	8
		Post-exam	4.53	1.85	1	8
Extreme	test	Pre-exam	5.20	2.24	2	9

sensitivity	Control	Post-exam	2.27	1.58	0	6
		Pre-exam	5.93	1.98	2	10
		Post-exam	6.20	1.86	2	10
overall score Worry	test	Pre-exam	3.20	2.01	0	8
		Post-exam	1.67	2.09	0	6
	Control	Pre-exam	3.53	1.68	0	6
		Post-exam	3.80	1.42	1	6
	test	Pre-exam	13.13	3.60	8	20
		Post-exam	6.07	3.83	2	14
Control	Pre-exam	13.78	3.48	8	21	
	Post-exam	14.47	3.14	10	21	

Table 3: Levin's significance test

Variable	F	df1	df2	Sig
Physiological anxiety	3.031	1	28	0.093
Extreme sensitivity	0.386	1	28	0.540
Worry	0.890	1	28	0.354

Table 4: Results of homogeneity test of covariance matrices

Significance level	Degrees of freedom	Degrees of freedom	F	Box's M
0.10	5680.302	6	1.769	12.019

Table 5: Covariance analysis of the effect of the intervention on the components of behavioral problems

The dependent variable	sum of squares	Degrees of freedom	mean square	F	Significance level	Effect size	Test power
Physiological anxiety	39.872	1	39.872	27/092	0.001	0.52	0.99
Extreme sensitivity	102.948	1	102.948	36.328	0.001	0.59	1.00
Worry	39.630	1	39.630	15.570	0.001	0.38	0.97

Wilks Lambda = 0.317 , F =16.531 , p< 0.001

Discussion and conclusion:

The results show that the intervention package of Iberg child-parent interaction and personality-oriented parenting has been effective on all 3 components of anxiety problems, i.e. (physiological anxiety, hypersensitivity and worry) ($p<0.01$). The comparison of the obtained effect sizes showed that the intervention package has the greatest effect on hypersensitivity with a coefficient of 0.59 (large). And then there are physiological anxiety with a coefficient of 0.52 (large), and worry with a coefficient of 0.38 (moderate); therefore, according to these findings, the intervention package improved the scores of the subjects in all 3 components of anxiety symptoms. At the same time, according to the research hypothesis, which is based on determining the effectiveness of the intervention on the overall score of anxiety problems, The intervention package of Iberg's parent-child interaction and personality-oriented parenting had an effect on the total score of this variable ($p<0.01$, $F=40.96$). The effect size (Eta coefficient) equal to 0.60 (large score) shows the effect of the intervention on the dependent variable. This finding is consistent with the research of Phillips (41), Garcia (20), Talebpour (6). In the educational content of this treatment package, in the fourth session, children's special emotions and emotions were introduced according to their typology (sadness, happiness, anger, etc.). In this session, it was explained about the nature of anxiety, the etiology and cycle of anxiety and the importance of paying attention to the unique typology of children to prevent anxiety in children or reduce it for mothers. Because according to many researches, a group of personality types are prone to suffer from anxiety problems compared to other types (13, 8, 16, 34) and therefore knowing children's personality type in order to prevent anxiety problems and teach preventive parenting is important. is counted Therefore, children's personality characteristics are according to Allport's opinion as a dynamic structure inside the person consisting of systems that determine his behavior and thoughts. or according to what Kettle considers as a relatively permanent tendency that allows us to predict people's behavior in certain situations, or even according to Eysenck's theory as a characteristic based on three composite dimensions, in any case, they will have many similarities with What is considered as the structure of personality in Jung's theory and MBTI

model and as part of personality-oriented parenting has been considered in this research. From the point of view of parenting based on the unique type of children, the findings of this research are consistent with the researches of Laginova (27), Kim (27), Lee (25), Maab (28), Carmen (23), Munir (33).

In this regard, researchers always face limitations in their research, some of which show themselves even at the beginning of their work. One of the main ones is access to statistics and information, which is difficult to do in Iranian society. For this reason, to explain the results, data from the databases of countries such as America and Australia were used, and if the statistics and figures of families who refer to psychological clinics for their children's problems are recorded correctly, the larger target society will be served. It can be used for research and advancing therapeutic goals. Since this study is the first investigation and research about the effectiveness of personality-oriented parenting on children's problems; therefore, in order to generalize its results, it is suggested for larger samples and in different societies with different cultures.

Ethical considerations: In this research, the ethical standards including the principle of respect and confidentiality, preventing the disclosure of the obtained information of the subjects with their real names, the discretion and freedom of the subjects to participate or leave the training, and obtaining written consent from the subjects have been observed

Application of research: According to the research hypothesis and confirmation of the effectiveness of the combined package of Iberg child-parent interaction and personality-oriented parenting in reducing the symptoms of physiological anxiety, extreme sensitivity and worry, it is suggested that organizations and centers related to well-being and psychology use this treatment protocol to treat and improve symptoms. Physiological anxiety in parent and child..

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