

Contribution of Parents' Coping Strategies in Predicting the Emotional Regulation of Female First Secondary School students in Qaimshahr City

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Abstract

Introduction: The aim of this study was to investigate the contribution of parents' coping strategies in predicting the emotional regulation of female first secondary school students in Qaimshahr city.

Research method: The statistical population of the research includes all female students of the first secondary level of Qaimshahr city in the academic year 1401-1400. From this population, 334 people were selected as a statistical sample using Morgan's Karjesi table and multi-stage random sampling method, and finally 254 people were included in the research. The tools used in this research are: Lazarus Coping Strategies Questionnaire (CSQ) and Garnevsy and Craig Emotion Regulation Questionnaire (CERQ) and the data obtained were analyzed by the simultaneous approach of multiple regression method with the help of SPSS software.

Results: The results showed that parents' coping strategies were significantly related to the adaptive strategies of emotion regulation ($p < 0.01$, $F = 21.25$ (251 and 2)) and its non-adaptive strategies ($p < 0.01$, $19.78 = (251 \text{ and } 2) \text{ predicts } F$) significantly.

Conclusion: According to the findings, problem-oriented coping strategies reduce tension, and parents are better able to solve their children's tensions, stress, restlessness, and psychological problems, and this improves their emotional regulation.

Keywords: coping strategies, emotion regulation, students

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Introduction:

Today, teenagers are facing many problems. Between 10 and 20 percent of adolescents worldwide have mental health problems. The average age of onset of mental illnesses is 12 to 24 years, which includes 50% of them. Mental illnesses in adolescents are related to more serious mental problems in adulthood, for example, academic neglect, delinquency and criminal behavior, disruption of employment prospects, financial problems and participation in risky behaviors, mental health problems affect the potential of adolescents for a productive life. and leads to challenges such as isolation and discrimination (1).

Part of these problems is related to the family environment, which failed to teach their children proper coping skills, and perhaps the families themselves were not trained and did not know such things. Part of the problems can be related to the educational environment of the teenager and the school and the strictness of this environment. Some of them are related to the peer group, which people may imitate and adopt their behavior in order to conform and get closer to the group. Coping strategies are a way to find out how teenagers face their challenges and life problems that are an inevitable part of every person's life. No matter how mentally healthy, resilient, or happy we are, each of us goes through times when we have to face a problem. Coping is something we all do, which we may do consciously or unconsciously (2).

Coping strategies (also called coping strategies or coping mechanisms) are tools and techniques that can be used to control difficult emotions, reduce stress, and create or maintain a sense of inner order. Coping skills include a stable value or religious belief system, problem solving, social skills, health and energy, and commitment to a social network. There are almost infinite ways to cope, and we all use methods that fit our unique personalities and needs. An activity that causes stress in one person may help another person cope with it (3). Coping strategies in parents may or may not be helpful. Some useful strategies are: painting, walking, shopping, practicing music, some unhelpful strategies are: taking medicine and drugs, shouting, drinking alcohol, working too much (4).

Family relationships and coping strategies are the most obvious personal factors that facilitate the development of adaptive behaviors. Regarding the perception of relationships with parents, they can be defined as a combination of attitudes towards children that create an emotional atmosphere in which parents act (4). Understanding relationships with parents helps to understand their behaviors and attitudes and how they relate to children's development and well-being (5). The perception of parenting styles is based on changes in the dimensions of sensitivity, parental demand and autonomy (6). Evidence suggests that the mentioned parenting dimensions are related to children's development and well-being (7).

Scafer (8) proposes a case, a three-dimensional model consisting of 3 orthogonal factors: 1) acceptance vs. rejection 2) psychological independence vs. psychological control (parental control through dominance, guilt, and anxiety 3) control It is severe in contrast to soft control (parental control by imposing rules and creating restrictions). According to a cognitive model, what mainly affects adolescents' behavior is their understanding of the type of relationship with their parents rather than their behaviors, therefore, children's understanding of parental support by increasing self-esteem, social integration, perception and control, and the effectiveness of strategies Coping and how to help understand parents' behaviors and attitudes and how they relate to children's growth and well-being are related (9).

Several studies that try to link between coping strategies and perception of relationship with parents show that warmth, intimacy and communication with children predict that action strategies will be used more when dealing with problems (10). In addition, adolescents who perceive their parents as permissive and inattentive use more cognitive coping, while adolescents who perceive their parents as warmer and a source of support are related to a problem-focused coping strategy. Perceiving parents as firmer and more caring is associated with a cognitive and emotion-focused coping strategy (11). Finally, the perception of negligence in parents basically leads to the solution of avoidance and irresponsibility. Coping skills contribute to positive parenting and children's healthy adaptation to everyday experiences (12).

A happy family life is centered on supportive relationships, positive communication, and the ability to cope with stress and crisis. There are prominent social and cultural expectations for parents to be able to manage daily demands while supporting their children's development. Parental involvement is critical given that considerable research has shown that children learn and adopt coping strategies from their parents early in life. Communication and socialization experiences provided by parents are effective for children's own language, behavior, and adjustment. It seems that children who have more assets (higher IQ and positive characteristics of family cohesion and stability) than children who have lower assets have more competence and social participation with their peers (13).

Specifically, family stability (number of family moves, marriage, job, house keeping) and family cohesion (repetition of family activities, level of open affection, existence of rules, adequacy of communication, coping skills of parents) to increase competence of children and adolescents and reduce stress. They help. Children in families with high cohesion and stability were smarter, more competent, and less likely to become disruptive under high levels of stress. Conversely, children with low family cohesion and stability had lower intelligence, less competence, and were more likely to be exposed to high levels of stress. The quality of the child's social participation in school was related to IQ and social understanding (interpersonal understanding, problem solving, humor understanding, appreciation and production). Despite this knowledge, there are no parenting programs that explicitly identify parent coping as a core principle in prevention efforts, or explicitly address parent-child coping. As indicated, it is important that parents are given opportunities to learn about the contribution of coping skills to their lives. Parents can be supported to reduce their engagement in counterproductive coping strategies as they work to develop more effective coping skills to benefit their parenting and general well-being. This need is twofold, as evidence suggests that parents play an essential role in building coping skills in children through dialogue and modeling practices (14).

Adolescence is an important period for starting risky behaviors or in other words socially problematic behaviors. Behavioral problems of adolescents result in high costs for individuals and societies (15). Another problem of adolescence is emotional regulation and it is defined as a method by which teenagers control the nature and timing of their emotions and develop coping mechanisms. There are two general strategies here: antecedent-focused strategies, which are designed for the stimulus that produces emotions, and response-focused strategies, which tend to deal with the behavioral or physiological responses evoked by a stimulus or situation. Cognitive reappraisal is a history-focused strategy. We can define cognitive

reappraisal as an attempt to reinterpret an emotion-provoking situation in such a way as to change the meaning and alter the emotional impact. Expression suppression is another type of strategy in this context, which is a type of response-focused strategy. Expressive suppression is defined as an attempt to hide, inhibit, or reduce persistent emotional expression behaviors (16).

Therefore, considering the key role of parenting skills during adolescence and parents' coping strategies, the purpose of this research was to investigate the contribution of parents' coping strategies in predicting the emotional regulation of first secondary school girls in Qaimshahr city.

Research Methods:

The present study is a description of the correlation type. The statistical population of the research included all female students of the first secondary level of Qaimshahr city. From this population, 334 people were selected as a statistical sample by using the Kargesi-Morgan table and random sampling of multi-stage cluster type, and according to the conditions of Corona and discarding the distorted questionnaires, 254 people entered the study as a sample. In this way, out of the number of first secondary girls' schools in Qaimshahr city, which include 13 schools, 4 schools were randomly selected and 3 classes were selected from each school. From these schools and classes, 254 students were selected as samples and questionnaires were given to them. It should be noted that due to the spread of the Covid-19 disease, questionnaires were made available to students and their parents in virtual space (WhatsApp and Shaad educational program), The tools used in the research were:

1- Lazarus Coping Strategies Questionnaire (CSQ): This questionnaire was created in 1988 by Lazarus and Folkman based on Lazarus' theory and has 66 questions. Scoring is based on a 4-point Likert scale (from 1 to 4). This test divides eight coping methods into two categories: problem-oriented and emotion-oriented. Problem-oriented practices include: seeking social support, taking responsibility, planned problem solving, and positive reappraisal. Emotion-oriented coping methods include: confrontation, avoidance, escape, avoidance, and self-control. Lazarus reported the internal consistency of 0.66 to 0.79 for each coping style (17). Alpivar et al. reported the reliability of this test as 0.85 in 1389 (18). The reliability of the questionnaire in the current research was 0.86.

2. Emotion Regulation Questionnaire: by Garnefsky and Kraij: The emotion regulation questionnaire was made by Garnefsky and Kraij (2006) and it has 18 questions, which include 9 strategies, acceptance, positive attention, positive attention to evaluation, remarketing, planning, blame Self-awareness, blaming others, rumination and catastrophizing. Questions are answered on a five-point Likert scale, from almost never to almost always. Cronbach's alpha coefficient for the subscales ranged from 0.73 to 0.80 and the retest reliability coefficient (after 5 months) for the subscales ranged from 0.41 to 0.59. The correlation coefficient of this questionnaire has been reported as 0.38 with the depression scale and 0.33 with the anxiety scale (19). The Persian version of the cognitive emotion regulation questionnaire in Iranian culture has been standardized by Hosni (20). In this research, the validity of the scale is based on the methods of internal consistency (with Cronbach's alpha ranging from 0.76 to 0.92) and retesting (with correlation ranging from 0.51 to 0.77) and the validity of the mentioned questionnaire through principal component analysis with The use of varimax rotation, the

correlation between the subscales (with a correlation range of 0.32 to 0.67) and criterion validity have been reported as favorable (20)

The analysis of the data obtained from the questionnaire was in two levels of descriptive and inferential statistics. At the level of descriptive statistics, statistics such as frequency, percentage, mean and standard deviation were used, and at the level of inferential statistics, correlation test and stepwise regression were used. All analyzes were performed using SPSS 24 statistical software.

Results:

The results of the description of the sample group based on the age of the parents showed that 19 (7.5%) of the participating parents were less than 30 years old, 141 (55.5%) were 31 to 40 years old, 78 (30.7%) 41 to 50 years old and 16 people (6.3 percent) were more than 50 years old, and 225 people (88.6 percent) of the parents participating in the research were mothers and 29 people (11.4 percent) were fathers. Also, the level of education of 56 people (22 percent) of the parents participating in the research was below diploma, 114 people (44.9 percent) had a diploma, 60 people (23.6 percent) had a bachelor's degree, and 24 people (9.4 percent) had a master's degree. And it was higher. In addition, 105 (41.3%) of the children participating in the research were studying in the first grade, 76 (29.9%) in the second grade, and 73 (28.8%) in the third grade.

Table 1 shows the mean, standard deviation, and Cronbach's alpha coefficients of research variables including parents' coping strategies (problem-oriented and emotion-oriented) and mindfulness, emotion regulation.

Table 1: Mean, standard deviation, Cronbach's alpha coefficients

Variable	Mean	SD	Cronbach's Alpha
Coping strategies of parents – problem-oriented	39.62	8.31	0.89
Coping strategies of parents – emotional orientation	33.03	6.73	0.82
Emotional regulation of children – adaptive strategies	32.09	7.18	0.74
Emotional regulation of children – maladaptive strategies	22.51	6.55	0.78

Table 1, in addition to the mean and standard deviation of the variables of the present study, also shows their Cronbach's alpha coefficients. As the above table shows, the Cronbach's alpha coefficient of all variables is higher than 0.7, this indicates that the questionnaires used to measure the variables of this research have acceptable internal consistency.

Table 2: Correlation coefficients between research variables

Research variables	1	2	3	4	5
1. Coping strategies of parents – problem-oriented	-				
2. Coping strategies of parents – emotional orientation	0.41-	-	-		

3. Children's emotional regulation – adaptive strategies	0.30	0.34-	0.32	-
4. Children's emotional regulation – maladaptive strategies	0.27-	0.34	0.20-	0.26- -

Table 2 shows the correlation coefficients between the variables of the research, based on which the problem-oriented coping strategy of parents is positively correlated with the adaptive strategies of emotional regulation of children at a significant level of 0.01 and with the non-adaptive strategies of cognitive regulation of children negatively and at a significant level. 0.01 was correlated. Also, parents' emotion-oriented coping strategies and children's adaptive emotional regulation strategies were negatively correlated at a significance level of 0.01, and positively correlated with children's non-adaptive cognitive regulation strategies at a significance level of 0.01.

Coping strategies of parents have a role in predicting the emotional regulation of female students of the first secondary school in Qaimshahr city.

Table 3 shows the results of multivariate regression analysis in predicting the adaptive and non-adaptive emotional regulation strategies of first secondary school girl students based on parents' coping strategies.

Table 3: The results of multivariate regression analysis in predicting adaptive and non-adaptive emotional regulation strategies of first secondary school girl students based on parents' coping strategies

	Adaptive strategies					Non-adaptive strategies				
	b	SE	β	t	p	b	SE	β	t	p
Problem-oriented parents	0.152	0.05	0.191	2.99	0.00	0.098	0.04	0.154	2.41	0.01
		1			3	-	1	-	-	7
Parents' excitement	0.182	0.04	0.260	4.08	0.00	0.155	0.03	0.278	4.33	0.00
t	-	5	-	-	1		6			1
P=0/001	R ² = -0/145					R ² =-0/136				
F(2,251)										
-21/250										

Table 3 shows that coping strategies of parents are significantly adaptive strategies of emotion regulation ($p < 0.01$, $F = 21.25$ (251 and 2)) and non-adaptive strategies ($p < 0.01$, $19.78 = (251$ and $2)$ predicts F) significantly. Examining the obtained multiple correlations square showed that the value of the multiple correlation coefficient (R^2) obtained for the adaptive strategies of emotional regulation and its non-adaptive strategies is equal to 0.145 and 0.136 respectively. This shows that parents' coping strategies explain 14.5% of the variance of children's adaptive emotional regulation strategies and 13.6% of the variance of children's non-adaptive emotional regulation strategies. Examining the regression coefficients also showed that the regression coefficient between problem-oriented coping and emotional regulation adaptive strategies ($p < 0.01$, $\beta = 0.191$) is positive and at the level of 0.01 and the regression coefficient between emotion-oriented coping and emotional regulation adaptive strategies ($p < 0.01$, $\beta = 0.260$) is

negative and significant at the 0.01 level. The regression coefficient between problem-oriented coping and maladaptive strategies of emotional regulation ($\beta=-0.154$, $p < 0.05$) is negative and at the level of 0.05, and the regression coefficient between emotion-oriented coping and maladaptive strategies of emotional regulation ($p 0.01$) $\beta=0.278$, was positive and significant at 0.01 level.

Therefore, in the test of the second hypothesis, it was concluded that parents' coping strategies explain 14.5 and 13.6 percent of the variance of children's adaptive and non-adaptive strategies, respectively. Also, the results showed that on the one hand, parents' problem-oriented coping strategy positively affects children's adaptive emotional regulation strategies and non-adaptive strategies negatively and meaningfully, and on the other hand, parents' emotion-oriented coping strategy affects children's adaptive emotional regulation strategies in a positive way. It predicts negativity and non-adaptive strategies in a positive and meaningful way.

Discussion and Conclusion:

The aim of the present study was "the contribution of parents' coping strategies in predicting the emotion regulation of female students of the first secondary school in Qaimshahr". The research hypotheses have been tested using the simultaneous approach of the multiple regression method. Before testing the hypotheses, the assumptions of regression analysis, including the normality of data distribution, homogeneity of variances, collinearity and normality of multivariate distribution were evaluated.

In the hypothesis test, it was concluded that parents' coping strategies explain 14.5 and 13.6 percent of the variance of children's adaptive and non-adaptive strategies, respectively. Also, the results showed that on the one hand, parents' problem-oriented coping strategy positively affects children's adaptive emotional regulation strategies and non-adaptive strategies negatively and meaningfully, and on the other hand, parents' emotion-oriented coping strategy affects children's adaptive emotional regulation strategies in a positive way. Negative and non-adaptive strategies predict it positively and meaningfully. These findings are partially consistent with the findings of Hardy, Jones and Gould (21), Nicholas and Gibran (22), Akin et al. (23) and Shapiro, Carlson, Austin and Friedman (24).

In recent years, many researches have been conducted in the field of emotion regulation and its management. One of the treatment methods that has been proven to be effective on emotion regulation is coping skills training. Researchers and experts emphasize that coping skills are learnable. Therefore, according to this issue, by teaching these skills to teenagers, they can be taught how to face the upcoming problems and cognitive, emotional and behavioral coping methods and thus increase their mental and emotional health level (25).

In the research conducted by Sepahrian Azar, Asadi Mujareh, Esdeniya and Farnoudi (9), it was found that there is a significant relationship between coping strategies and emotional regulation. Emotional regulation is an important and determining factor in mental health, effective performance, adaptation to stressful events and reduction of criminal behavior in teenagers. Emotion regulation helps people to control and regulate their arousals and negative emotions, and with optimal use of adapted strategies, it reduces impulsivity and increases empathy, social responsibility, and flexibility (these components are important factors in reducing delinquent behaviors in teenagers). One of the important strategies in regulating

emotions and reducing impulsive behaviors in teenagers is teaching coping skills. The results of many researches showed that teaching coping strategies has a positive and significant role in regulating emotions. It seems that the training of coping skills by creating the necessary mental atmosphere familiarizes the clients with cognitive, emotional and behavioral processes and provides them with the possibility to better understand the relationship between these components and their mechanism of action in the coping process and further how to manage and They learn to use cognitive, emotional and behavioral skills, and in this way they know their strengths and weaknesses more, and these factors lead to an appropriate and constructive confrontation with the obstacles ahead and reduce the amount of negative emotions (26). As the research results of Kim et al. (7) showed, low coping skills are more common among delinquent teenagers, and these factors are the basis of delinquency in teenagers. Therefore, emotion regulation skills provide the basis for preventing and reducing problematic behaviors, and one of the effective factors in this process is teaching positive and constructive coping strategies to teenagers in the face of upcoming problems, as well as educating parents about these coping skills and strategies. It can help in the positive and adaptive development of their teenagers (27).

Limitations:

Despite the fact that this study provided evidence to find the contribution of parents' coping strategies in predicting the emotion regulation of female first secondary school students in Qaimshahr city, it also contained some limitations. The exclusivity of the samples to girls of the first secondary level of Qaimshahr city, the completion of questionnaires due to the restrictions caused by the epidemic are among the limitations of the present study, which limits the generalizability of the results and reduces the external validity of the research.

Suggestions:

Based on the findings of the research on the contribution of parents' coping strategies in predicting the emotions and regulating the emotions of first secondary school girls in Qaimshahr city, it is suggested that policies and measures be taken to familiarize and increase the skills of parents in learning useful coping strategies. In this regard, more interaction of parents with school counselors and learning coping skills not only strengthens their children's emotions, but also leads to the all-round development of students. It is suggested that people who work with teenagers should have plans to improve these skills by knowing the role of emotion regulation. The research convinces us that if we expect teenagers to seek valuable goals related to education and career achievements, we cannot ignore the investigation of the cause and rooting and correction of parents' coping strategies.

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Conflict of interest:

The authors of the article have no conflict of interest.

References:

1. Naseh A. The Effect of Mindfulness-Based Group Intervention on Self-esteem and Social Problems in Students with Symptoms of Attention Deficit / Hyperactivity Disorder. *J Child Ment Health*. 2019; 6 (3) :256-268. URL: <http://childmentalhealth.ir/article-1-895-fa.html>
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th Ed.). Arlington: Author; 2013. [Link] [DOI: 10.1176/appi.books.9780890425596]
3. Oh WO, Park ES, Suk MH, Song DH, Im Y. Parenting of children with ADHD in South Korea. *Journal of Clinical Nursing*. 2012; 21: 1932-1942. [Link] [DOI:10.1111/j.1365-2702.2011.03968.x]
4. Yousefi F, Zeinaddiny Meymand Z, Razavi Nematollahi V, Soltani A. The Mediating Role of Mindfulness in the Relationship between Self-Regulated Learning and Goal Orientation with Academic Identity. *J Child Ment Health*. 2019; 6 (3) :228-241. URL: <http://childmentalhealth.ir/article-1-365-fa.html>
5. Polderman TJ, Boomsma DI, Bartels M, Verhulst FC, Huizink AC. A systematic review of prospective studies on attention problems and academic achievement. *Acta Psychiatrica Scandanavia*. 2010; 122: 271-284. [Link] [DOI:10.1111/j.1600-0447.2010.01568.x]
6. Thoonen EEJ, Slegers PJC, Oort FJ, Peetsma TTD, Geijsel FP. How to improve teaching practices: the role of teacher motivation, organizational factors, and leadership practices. *Educ Adm Q*. 2011; 47(3): 496-536. [Link] [DOI:10.1177/0013161X11400185]
7. Miranda A, Grau D, Rosel J, Meliá A. Understanding discipline in families of children with attention-deficit/hyperactivity disorder. *The Spanish Journal of Psychology*. 2009; 12 (2): 496-505. [Link] [DOI:10.1017/S1138741600001876]
8. Butler-Barnes ST, Varner F, Williams A, Sellers R. Academic identity: a longitudinal investigation of African American adolescents' academic persistence. *J Black Psychol*. 2017; 43(7): 714-739. [Link] [DOI:10.1177/0095798416683170]
9. Sawyer MG, Whaites L, Rey JM, Hazell PL, Graetz BW, Baghurst P. Health related quality of life of children and adolescents with mental disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2002; 41: 530-537. [Link] [DOI:10.1097/00004583-200205000-00010]
10. Bagwell CL, Molina BS, Pelham WE, Hoza B. ADHD and problems in peer relations. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2001; 40: 1285-1292. [Link] [DOI:10.1097/00004583-200111000-00008]
11. Yoshimasu K, Barbaresi WJ, Colligan RC, Voigt RG, Killian JM, Weaver AL, Katusic SK. Childhood ADHD is strongly Associated with a broad range of psychiatric disorders during adolescence. *J Psychology & Psychiatry*. 2012; 53(10): 1036-1043. [Link] [DOI:10.1111/j.1469-7610.2012.02567.x]
12. Fletcher JM. The effects of childhood ADHD on adult labor market outcomes. *Health Economics*. 2014; 23: 159-181. [Link] [DOI:10.1002/hec.2907]
13. Sarver DE, McCart MR, Sheidow AJ, Letourneau EJ. ADHD and risky sexual behavior in adolescents. *J Psychology and Psychiatry*. 2014; 55: 1345-1353. [Link] [DOI:10.1111/jcpp.12249]
14. Moya J, Stringaris AK, Asherson P, Sandberg S, Taylor E. The impact of persisting hyperactivity on social relationships. *J Attention Disorders*. 2014; 18: 52-60. [Link] [DOI:10.1177/1087054712436876]

15. Henriksen IO, Ranoyen I, Indredavik MS, Stenseng F. The role of self-esteem in the development of psychiatric problems: a three-year prospective study in a clinical sample of adolescents. *Child Adolesc Psychiatry Ment Health*. 2017; 11:68. [Link] [[DOI:10.1186/s13034-017-0207-y](https://doi.org/10.1186/s13034-017-0207-y)]
16. Harpin V, Mazzone L, Raynaud JP, Kahle J, Hodgkins P. Long-term outcomes of ADHD. *J Attention Disorders*. 2013; 20(4):295-305. [Link] [[DOI:10.1177/1087054713486516](https://doi.org/10.1177/1087054713486516)]
17. Herndon JS, Bembenuity H. Self-regulation of learning and performance among students enrolled in a disciplinary alternative school. *Pers Individ Dif*. 2017; 104: 266-271. [Link] [[DOI:10.1016/j.paid.2016.08.027](https://doi.org/10.1016/j.paid.2016.08.027)]
18. Humphreys KL, Galán CA, Tottenham N, Lee SSS. Impaired social decision-making mediates the association between ADHD and social problems. *J Abnormal Child Psychology*. 2016; 44(5): 1023- 1032. [Link] [[DOI:10.1007/s10802-015-0095-7](https://doi.org/10.1007/s10802-015-0095-7)]
19. Schoenberg PLA. Mindfulness Intervention for Attention-Deficit/Hyperactivity Disorder: Theory and Action Mechanisms. In S. J. Eisendrath (Eds.), *Mindfulness-Based Cognitive Therapy*. Switzerland: Springer; 2016. [Link] [[DOI:10.1007/978-3-319-29866-5_17](https://doi.org/10.1007/978-3-319-29866-5_17)]
20. Bogels SM, Hoogstad B, van Dun L, Schutter SD, Restifo K. Mindfulness Training for Adolescents with Externalizing Disorders and their Parents. *Behavioural and Cognitive Psychotherapy*. 2008; 36: 193-209. [Link] [[DOI:10.1017/S1352465808004190](https://doi.org/10.1017/S1352465808004190)]
21. Emavardhana T. Changes in self-concept, ego defense mechanism and religiosity following seven-day Vipassana meditation retreats. *J Sci Study Relig*. 1997; 36: 194-206. [Link] [[DOI:10.2307/1387552](https://doi.org/10.2307/1387552)]
22. Akbari B. Prediction of Psychological Disturbances in Mothers of Children with Autism Spectrum Disorder based on Mindfulness and Rumination. *J Child Ment Health*. 2019; 6 (1) :200-210
[URL: http://childmentalhealth.ir/article-1-517-fa.html](http://childmentalhealth.ir/article-1-517-fa.html)
23. Hölzel BK, Lazar SW, Gard T, Schuman-Olivier Z, Vago DR, Ott U. How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspect Psychol Sci*. 2011; 6:537-59. [Link] [[DOI:10.1177/1745691611419671](https://doi.org/10.1177/1745691611419671)]
24. Jha A.P., Krompinger J., Baime, M.J. Mindfulness training modifies subsystems of attention. *Cognitive, Affective, and Behavioral Neuroscience*, 2007; 7(2): 109-19. [Link] [[DOI:10.3758/CABN.7.2.109](https://doi.org/10.3758/CABN.7.2.109)]
25. Tan L, Martin G. Taming the adolescent mind: preliminary report of a mindfulness-based psychological intervention for adolescents with clinical heterogeneous mental health diagnoses. *Clinical Child Psychology and Psychiatry*. 2012; 18(2): 300-312. [Link] [[DOI:10.1177/1359104512455182](https://doi.org/10.1177/1359104512455182)]
26. Rasmussen MK, Pidgeon AM. The direct and indirect benefits of dispositional mindfulness on self-esteem and social anxiety. *Anxiety, Stress & Coping*. 2011; 24: 227-233. [Link] [[DOI:10.1080/10615806.2010.515681](https://doi.org/10.1080/10615806.2010.515681)].
27. Feuerborn LL, Gueldner B. Mindfulness and Social-Emotional Competencies: Proposing Connections Through a Review of the Research. *Mindfulness*. 2019; 10(9):1707-1720 [Link] [[DOI:10.1007/s12671-019-01101-1](https://doi.org/10.1007/s12671-019-01101-1)]