

The Effectiveness of Unified Protocol for Transdiagnostic Treatment of Emotional Disorders on Alexithymia of Children and their Mother's Parental Self-Efficacy in Divorced Families during the COVID-19 Pandemic

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Abstract

Introduction: Traumatic events such as divorce play an important role in causing alexithymia in children and parental self-efficacy. A unified protocol for transdiagnostic treatment focuses simultaneously on the child's emotions and parental effectiveness. The purpose of this study was to investigate the effectiveness of unified protocol for transdiagnostic treatment of emotional disorders on alexithymia of children and their mother's parental self-efficacy in divorced families during the COVID-19 Pandemic

Method: The present study is a quasi-experimental design with pretest, posttest, follow-up and control group. The statistical population of this study included mothers and their children in divorced families in Tehran in 2021. A total of 24 sample (24 children and their mothers) were selected by convenience sampling and randomly assigned to experimental and control groups. Assessment was done using the Toronto's scale of Alexithymia and the Domka's Parental Self-efficacy scale. The experimental groups received 12 sessions of unified protocol for transdiagnostic treatment of emotional disorders but the control group did not receive any intervention. The collected data were analyzed with SPSS using ANOVA with repeated measure.

Results: Findings show that unified protocol for transdiagnostic treatment of emotional disorders improves alexithymia in children and increases their mothers' parenting self-efficacy. The results showed that between the two groups of control and experiment in the post-test and follow-up stages in the variables of alexithymia in children, including difficulty in recognizing emotions and difficulty in describing emotions ($P = 0.014$, $F = 5.23$) there was a significant difference in the component of objective thinking ($P = 0.001$, $F = 11.53$) of children and their mothers' self-efficacy ($P = 0.001$, $F = 18.64$).

Conclusion: According to findings, it can be mentioned that paying attention to this approach can be useful in treatment programs and counseling in order to reduce alexithymia in children and increase the self-efficacy of parenting in divorced families.

Keywords: Divorce, Alexithymia, Parental Self-Efficacy, Unified Protocol for Transdiagnostic Treatment, Emotional Disorders

Introduction

Divorce has profound effects and consequences on each member of the family [1]. Children between the ages of 6 and 12 who experience parental divorce usually have more behavioral and emotional problems. For example, divorce in families can cause alexithymia in children [2]. Alexithymia is a defect in the processing of emotions that leads to an inability to cognitively process emotional information and emotional regulation [3]. Actually, alexithymia in children causes psychological helplessness [4]. The cognitive and emotional processing system is disrupted, making the process of recognizing and describing emotions

difficult. When the process of recognizing emotions is disrupted, the regulation and management of emotions is also affected and does not allow the child's emotions to occur verbally and behaviorally. For example, the child does not know why he is angry and cannot express it. In this case, the child is deprived of the power of imagination and logical thinking, and he is only an observer of events and cannot analyze and interpret events [5]. Children's alexithymia has been linked to problems in building and maintaining a personal relationship, poor social skills, low empathy, aggression and anxiety [6]. Divorce, on the other hand, is recognized as a major factor in creating low parental self-efficacy [7]. Parental self-efficacy means how parents perceive their parental abilities and competencies and believe in their ability to meet and respond to their child's needs [8]. Therefore, parents with low parental self-efficacy are less interested in parenting challenges, put less effort and persistence in managing parenting challenges, are very vulnerable to failure, stress and depression, cannot know what they have about parenting practice, engage, experience high levels of emotional stimulation, and do not insist on their parenting rules. This means they are not able to help their children to recognize and express their emotions well enough to improve their alexithymia [9]. Vance has stated that when parents face stress, they underestimate their parenting self-efficacy due to the expectation of failure, and they easily give in, internalize the failure, and experience a certain amount of anxiety and depression. Actually their satisfaction with their parenting role decreases, and thus their belief in parental self-efficacy decreases [10]. So far, various methods have been used to treat children's alexithymia and increase parental self-efficacy. For example, Vance et al. [11] in their research concluded that if we work on the educational empowerment of divorced mothers, emotional problems and the behavior of divorced children decreases. Haimi and Lerner [12] also concluded in their study that if children receive sufficient social support after parental divorce and the child's relationship with both parents is favorable after divorce, the harms of divorce will be reduced and the intervention program for children in divorced families, can greatly reduce their anxiety and emotional problems. One of the most appropriate treatments for children with emotional problems and attachment is integrated meta-diagnostic treatment of emotional disorders [13]. This treatment model focuses on emotions and can be used to treat a variety of anxiety disorders, mood disorders and other disorders related to emotion regulation such as alexithymia. In addition, children integrated protocols include evidence-based treatment strategies that are useful for therapists to help their clients perform better in life. The integrated pediatric protocol contains specific guidelines for implementing the treatment and contains information on how to use parental intervention in the treatment process and introduces strategies to encourage children to apply the learned treatment skills for treatment of their alexithymia. Integrated pediatric protocols [14] are unique. They allow therapists to apply evidence-based therapeutic skills to children with a wide

range of emotional disorders. This is because unified protocol for transdiagnostic treatment of emotional disorders is based on general emotions and they do not focus on a specific emotional disorder. This treatment guideline takes a meta-diagnostic approach to treating emotional disorders. Therefore, the present study aimed to investigate the effectiveness of an integrated transdiagnostic treatment protocol for emotional disorders on emotional distress of children in divorced families and their parent's maternal self-efficacy during the COVID-19 pandemic.

Method

The present study was a quasi-experimental study with pre-test, post-test and follow-up along with a control group. The statistical population of the present study included divorced mothers with children between the ages of 7 and 9 years in Tehran, who saw the invitation for cooperation in a research project in virtual networks in 2021. In this study, sampling was done in two stages: a) Identification stage: After public information on Instagram pages and telegram channels, the necessary questionnaires were sent to applicants and after the initial selection of qualified people (based on the questionnaire scores), they participated in an online interview for 10 min, and all individuals were contacted by a video call within two weeks. After checking the inclusion and exclusion criteria (mother separated from her husband with a child between 7 and 9 years old / achieving a score above 60 in children's alexithymia and a score below 40 in parental self-efficacy / not participating in other programs education / treatment / non-use of psychiatric drugs / non-addiction of parents and children) 24 children and their mothers were selected from among the applicants to participate in the research project b) Allocation stage: After one stage of voluntary sampling, 24 children with alexithymia scores above 60 and 24 mothers with parental self-efficacy scores below 40 were selected and were randomly assigned to experimental and control groups. The members of the two groups were placed as follows: The experimental group, 24 people (12 children and 12 mothers) and 12 children and their mothers in the control group. In order to comply with ethical considerations, the goals and conditions of the research were explained to the participants and the courses were held completely free of charge, and the principle of information was confidentiality also reminded. In addition, while answering the participants' questions about the research, they were assured that the results of the study will be published as statistics and general conclusions, not individual ones, and permission to take photos and videos was obtained. Finally, they were told that in order not to participate in the meetings, they are free to withdraw at any time and at any stage. Also, in order to gain cooperation and thank the control group, after completing the research, therapy sessions were held for them.

The tools used in this study were as follows:

Toronto Alexithymia Standard Questionnaire Persian Version (TAS-20): This questionnaire was first developed by Bagby et al., in 1994. This questionnaire is completed

by parents and has 20 questions and three components. It actually evaluates the three components of difficulty in identifying emotions, difficulty in describing emotions, and orientation of external thinking based on the Likert five-choice spectrum [15]. The scoring of this test is done in such a way that at first the score of items 4.5.10.18.19 is reversed. Then the score of each option is determined as follows: totally disagree=1, disagree=2, neither disagree nor agree=3, agree=4 and totally agree=5. Then the score of each of the three subscales (inability to identify emotions, inability to express emotions, objective thinking style) is calculated with the total scores of each subscale. Besharat prepared the Persian version of this scale and reported Cronbach alpha coefficient for the total emotional numbness and three subscales of difficulty in identifying emotions, difficulty in describing and abstract thinking [16].

Domka Parental Self-Efficacy Scale (PSAM): The Parental Self-Efficacy Scale (PSAM) was introduced by Dumka [17]. This questionnaire was designed to assess the overall levels of parenting self-efficacy and consists of 10 questions. The answer to this questionnaire is scored from 1 to 7 according to a seven-point Likert scale. Dumka

et al. [17] reported the reliability of this questionnaire with Cronbach's alpha of 0.70. Dehghan Manshadi et al. [18] evaluated the Cronbach's alpha coefficient of this questionnaire as 0.70 and the accuracy of this questionnaire as desirable. Also, the validity of the questionnaire in Ashuri et al.'s research was 0.70. Participants in the treatment sessions individually participated in 12 one-hour sessions.

The treatment sessions were described in such a way that each session was divided into two parts: child education and parent education (half of each session time was for children and half for mothers). The integrated pediatric protocol consists of 12 consecutive sessions, usually running for approximately 12 weeks. In this treatment, parents become familiar with three important parts of treatment: 1. Familiarization of parents with the emotional detective skills that their child is learning in this treatment. 2. Familiarization of parents with dysfunctional "emotional training behaviors" that in response to child uses strong emotions and also learns "opposite parenting behaviors" with them. 3. Fostering support and empathy between parents and children (Table 1).

Table 1. An Overview and a Summary of the Content of Each of the Children and Parents Therapy Sessions (Barlow, 2017)

| Skill | Session | Subject |
|----------|---------|--|
| S skill | 1 | Introduce protocol |
| | 2 | Identify emotions |
| | 3 | Body markers |
| R skill | 4 | Tracking thoughts |
| E skill | 5 | Detective thinking and problem solving |
| | 6 | Awareness of emotional experiences |
| N skill | 7 | Emotional encounter |
| | 8 To11 | Facing our emotions |
| Kh skill | 12 | Prevention of recurrence |

Results

The mean and standard deviation of the age of mothers participating in the experimental group were 32.30 and 6.57 years, respectively, and in the control group were 31.52 and 4.92 years, respectively. The mean and standard deviation of the age of children in the experimental group were 8.83 and 0.85 years, respectively, and in the control group were 9.06 and 0.73 years, respectively. Table 2 shows the mean and standard deviation of each variable in the three stages of research. Accordingly, the mothers' self-efficacy has also increased.

Table 3 shows that in addition to the group effect and the time effect, the interactive effect of group × time for the components of difficulty in recognizing emotions (= 2 = 0.417, P = 0.001, F = 15.76), difficulty in describing emotions (0.38 = 2 η, P = 0.001, F = 13.92), objective thinking (2 = 0.35, P = 0.001, F = 12.34) and the total score of emotional malaise ((560.5) = 0 = 2, P = 0.001, F = 27.97) in children of divorce are significant at the level of 0.01. Also, the interaction effect of group × time for maternal self-efficacy variable (= 2 = 0.72, P = 0.001, F = 56.77) was also significant at the level of 0.01.

Table 2. Mean (standard deviation) of Research Variables in Three Stages of Research

| Variable | Groups | Mean Standard Deviation | | |
|------------------------------------|--------------|-------------------------|---------------|---------------|
| | | Pre-test | Post-test | Follow-up |
| Difficulty in recognizing emotions | Experimental | 50.25 (66.4) | 83.13 (92.3) | 50.13 (83.3) |
| | Control | 00.28 (49.3) | 17.26 (95.4) | 42.25 (63.4) |
| Difficulty describing emotions | Experimental | 17.20 (59.2) | 03.13 (80.2) | 42.12 (61.2) |
| | Control | 83.22 (48.3) | 67.21 (42.6) | 25.21 (73.4) |
| Alexithymia | Experimental | 96.27 (76.3) | 04.16 (64.3) | 33.15 (48.4) |
| | Control | 83.31 (51.4) | 67.29 (50.4) | 25.28 (43.5) |
| Objective thinking | Experimental | 63.73 (22.9) | 83.42 (49.5) | 25.41 (02.7) |
| | Control | 67.82 (91.5) | 50/77 (33.12) | 92.74 (22.10) |
| Total score | Experimental | 33.24 (05.7) | 50.51 (32.9) | 08.53 (61.8) |
| | Control | 07.28 (73.8) | 42.25 (42.7) | 83.25 (30.7) |
| Parental self-efficacy | Experimental | 33.24 (05.7) | 50.51 (32.9) | 08.53 (61.8) |
| | Control | 07.28 (73.8) | 42.25 (42.7) | 83.25 (30.7) |

Table 3. Effects of Group, Time and Group × Time Interaction on Components and Total Score of Emotional Distress of Divorced Children and Self-efficacy of their Mothers

| Variable | Effect | Total squares | Total error squares | F | p | η^2 | |
|------------------------|------------------------------------|-----------------------------------|---------------------|--------|-------|----------|-------|
| Alexithymia | Difficulty in recognizing emotions | Group effect | 13.1431 | 19.694 | 35.45 | 001.0 | 637.0 |
| | | Time effect | 02.638 | 46.353 | 56.16 | 001.0 | 644.0 |
| | | Interaction effect of time group. | 08.371 | 06.518 | 76.15 | 001.0 | 417.0 |
| | Difficulty in describing emotions | Group effect | 39.813 | 06.837 | 41.21 | 001.0 | 493.0 |
| | | Time effect | 33.261 | 58.82 | 94.5 | 037.0 | 183.0 |
| | | Interaction effect of time group. | 11.148 | 08.234 | 92.13 | 001.0 | 387.0 |
| | Objective thinking | Group effect | 35.1850 | 31.566 | 88.71 | 001.0 | 766.0 |
| | | Time effect | 19.792 | 80.426 | 4.40 | 001.0 | 650.0 |
| | | Interaction effect of time group. | 53.359 | 94.640 | 34.12 | 001.0 | 359.0 |
| Total score | Group effect | 89.11960 | 39.3026 | 95.86 | 001.0 | 798.0 | |
| | Time effect | 08.4840 | 58.1323 | 45.80 | 001.0 | 785.0 | |
| | Interaction effect of time group. | 44.2536 | 78.1994 | 97.27 | 001.0 | 560.0 | |
| Parental self-efficacy | Group effect | 35.5117 | 19.3009 | 41.37 | 001.0 | 630.0 | |
| | Time effect | 75.2268 | 25.979 | 97.50 | 001.0 | 699.0 | |
| | Interaction effect of time group. | 44.3465 | 89.1342 | 77.56 | 001.0 | 721.0 | |

Table 4. Bonferroni Post-Hoc Test Results for Pairwise Comparisons of Groups and Times

| Variable | Time | Difference in averages | Standard error | Probability value | |
|------------------------|------------------------------------|------------------------|----------------|-------------------|-------|
| Alexithymia | Difficulty in recognizing emotions | Pre-test Post test | 75.6 | 16.1 | 001.0 |
| | | Pre-test Follow-up | 29.7 | 16.1 | 001.0 |
| | | Post-test Follow-up | 54.0- | 51.0 | 00.1 |
| | Difficulty in describing emotions | Pre-test Post-test | 17.4 | 75.0 | 001.0 |
| | | Pre-test Follow-up | 67.4 | 56.0 | 001.0 |
| | | Post-test Follow-up | 50.0 | 68.0 | 00.1 |
| | Objective thinking | Pre-test Post-test | 08.7 | 77.0 | 001.0 |
| | | Pre-test Follow-up | 13.8 | 27.1 | 001.0 |
| | | Post-test Follow-up | 04.1 | 20.1 | 00.1 |
| Total score | Pre-test Post-test | 00.18 | 97.1 | 001.0 | |
| | Pre-test Follow-up | 08.20 | 24.2 | 001.0 | |
| | Post-test Follow-up | 08.2 | 56.1 | 588.0 | |
| Parental self-efficacy | Pre-test Post-test | 75.12- | 46.1 | 001.0 | |
| | Pre-test Follow-up | 75.13- | 93.1 | 001.0 | |
| | Post-test Follow-up | 02.1- | 34.1 | 00.1 | |

The results of Bonferroni post-hoc test in Table 4 show that the difference between the mean components and the total score of emotional distress of divorced children in the pre-test and post-test stages on one hand, and the pre-test and follow-up on the other hand is significant at the level of 0.01. In contrast, the difference between the means in the post-test and follow-up stages at the level of 0.05 is insignificant. The implementation of the independent variable reduces the means of the components and the total score of alexithymia in divorced children and due to the lack of significant differences in the means of post-test and follow-up stages, we can state the effect of the independent variable after the course. The evaluation of the differences between the groups in Table 4 also shows that the changes in the mean of the components and the total score of emotional malaise in the experimental and control groups are significant. In other words, integrated meta-diagnostic treatment of emotional disorders has reduced emotional distress in

children of divorced families. Also, the results of the Ben Feroni test in the above table show that the average self-efficacy of mothers of divorced families in the post-test and follow-up stages compared to the pre-test stage increased significantly and the mean difference between the groups indicates the integrated meta-diagnostic treatment of disorders. In fact it can be stated that emotion has increased self-efficacy in divorced mothers compared to the control group.

Discussion

Based on the aim of the present study on integrated meta-diagnostic treatment of emotional disorders on emotional distress of divorced children and their mothers' parenting self-efficacy, the results showed that the mean of all components of children's emotional distress and maternal self-efficacy in divorced families decreased significantly. This finding is consistent with the results of a previous study [19] which stated that if children receive

adequate social support after parental divorce and the child's relationship with both parents is favorable after divorce, the rates of divorce harm will decrease. Also, the result was consistent with Naemi's research, which considered the training of positive thinking to reduce alexithymia and its components. On the other hand, the result of the present study was consistent with Shahhosseini's [20] study which stated that integrated meta-diagnostic treatment has been effective in reducing the severity of stuttering and anxiety symptoms and also in improving negative emotion regulation strategies and increasing positive emotion regulation strategies in children. In explaining the effectiveness of this treatment on emotional malaise, it should be stated that the integrated pediatric protocol is useful for therapists in order to help their client who has experienced separation from his parents to be able to regulate his emotion in his life by using special techniques in order to perform better. This protocol has specific instructions for children in divorced families so that they can manage their emotions when faced with intense emotions. This method has been developed for children whose main problem is an emotional disorder and the goal of treatment is to reduce the number and severity of problematic emotional behaviors [21]. One explanation for applying an integrated meta-diagnostic approach to child clients in divorced families is that the techniques of this approach target deficiencies that may be the basis of emotional disorders that children experience after parental separation. Children in divorced families often experience high levels of negative emotions, which cause them to experience more intense emotions such as fear, anxiety, sadness, anger, and in response to these intense emotions, anxiety. These children may not necessarily express this distress, but their actions or the way they express their emotions show that it is very difficult for them to endure these emotional experiences. To get rid of this anxiety, children often try to suppress, avoid or escape these disturbing emotions, distract them, or control them in some certain way [22]. These behaviors increase over time with negative reinforcement because the child's feeling of discomfort temporarily disappears when the child avoids or escapes the intense emotions and situations that create these emotions. This is while using these strategies to get rid of anxiety, in the long run prevents learning more effective and useful ways to deal with strong emotions [23]. These children may then be at risk for a variety of emotional disorders. Therefore, the overall goal of the Children's Integrated Protocol is to allow children to experience strong, intense emotions with less distress, and to use more helpful, less avoidant strategies to manage those experiences. Children in emotionally disturbed divorce families learn the skill of knowing, experiencing, being aware of their emotions, and being able to reduce and manage their anxiety levels by performing behaviors that contrast with anxiety behaviors. On the other hand, one of the most important concerns of mothers in divorced families is how to raise their children in a healthy way to feel loved, cared for and safe [9]. However, as the psychological well-being of

divorced mother's decreases, the motivation to express maternal love and affection and to use parenting methods for their children decreases and their sense of parenting self-efficacy decreases [12]. According to the attachment theory, one of the sources of changing parenting self-efficacy beliefs is mothers' real experiences of parenting [24].

Conclusion

In this study, to change self-efficacy beliefs, the focus of treatment in the field of parenting was primarily on increasing the level of knowledge related to child rearing (in the field of emotional dyspnea). In fact, a part of the integrated protocol for the meta-diagnostic treatment of emotional disorders was related to parental education. To achieve this, mothers learn to be available and responsive when their kids experience intense emotions and to help them find a name for their emotion and help them implement the exercises they learn in the sessions and look for clues to solve their emotional problems. In this protocol, the next step was to teach parents to increase their mother's self-confidence, to encourage children to express and manage their emotions, and to play their role in improving the feedback given to them in each session. Mothers learn to recognize their children's emotional frustration and eventually feel better about their parenting performance.

The limitations of this study were that due to the observance of health protocols related to COVID-19, sampling, number of samples and some play therapy techniques were performed with restrictions and therefore the results should be generalized to all divorced mothers and their children with caution. However, further studies in the field of parent-child relationship with the aim of reducing the harm to divorced children and their parents can be a very rich practical and theoretical impetus for further research. Also, due to many problems after divorce and the importance of repairing the injuries inflicted on the family after divorce, the formation of practical courses on a large scale is recommended in counseling centers. This study showed that integrated meta-diagnostic treatment of emotional disorders, in terms of its emphasis on children's emotional regulation and parental support, can be significantly effective in reducing children's alexithymia and increasing parental self-efficacy.

Conflict of Interest

All authors declare that they have no conflicts of interest.

Ethical Approval

The study was approved by the ethical committee of Islamic Azad university Roudehen branch.

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