

Comparing the Effects of Group Training of Mindful Parenting Skills and Psychological Capital on Stress and Psychological Flexibility in Mothers with Blind Girl Students

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Abstract

Background: Mothers with a blind child are more involved with the child's behavioral problems and experience higher levels of stress and psychological crisis. The present study aimed to investigate the effects of mindful parenting skills and psychological capital on stress and psychological flexibility in mothers with blind girls.

Methods: The research method was quasi-experimental with a pre-test, post-test, and follow-up design and a control group. The sample consisted of 72 mothers with blind girl students selected by convenience sampling. We randomly divided the participants into two experimental groups (training of mindful parenting skills and psychological capital training) and a control group (n=24 per group). The research instrument included the Parental Stress Inventory and the Acceptance and Action Questionnaire.

Results: The training intervention sessions decreased the stress levels and promoted the psychological flexibility of mothers with blind girl students in the experimental groups, compared to the control group (P=0.001). The mean±SD of the post-test scores of stress and psychological flexibility was (90.37±5.10) and (63.00±3.78) in the mindful parenting group and (104.87±4.57) and (52.37±3.32) in the psychological capital group, which was significantly different from the control groups. The group training of mindful parenting skills, in comparison to psychological capital, was more effective in reducing stress and increasing psychological flexibility among the mothers.

Conclusions: The group training of mindful parenting skills using mindfulness techniques was more effective in reducing stress and increasing the psychological flexibility.

Keywords: Mindfulness, Parenting, Psychological, Stress, Pliability

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1. Introduction

A majority of families have special needs when exposed to a wide range of positive and, in some cases, challenging events such as childbirth, which would impact the family's function. In this regard, family members face a higher level of psychological stress if the newborn suffers from mental or physical disabilities (1). Blindness is regarded as one of the most prevalent types of disability worldwide. Mothers with a blind child are more involved in the child's behavioral problems and experience higher levels of stress and psychological crises, thereby requiring further support. Stress stems from a perceived mismatch between demands and resources and can be experienced in many parenting areas. Mothers having children with disabilities have lower levels of emotional health, experience more stress, and have lower levels of self-confidence compared to those with normal children. These mothers also have problems with interpersonal relationships because

stress diminishes their happiness, consequently reducing their self-efficacy and psychological well-being. Maternal conditions for blind children are both physically and emotionally stressful. Raising a blind child is a stressful experience (2).

Parenting stress is one of the most common types of stress experienced by the mothers of blind children. This type of stress is caused by a perceived mismatch between parenting demand and individual resources and can be experienced in several dimensions of life and parenting (3). Mothers with blind children have lower levels of self-confidence and higher levels of physical disorders, depression, anxiety, stress, and nervous stress. They have problems in communicating with others, and their psychological flexibility is impaired. Moreover, excessive stress reduces the mothers' psychological flexibility (4).

Psychological flexibility represents individuals'

capability to respond appropriately to positively and negatively stressful conditions. Previous studies documented that psychological flexibility improved individuals' mental well-being through moderating and mitigating different factors, such as stress and depression (5, 6). A large number of researchers reported a significantly negative relationship between psychological flexibility and psychological problems, possibly mediating the relationship between mental health and many other variables. By improving psychological flexibility, individuals become able to promote their psychological resilience against stressful factors and the ones posing psychological problems. This construct promotes individuals' self-esteem by increasing positive emotions, where those with higher levels of psychological well-being can better adjust to problems.

Accordingly, it is of paramount importance to determine the best training approach to improving stress and psychological flexibility in order to enhance blind children's quality of life in regard to their mothers' cognitive growth. One of the most recent practical applications of mindfulness therapy in the field of mental health is mindfulness in the field of parenting. This approach is suitable in highly stressful parenting conditions and has good results for parents suffering from psychological problems (7). In the mindful parenting technique, parents are taught to mostly focus on the present time and what is happening at the moment, rather than on the child's distressing behaviors, harms, and parental stress (8). Accordingly, mindfulness parenting is described as a set of parenting techniques or skills aimed at reinforcing moment-by-moment awareness in parent-child relationships (9).

Psychological Capital Training Scale, developed by Luthans and colleagues. (10), is a positive psychological state and a realistic flexible approach to increasing the psychological capital in the following four dimensions: hope, optimism, resilience, and self-efficacy. Three subcategories of hope are subject, goal, and plan, which aim at developing programs to teach appropriate goal-setting. In optimism, there is an increase in positive attributions so that there are programs to detect and distinguish realistic optimism from unrealistic optimism and to enhance positive attributes (11). Self-efficacy is a person's belief in their ability to reach success. Resilience shows individuals' resistance to problems using three subscales of commitment, control, and challenge. Previous studies well-documented the effectiveness of teaching psychological capital in reducing stress and increasing psychological flexibility

(12).

Mothers with blind children bear a heavy emotional burden. This would affect their maternal role as well as their psychological flexibility. Comparing two training techniques in controlling stress and reinforcing psychological flexibility in mothers with a blind child would help them in terms of acceptance and adjustment to these conditions and mother-child relationships, subsequently improving the quality of life among these special needs children. Accordingly, this study aimed to compare the effectiveness of group training of mindful parenting skills and psychological capital on stress and psychological flexibility in mothers with blind girl students in the elementary schools of Ahvaz city.

2. Methods

The research method was quasi-experimental with a pre-test, post-test, and follow-up design and a control group. The statistical population included 208 mothers with blind girl students in Ahvaz city in the academic year 2019. Using convenience sampling, we selected 72 mothers with blind girl students who were willing to participate in the project. We included 24 participants in each group by use of G*power statistical software and based on Afroudeh and Saidzanoi (13) study with an effect size of 2.5, a test power of 0.95, and $\alpha=0.05$. The researcher carried out the randomization, and the participants were allocated by the coin-throwing method. Randomization was undertaken after consent to participate and completion of all the baseline measures and eligibility interview. We randomly divided the participants into two experimental groups (training of mindful parenting skills and psychological capital training) and a control group ($n=24$ per group). The inclusion criteria were: a score above the mean regarding parental stress and a score lower than mean in the acceptance and action questionnaire, no mental illness, no simultaneous psychological or pharmaceutical treatment, no drug addiction. The exclusion criteria were: more than two absences from the treatment sessions and reluctance to continue the treatment process. After the training sessions, post-test was done in the experimental and control groups. Also, the follow-up was done in the three groups after a month. For ethical considerations, the researchers received written consent from the participants for participation in the research.

Research Instruments

The Parental Stress Inventory (PSI): Abidin (14)

developed this questionnaire to evaluate the significance of stress in a parent-child system. The questionnaire indicating that parental stress is aroused by specific features of a child, some parental features, or a variety of situations directly associated with parental roles. In the present study, a 36-item parenting stress scale was used and scored based on a Likert scale ranging from 1 to 5 (from strongly agree to strongly disagree). Babakri and colleagues (15) reported an alpha Cronbach coefficient of 0.87 for the whole questionnaire. In the present study, Cronbach's alpha coefficient was 0.82 for the questionnaire.

The Acceptance and Action Questionnaire: It is a seven-item self-assessment instrument developed by Bond and colleagues (16) to measure psychological flexibility in order to show how psychologically flexible a person is. The positive and negative manifestations of psychological flexibility are reflected in different items of the questionnaire. The questionnaire is scored based on a seven-point Likert scale (1=never true, 2=very seldom true, 3=seldom true, 4=sometimes true, 5=frequently true, 6=almost always true, and 7=always true). The maximum and minimum scores of this questionnaire are 7 and 49, with higher scores indicating greater psychological flexibility. Poorakbaran and colleagues (6) reported alpha Cronbach coefficient of 0.88 for the whole questionnaire. In the present study, the Cronbach's alpha coefficient was 0.81 for the questionnaire.

Intervention Program

The first intervention program consisted of eight 90-minute sessions of group training of mindful parenting skills. This intervention was performed by Bögels and Restifo (17) on the parents of exceptional children (Table 1 presents the summary of sessions). The second intervention program consisted of ten 90-minute sessions of psychological capital training. This intervention was performed by Luthans and colleagues (10) on the couples (Table 2 summarizes the sessions).

Statistical Analyses

The Kolmogorov-Smirnov test examined the distribution normality of pre-test and post-test, and the Levene's test investigated the equality of variances. We used Mauchly's test to examine the covariance equality of intervention programs on stress and psychological flexibility. The hypothesis was not confirmed due to the significance of Mauchly's test of sphericity for stress and psychological flexibility; therefore, we made use of the Greenhouse-Geisser test for correction. The repeated measures ANOVA examined the effectiveness of intervention programs on stress and psychological flexibility. The Bonferroni post-hoc test was utilized to investigate the difference between the means of stress and psychological flexibility among the pre-test, post-test, and paired follow-up. We further used SPSS version 24.0 for data analysis.

Table 1: A summary of group training sessions of mindful parenting (17)

Sessions	Description
First	Making decisions in a composed manner, introducing oneself, presenting group rules, discussing stretching exercises, explaining the fundamentals of mindfulness parenting, morning stress training, resting, watching one's body with mindfulness (body examination), and home exercises.
Second	Body examination and discussion, talking about the experiences of watching children, morning exercises from the perspective of a friend, resting, body examination, gratitude training, breathing exercises, elaborating on home exercises, and brief relaxation.
Third	Sitting relaxation, discussing home exercises, a three-minute break, resting, yoga (sleeping), discussing one's body during stressful parenting situations, parenting stress, kindness to oneself, home exercises, and a three-minute breathing break.
Fourth	Sitting relaxation and listening to inner voices and thoughts, reading conflicting stories, discussing stressful events written by the participants on their calendars, learning to avoid and keep away from negative thoughts, responses to fighting, resistance, getting along and dancing, a three-minute breathing break under stress, resting, visualizing, staying informed and accepting parenting stress, standing yoga, and reviewing home exercises.
Fifth	Sitting relaxation with emotions, discussing home exercises, parenting schema models and their reflective reactions, a three-minute breathing break, resting, relaxed walking inside, emotion retention, and reviewing home exercises.
Sixth	Sitting relaxation with selective attention, reviewing the home exercises of the last week, group discussions about exploring mothers' schema models, relaxed walking outside, resting, and understanding others' viewpoints in discussions and revisions, and home exercises.
Seventh	Relaxation based on love, kindness, and discussion, reviewing the home exercises of the previous week, discussing a day with mindfulness at home or at work, talking about needs, resting, visualizing exercises, playing a role in pairs, reviewing home exercises.
Eighth	Body examination, reviewing the home exercises of the last week, exercising compassion, relaxation, mountain meditation for parents, resting and reviewing useful books and websites, the process of explaining the learned topics, suggestions for daily mindful parenting, post-test and planning follow-up.

Table 2: A summary of psychological capital training sessions (10)

Sessions	Description
First	Presenting definitions for hope and despair and discussing the features of hopeful individuals. Presenting definitions for concepts, such as optimism, pessimism, realistic optimism, and unrealistic optimism along with their differences. Presenting definitions for self-efficacy and discussing the features of self-efficacious individuals. Presenting definitions for resilience and discussing the features of resilient individuals.
Second	Examining the participants' hope and satisfaction with life and motivating them. Introducing the concept 'learned helplessness' and its role in optimism and pessimism. Discussing the role of learned helplessness in reducing self-efficacy. Presenting definitions for perseverance and its components (commitment, challenge, and control).
Third	Informing participants as to the role of goals in creating and enhancing hope. Familiarizing the participants with attribution processes and the concept 'locus of control'. Examining the relationship of motivation, will power, and self-confidence with self-efficacy and application of feedback technique. Focusing on commitment and using techniques to improve this component.
Fourth	Informing the participants on how to achieve clear and achievable goals; Making the participants familiar with internal, external, general, specific, stable, unstable states, and their role in optimism. Reviewing and discussing how to increase self-confidence and self-efficacy and using positive feedback techniques. Focusing on challenge and discussing how to turn problems into challenges and increase willingness to face them.
Fifth	Teaching the participants how to break up a big goal into smaller ones so as to enhance the likelihood of achieving them. Familiarizing the participants with the role of attribution in optimism. Using mental imaging techniques to create positive experiences and reinforce them in order to foster self-efficacy. Focusing on control and discussing how to increase one's control on life.
Sixth	Informing the participants on how to formulate clear and objective goals. Teaching how to create and expand positive internal attributions. Using vicarious reinforcement techniques through providing global and regional examples of self-efficacious individuals. Making the participants familiar with problem-oriented and emotion-driven strategies and their role in fostering resilience.
Seventh	Familiarizing the participants with the role of daily goals in achieving larger goals and its procedure. Making the participants familiar with the scientific methods of problem solving and their practical role in increasing self-efficacy. Making the participants familiar with direct problem-oriented strategies and encouraging them to use these strategies more frequently.
Eighth	Teaching the participants how to use multiple passages to achieve optimism. Using the technique of analyzing unpleasant events and determining the positive consequences of these events in order to improve the level of optimism; Inviting a successful and self-efficacious person to use objective patterns in fostering self-efficacy. Learning more about indirect or emotion-driven strategies and using them when necessary and under highly stressful conditions.
Ninth	Teaching the participants how to turn barriers into challenges to obtain goals. Focusing on individual and environmental talents and abilities to enhance optimism. Using direct and vicarious reinforcement through talking about achievements to increase self-efficacy. Discussing the role of the locus of control in perseverance and using positive self-talk techniques to increase resilience.
Tenth	Reviewing previous sessions and practical tasks to foster 1) hopefulness, 2) optimism, 3) self-efficacy, and 4) resilience. Post-testing and planning follow-up

3. Results

According to the descriptive statistics, the participants in the group training of mindful parenting skills were in the age ranges of 22-27 years (15.28%), 28-33 years (9.72%), and 34-39 years (8.33%); in the psychological capital group, they were in the age range of 22-27 years (11.11%), 28-33 years (20.83%), and 34-39 years (1.39%). The participants in the control group were aged 22-27 years (11.11%), 28-33 years (16.67%), and 34-39 years (5.55%). In terms of education level, the participants in the group training of mindful parenting skills had middle school (6.94%) and high

school education (12.50%), associate degrees (1.39%), and bachelor's and master's degrees (12.50%). The psychological capital group had middle school (11.11%) and high school education (8.33%), and bachelor and master's degree (13.89%); the participants in the control group, on the other hand, had middle school (5.55%) and high school education (9.72%), associate degrees (4.17%), and bachelor's and master's degree (13.89%). The demographic variables of the participants are shown in Table 3.

Table 4 shows the mean and standard deviation (SD) of studied variables in the experimental and control

Table 3: Demographic variables of the participants

Groups	Mindful parenting		Psychological capital		Control		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Age (years)								
22-27	11	15.28	8	11.11	8	11.11	27	36.00
28-33	7	9.72	15	20.83	12	16.67	34	49.33
34-39	6	8.33	1	1.39	4	5.55	11	14.67
Education								
Middle school degree	5	6.94	8	11.11	4	5.55	17	23.61
Diploma	9	12.50	6	8.33	7	9.72	22	30.55
Associate degree	1	1.39	0	0.00	3	4.17	4	5.56
Bachelor and master's degree	9	12.50	10	13.89	10	13.89	29	40.28

Table 4: Mean and standard deviation of dependent variable in experimental and control groups in pre-test, post-test and follow-up

Dependent variable	Phases	Mindful parenting	Psychological capital	Control
		Mean±SD	Mean±SD	Mean±SD
Stress	Pre-test	116.29±7.39	115.58±5.04	115.95±4.99
	Post-test	90.37±5.10	104.87±4.57	115.62±4.81
	Follow-up	90.00±4.53	101.87±4.42	115.12±5.12
Psychological flexibility	Pre-test	33.66±4.74	34.66±5.31	34.54±2.58
	Post-test	63.00±3.78	52.37±3.32	34.29±2.34
	Follow-up	62.66±4.42	53.87±2.87	34.50±2.12

Mean±SD: Mean±Standard deviation

Table 5: Wilks' Lambda and Partial Eta-Square of studied variables

Variables	Wilks' Λ	df1	df2	F	P-value	Partial η^2
Stress	0.17	2	68	257.98	<0.001	0.88
Psychological flexibility	0.06	2	68	530.35	<0.001	0.94

df: Degrees of freedom; partial η^2 : Partial Eta-Squared

groups in the pre-test, post-test, and follow-up. Mean±SD of the stress for group training of mindful parenting skills, psychological capital training, and control groups in the post-test stage were 90.37±5.10, 104.87±4.57, and 115.62±4.81, respectively. However, mean±SD of the psychological flexibility for the group training of mindful parenting skills, psychological capital training, and control groups in the post-test stage were 63.00±3.78, 52.37±3.32, and 34.29±2.34, respectively (Table 4).

As shown in Table 5, at least one of the intervention programs affected the participants' post-test stress and psychological well-being scores ($P<0.001$).

According to Table 6, the repeated measures ANOVA for intragroup (time) and intergroup was significant for stress and psychological flexibility in mothers with blind girl students. Furthermore, there were significant differences between stress ($P=0.003$) and psychological flexibility ($P<0.001$) scores at pre-

test, post-test, and follow-up phases. This indicates the effectiveness of the intervention programs in terms of psychological flexibility and stress among mothers with blind girls. However, post-test scores did not have a significant difference from the follow-up scores as the stress and psychological flexibility scores remained relatively constant at the follow-up phase, and the effect of the treatment period persisted (Table 7).

Based on Table 8, significant differences existed regarding the stress and psychological flexibility scores between the mindful parenting and psychological capital groups with the control group ($P<0.001$). Group training of mindful parenting and psychological capital significantly reduced stress among the mothers with blind girls. Compared with psychological capital training, mindful parenting training was more effective in reducing the stress of the concerned mothers ($P=0.007$). The findings also indicated that the group training of mindful parenting and psychological capital

Table 6: The effects of the test times, groups and interaction between the groups

Effects		df	MS	F	P value	Partial η^2	Power
Stress	Time	2	15.10	128.13	0.001	0.84	1.00
	Time * Groups	2	17.68	138.32	0.08	0.84	1.00
	Groups	1	30.05	8.76	0.005	0.48	0.75
Psychological flexibility	Time	2	45.62	168.26	0.001	0.94	1.00
	Time * Groups	2	39.70	268.72	0.21	0.94	1.00
	Groups	1	109.36	142.61	0.004	0.64	0.88

df: Degrees of freedom, MS: Mean square; F: F-distribution

Table 7: Bonferroni post-hoc test for paired comparison of the stress and psychological flexibility across time series in the experimental groups

Scales	Phase A	Phase B	Mean difference (A-B)	SE	P value
Stress	Pre-test	Post-test	15.65	0.77	0.003
		Follow-up	16.94	0.75	0.008
	Post-test	Follow-up	1.29	0.295	0.111
Psychological flexibility	Pre-test	Post-test	-15.60	0.52	<0.001
		Follow-up	-16.07	0.51	0.004
	Post-test	Follow-up	-0.45	0.35	0.585

SE: Standard error

Table 8: Bonferroni post-hoc test for paired comparison of the stress and psychological flexibility in the post-test and follow-up phases

Variable	Groups	Mean difference	SE	P value
Stress	Mindful parenting - Control	-13.35	1.21	<0.001
	Psychological capital - Control	-8.13	1.21	<0.001
	Mindful parenting - Psychological capital	-5.22	1.21	0.007
Psychological flexibility	Mindful parenting - Control	18.67	0.78	0.003
	Psychological capital - Control	12.53	0.78	<0.001
	Mindful parenting - Psychological capital	6.14	0.78	<0.001

SE: Standard error

significantly increased psychological flexibility in mothers with blind girls ($P < 0.001$). Mindful parenting training was also more effective than psychological capital training in promoting psychological flexibility of the mothers with blind girl students.

4. Discussion

The present study aimed to investigate the effects of group training of mindful parenting skills and psychological capital on stress and psychological flexibility in mothers with blind girl students in Ahvaz city in the academic year of 2019. According to the results, mindful parenting training and psychological capital were effective in reducing stress and enhancing the psychological flexibility of mothers with blind students; however, the group training of mindful parenting skills was significantly more effective in reducing stress and promoting the psychological flexibility of these mothers. The same findings were

also obtained at the follow-up phase.

Group training of mindful parenting skills using mindfulness and relaxation techniques helped the participants manage their parenting stress, which in turn enhanced their relationships with their blind children. In this intervention, mothers' stress was significantly reduced by introducing techniques, such as self-compassion, quick relaxation, focusing on situations instead of thoughts, and three-minute breathing breaks, thereby making them adopt different attitudes towards their children's problems and current conditions (7). Group training of mindful parenting skills is effective in moderating feelings without judgment, observing and accepting emotions clearly, and fostering flexibility (4, 8). This training increased the mothers' mental health and made them feel more valued via increasing their flexibility against problems and fostering victorious attitudes towards adverse and stressful events.

Training psychological capital, as a positive development of psychology, increased mothers' stability under stress and anxiety by building self-confidence and self-efficacy and commitment, and striving for success in challenging tasks. This technique promoted the mothers' flexibility and resilience through promoting their optimism and perseverance in the face of adversity and difficulty; hence, it decreased stress and enhanced psychological flexibility among mothers with blind children.

As far as stress reduction is concerned, mindful parenting training is more effective than psychological capital training as it changes the negative thoughts among mothers; in this way, they would have positive attitudes and feelings, high awareness, and positive perceptions of themselves, control their stress better, and show more flexibility in the face of problems (18). This intervention assisted mothers in modifying their inappropriate goals and misconceptions by providing them with relaxation exercises and techniques, thereby significantly reducing their stress. Increasing mothers' conscious awareness in comparison to the psychological capital approach and emotional balance further reduced the symptoms of stress and increased psychological flexibility. As a result, mindful parenting exercises enhanced the mothers' conscious and in-depth awareness of their children's needs, and consequently foster acceptance among these mothers, improve parental stress, and promote their awareness concerning their children's feelings and needs.

5. Conclusion

Training mindful parenting skills and psychological capital promoted the parents' behavioral performance and reduced their stress in their relationship with their children, thereby enhancing the children's adjustment and reducing their behavioral problems. In comparison to training psychological capital, the group training of mindful parenting skills had greater effects on reducing stress and increasing the psychological flexibility of mothers with blind female students. We conducted this study on mothers with blind children residing in Ahvaz; thus, the findings might not be generalized to mothers with blind children in other cities due to the differences in culture and personality traits. The participants' general characteristics and individual/family differences as well as their different attitudes and awareness regarding the research variables might also have affected the research findings. This study did not deal with the effect of cultural factors on the research variables because such factors influence the perception

of stress and psychological flexibility. It is suggested that future researchers control other effective variables and compare their findings with those of the present study. Given the critical role of mindful parenting training on reducing stress and improving psychological flexibility, it is further recommended that training courses and workshops be held for parents, particularly mothers with special needs children.

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Ethical Approval

The participants filled the questionnaires with satisfaction and provided written informed consent for this study. The Ethics Review Board of Islamic Azad University Shahrekord Branch, approved the present study with the following number: 930539038.

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