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Research Paper

The Effectiveness of Parenting Skills Training based on Solution-Oriented Approach on Internalization Disorders in Preschool Children

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ABSTRACT

Objective The present study was conducted to determine the effectiveness of parenting skills training based on a solution-oriented approach to internalization disorders in preschool children in District 4 of Isfahan.

Methods The research method is quasi-experimental and based on a pre-test-post-test design with a control group. To conduct the research, first one area was randomly selected from the six education districts of Isfahan and then two schools were selected as available. After completing the Children Behavior Checklist Questionnaire - Parent Form (CBCL) by parents, 30 couples of parents who reported the most internalization disorders from their children and met the inclusion criteria were selected and asked to participate voluntarily. Cooperation was requested in the training sessions. These numbers were randomly divided into two groups of 15 pairs of experiments and controls. The parents of the experimental group received parenting skills training based on the solution-oriented approach in 6 sessions of 90 minutes. At the end of the sessions, all samples, both experimental and control, who had not received any training, underwent post-test (again, the children-behavioral checklist completed the parent form). Mann-Whitney and Wilcoxon tests were used to analyze the data.

Results Based on the results, in the experimental group compared to the control group in the post-test phase, a significant decrease in the severity of internalization disorders was observed. The results show that all components of pediatric internalization disorders are significantly reduced.

Conclusion Based on the results of the present study, teaching parenting skills to parents with a solution-oriented approach can be an effective method in reducing internalization disorders in preschool children.

1. Introduction

Internalization disorders are one of the most common childhood disorders. These disorders manifest themselves in the form of withdrawal from social interactions, anxiety inhibition, and depression (Achenbach, quoted by Salik, 2013) cause the child to resent rather than annoy others, and their core is mood or emotion disorders (Amani et al., 2018). These problems are not transient, and their constant course and recurrence have long-term effects on children's emotional levels (Cassidy and Shaver, 2016).

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These disorders are behaviors that are more directed towards the child itself, such as depression, anxiety, excessive effort to isolate and avoid social activities. Internalization disorders are problems that are based on overly controlled symptoms and indicate that these problems occur almost when children want to express their inner emotional and cognitive states in the wrong ways. And incompatibly control or adjust. The term internalized indicates that these problems largely arise within the individual and remain there, and for this reason these disorders are also called occult diseases. That is, it is very difficult to detect them through external observation (Qolizadeh, 2018). According to Achenbach, these problems include withdrawal, physical complaints, social problems, mental problems and attention problems. The results of various studies indicate that parents of children with these disorders experience a higher level of stress than other parents because they face more parenting challenges (Issazadegan, 2020). If any of the components of an internalized disorder occur in a child, his or her life is completely affected, which in turn can affect their relationship with others as well as their natural behaviors specific to their age group; If any of these disorders are diagnosed in childhood, treatment should be considered immediately (Ebrahimi and Beriri, 2009). Research on internalized disorders in childhood shows their persistence and tendency to increase in adulthood. There are many challenges that children and adolescents must face that, given their context, create feelings in children such as shyness or isolation, constant worry, loneliness, and sadness. Therefore, childhood seems to be a critical age to prevent internalized problems (Miranda Novak and Josipa, 2018). There are many factors in the etiology of these problems, the most important of which is the inability of parents to manage child behavior. (Arjmandi et al., 2016). Studies show that the rate of these disorders is increasing in some countries (Yap and Crime, 2015) and this point has created more motivation for prevention and early intervention, especially at a young age. The child's behavior is an important aspect of his mental health and will have significant consequences in his future life. Any kind of abnormal behavior of the child or his behavioral problems and disorders can be considered in addition to the characteristics related to the developmental period as a reaction to the conditions that exist in the environment around the child, especially the family (Parkers, 2019). Given that the family is the first and most important institution where the child is educated and the formation of children's personality begins in the family environment, so the family can be all aspects of children's lives and the problems they will face in the future. Affect. Therefore, it seems necessary to teach parenting skills because of their relationship with children's behavioral problems (IsaZadegan, 2020). Parenting methods have a profound and profound effect on the formation of children's personality and behavioral development. Parenting methods are specific and purposeful behaviors by which parents perform their duties to raise their children (Inguglia, 2018). Behavioral disorders in children are strongly associated with poor parenting practices (Kerns and Richardson, 2005). Research on child internalization behavioral disorders often shows that children's behavioral problems are more related to parenting methods and how parents relate to the child than to hereditary and biological factors. Therefore, researchers concluded that family and parental role play an important role in creating behavioral problems in children (Zerach and Tam, 2015). According to this point, it seems that intervention in parenting style in the form of education and training of parents can improve parents' skills and reduce children's behavioral disorders (Issazadegan et al., 2020). The American Association for the Study of Children unofficially introduced parent education in 1888. This association was established in New York City with the efforts of a number of mothers whose goal was to learn effective methods of parenting (Eskandari, 2015). New research has also shown that the most successful and effective treatment for children's behavioral problems is parent-child interaction, which fortunately most parents are satisfied with (Skreitule et al., 2010). Parental education can play an important role in the treatment of children with internalized disorders (Daley, 2014).

The more ambiguous and violent behaviors there are between parents and children, the greater the behavioral problems of children (Rossi et al., 2016). In preschool, compared to higher education, parenting training can be more effective in preventing behavioral disorders in children. The intervention method that pays attention to the parenting styles of parents is one of the most useful and effective methods in preventing chronic behavioral disorders in children. Parenting education to parents is based on different approaches. In this study, an attempt has been made to use intervention and solution-oriented therapy to reduce the problems of internalization of children and improve the parenting skills of parents.

Solution-oriented therapy is one of the short-term therapies that rely on clients' resources and emphasizes that clients can reach solutions with the help of the therapist. This therapeutic approach was developed at the Short-Term Family Therapy Center (BFTC) in Milwaukee, thanks to the extensive efforts of Dischier, Kim Berg, and colleagues (Davies, 2007). The intellectual principles of this view state that change is continuous and inevitable, and therefore in this method of treatment emphasizes what is possible and considers even small steps to start a change to be effective (Shahi and Oji Nejad, 2014).). This approach is one of the most popular therapeutic approaches at present due to its short duration, non-pathological view, its practical and practical nature, and the use of simple and teachable techniques. This treatment avoids the past in favor of the present and the future with treatment. Conventions are different. Therapists focus on what is possible and have little interest in the source of the problem. Fisher believes that in order to solve a problem, it is not necessary to be aware of its cause, because there is no necessary relationship between the causes of problems and their solutions, and to achieve change, it is not necessary to evaluate problems (Corey, 2013). Given the above, the impact of parental education on children's behavioral disorders is undeniable, and this education can provide grounds for the prevention and improvement of children's behaviors. Therefore, the present study seeks to answer the question of whether parenting skills training based on the solution-oriented approach can lead to a reduction of internalization disorders in preschool children.

2. Materials and Methods:

This is a quasi-experimental study with a pretest-posttest design with a control group. Statistical population, sample and sampling method: The study population is all parents of preschool children in Isfahan in the academic year 2020-2021. In this study, the available random sampling method has been used. In this way, at first, the researcher randomly selected one of the six education districts of Isfahan, then two schools were selected as available, and after coordination with school officials, a behavioral problem diagnosis questionnaire was provided to all parents of students. Then, among those who reported the most problems from their children and met the inclusion criteria, 30 couples were asked to participate voluntarily in the training sessions. This number was divided into two groups of 15 couples based on random selection so that one group was considered for the test of the educational training package and one group was considered as the control group. At the end of the experimental period, all samples, ie both experimental and re-control groups, completed the Children Behavior Checklist-Parent Form. The following tools have been used to collect the required data:

A. Demographic characteristics survey form: This form has been prepared by the researcher to investigate demographic factors. In this form, factors such as age, sex, parents' education, the child are the child of several families, whether it is their first marriage or not, and the duration of the marriage is asked of the parents.

B. Children's Behavior Checklist Questionnaire - Parent Form (CBCL): The Children's Behavior Checklist is a questionnaire compiled by Achenbach. Achenbach designed the main behavioral problems from a list of behavioral problems that he had acquired in 1966 through his background and review of the history of 1,000 child psychiatric patients (Akhenbach, 1978, quoted in Razavi, 2013). After many years of using evaluators to simplify expressions, expand and replace options (2,0,1) with (yes-no) and add new items while consulting with therapists, statistical reviews, Feedback from parents, therapists and researchers revised the prescription. There are three forms of children's behavior lists. In this study, the parent form was the researcher and the main tool in data collection. This form was completed by the parents based on the child's condition 6 months ago. This questionnaire is organized into two parts: the first part is related to the child's competence in various fields such as activities and social relations in school and the second part is related to emotional-behavioral problems. In the mentioned questionnaire, demographic information of parents such as age - sex - education -the child is their number of children - is it their first marriage or not and the duration of marriage is taken from the parents (Achenbach and Rescorla, 2003, quoted by Razavi,2013). Children Behavior Checklist Questionnaire -Parent Form has been reviewed in several studies and its validity, reliability, sensitivity and specificity have been calculated.

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The reliability of this test was based on a test-retest with a time interval of one week and also the reliability between the interviewers in the child's behavioral black scores was between 93% to one. This reliability for competency scales, adaptive activity ،and emotional-behavioral symptoms has been up to 90% in the parent form list (Akhenbach and Rescorella, 2003, quoted in Razavi, 2013). Minaei (2005) in Iran performed this list using the multi-stage cluster sampling method on 1438 girls and boys from three parts of the north, south ،and center of Tehran, which internal consistency for the competency scale ranged from 65% to 85% earned for parent form. It reported alpha coefficients of DSM-based syndrome scales ranging from 64% to 80% and experience-based syndrome scales ranging from 76% to 92%. Bayat, 2008, quoting Razavi, 2013) also calculated Cronbach's alpha for the Internalized Disorders Scale of 67% and the Anxiety / Depression, Isolation / Depression, and Physical Complaints Scales of 60%, 56%, and 37%, respectively.

Procedure: After sampling and completing the questionnaire as a pre-test, the parents of the experimental group participated in parenting skills training sessions based on the solution-oriented approach. The program consisted of 6 90-minute sessions with a frequency of two sessions per week. After completing 6 training sessions, the parents of both experimental and control groups underwent a post-test.

Summary of training sessions:

Table 1. Solution-oriented workshop on parenting skills 6 sessions of 90 minutes (Zahedi, 2016)

Meetings	Content	Targets	Homework for parents
Introductory	Introduction - Explicit knowledge and definition of the problem - Who is this problem for? - Where and how does the problem occur? - How has this problem become a problem? - How can treatment help? (Recognizing the goals of the references) - Definition Precise goals that improve clients - What do you mean by coming to the therapist?	Familiarity with the goals and rules of attending meetings - Preliminary assessment - Recognizing the problem and people involved in the problem - Determining treatment goals	List the most important problems related to their child
Session 1	Asking Miraculous Questions: How do you know the problem is being solved? How do you know the problem is being solved without telling your child something? The therapist encourages clients to describe the solutions in detail. From the Miracle and Today Solution Development - Extracting the work that is done to solve the problem Parents make a list of things that have rarely been successful in dealing with their child's problem	Solution Development - Extracting the work done to solve the problem	Parents should make a list of things that have rarely been successful in dealing with their child's problem
Session 2	What solutions have you used so far? How do you know if they have been effective? -Which one was not effective (let them go) Which one was effective? - Who suggested these solutions? - What is the similarity between successful solutions with each other and unsuccessful solutions with each other? - Finding alternative solutions	Evaluate the solutions used	Parents should write: When was their best day with the child and what did they do that day? - Praise each other for their success
Session 3	Forming a class discussion to change the meaning and type of parents' view of their child's problem as well as changing the way parents express the problem - talking about solutions instead of talking about problems	Change the language - create hopeful and promising conversations	Parents should write: Which of the events related to their child would you like to continue?
Session 4	Finding parental abilities that are not currently in use (reversal) - Revealing each parent's abilities in public	Awakening of dormant skills	Parents should make a list of their abilities about/to/with/concerning their child and write down how they have succeeded in doing so
Session 5	Asking miraculous questions in class by the instructor, for example: Describe a miraculous day without problems for the child	Changing parents' attitudes	Write parents' wishes about their child
Session 6	Parents describe their aspirations for their child as well as their dream of a good parent - reinforcing parents' belief in change and that there is absolutely nothing to stop change	Creating enthusiasm and hope in parents	
Final meeting	Re-submitting the Achenbach questionnaire		

Each session began with a review and discussion of the assignment of the previous session. The issue was then raised at the meeting and members were asked to participate in a group discussion. The task of the next meeting was then determined and the members were encouraged to do their homework. At the end of the session, the presented materials were summarized and completed by saying the homework. In this research, spss19 software has been used. In the descriptive statistics section, to describe the data obtained from the mean indices, standard deviation, and in the inferential statistics section, to analyze the data (due to the abnormality of data distribution), the Man U Whitney and Wilcoxon methods have been used.

3. Results

Statistical descriptive indices related to the scores of internal disorders in each group were calculated separately and the descriptive data related to it can be seen in Table (2).

Table 2. Mean and standard deviation of pre-test and post-test scores of internalization disorders and subscales

Group	Number	Sub scale	Pre-test	Post-test
			Mean and standard deviation	Mean and standard deviation
The experiment	15	Internalization disorders	42.07(9.19)	30.73(5.76)
	15	Anxiety / Depression	9.87(7.21)	6.20(3.03)
	15	Isolation / Depression	5.53(4.42)	4.33(2.35)
	15	Physical complaints	5.87(4.38)	4.67(2.53)
	15	social problems	6.53(5.25)	4.93(2.84)
	15	Intellectual problems	7.60(4.72)	6.13(3.04)
	15	Attention problems	6.67(5.06)	4.47(2.50)
Control	15	Internalization disorders	41.40(10.1)	4.40(9.78)
	15	Anxiety / Depression	9.40(7.09)	9.40(7.09)
	15	Isolation / Depression	5.93(4.49)	5.07(4.82)
	15	Physical complaints	5.13(4.68)	5.13(4.69)
	15	social problems	7.13(5.47)	7.00(5.28)
	15	Intellectual problems	7.67(5.26)	7.53(5.01)
	15	Attention problems	6.13(4.89)	6.27(4.62)

The results of Table (2) show that the mean scores of internalization disorders, anxiety / depression physical complaints, social problems, mental problems attention in the experimental group decreased in the post-test compared to the pre-test in the control group. Internalization, depression, social problems mental problems decreased in the post-test compared to the pre-test and increased in the post-test attention problems compared to the pre-test and in the depression and physical complaints variables in the post-test compared to the pre-test The test has not changed.

Table 3. Mann-Uitani test results Pre-test / post-test scores of internalization disorders in experimental and control

Internalization disorders						
	Pre-test			Post-test		
	Number	Mean	Total	Number	Mean	Total
The experiment	15	15.80	237.00	15	10.80	0.162
Control	15	15.20	228.00	15	20.20	0.303
Mann-Whitney U		108.00			42.00	
Z		-0.187			-2.932	
Significance		0.852			0.003	

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As shown in Table (3), the mean pre-test scores of internalization disorders in the control and experimental groups with the significant level of 0.852 and more than 0.05 are the same and do not differ significantly. The mean post-test scores of internalization disorders in the two groups of control and experimental with a significant level of 0.003 and less than 0.05 are not the same and have a significant difference. According to the mean ratings, it is clear that the mean post-test scores of the control group are higher than the mean scores of the experimental group.

B: The mean scores of pre-test and post-test in the control test group of internalization disorders are the same.

The pre-test and post-test distributions of the control group are not normal. Therefore,the Wilcoxon test was used to compare the equality of the mean scores of pre-test and post-test in the control test group of internalization disorders. The results are presented in Table (4).

Table 4. Results of Wilcoxon test Pre-test and post-test scores of internalization disorders in control / experimental group

	Internalization disorders			
	Control		Control	
	Number	Mean rating	Number	Mean rating
Negative rating	a 11	6.73	a 15	8.00
Positive rating	b 1	4.00	b 0	0.00
Knot	c 3		c 0	
Z	-2.830		-3.411	
Significance	0.005		0.001	

a Pre-test> Post-test b Pre-test <post-test c Pre-test = post-test

As shown in Table (4), the significance level of pre-test and post-test scores in the control group of internalization disorders is 0.005 and less than 0.05, and considering that 11 people have lower post-test scores than before Therefore, in the control group, internalization disorders have significantly decreased, and the significance level of pre-test and post-test scores in the experimental group of internalization disorders is 0.001 and less than 0.05. They have already had a pre-test, so in the experimental group, internalization disorders have significantly decreased. In support of the hypothesis of this study, it can be said that teaching parenting skills based on a solution-oriented approach to internalization disorders (anxiety / depression, isolation / depression, physical complaints, social problems, mental problems، and attention problems) of preschool children behind The test is effective.

This hypothesis includes four parts: comparing the equality of the mean pre-test scores in the two groups of control and testing, physical complaints, social problems, mental problems and attention problems, comparing the equality of the mean post-test scores in the control and anxiety test groups / Depression, Isolation / Depression, Physical Complaints, Social Problems, Mental Problems Attention Problems, Comparing the Equality of Mean Pre-Test and Post-Test Scores in the Anxiety / Depression Control Group, Isolation / Depression, Physical Complaints, Social Problems, Mental Problems، and Attention Problems Comparison of the mean scores of pre-test and post-test in the experimental group of physical complaints, social problems, mental problems and attention problems.

A: The average pre-test scores are the same in the two groups of control and testing for anxiety depression, physical complaints, social problems, mental problems and attention problems.

The pre-test distribution of the control and experimental groups is not normal. Therefore, the Mann-Whitney test was used to compare the equality of the mean pre-test scores in the two groups of control and physical complaints, social problems, mental problems attention problems. The results are presented in Table (5).

Table 5. Results of Man U-Ytani test Pre-test scores of physical complaint, social problems, mental problems attention in both experimental and control groups

		The experiment	Control	Mann-Whitney U	Z	Sig
Anxiety / Depression	Mean	16.27	14.78	101.00	-0.479	0.632
	Total	244.00	221.00			
Isolation / Depression	Mean	14.90	16.10	103.50	-0.378	0.705
	Total	223.50	241.50			
Physical Complaints	Mean	16.67	14.33	95.00	-0.736	0.462
	Total	250.00	215.00			
Social Problems	Mean	14.50	16.50	97.50	-0.629	0.529
	Total	217.50	247.50			
Mental Problems	Mean	15.30	15.70	109.50	-0.125	0.900
	Total	299.50	235.50			
Attention Problems	Mean	16.70	14.93	104.00	-0.356	0.722
	Total	241.00	224.00			

As shown in Table (5), the mean pre-test scores of in the two control and experimental groups are the same with a significant level of 0.632 and more than 0.05 and do not differ significantly, the mean pre-test scores in the two control and experimental groups with a significant level of 0.705 and more than 0.05 are the same and there is no significant difference with each other. is the same and does not differ significantly, The mean pre-test scores of social problems in the two groups of control and experiment with a significant level of 0.529 and more than 0.05 are the same and there is no significant difference with each other. It is more than 0.05 and there is no significant difference between them and the mean pre-test scores of attention problems in the control and experimental groups with a significant level of 0.722 and more than 0.05 are the same and do not have a significant difference.

B: The mean scores of post-test in the two groups of control and testing anxiety / depression, physical complaints, social problems, mental problems attention problems are the same.

The post-test distribution of the control and experimental groups is not normal. Therefore ,the Mann-Whitney U test was used to compare the equality of mean post-test scores in the two groups of control physical complaint, social problems, mental problems attention problems. The results are presented in Table (6).

Table 6. Mann-Whitney U test scores Post-test physical complaints, social problems, mental problems attention problems in both experimental and control groups

		The experiment	Control	Mann-Whitney U	Z	Sig
Anxiety / Depression	Mean	13.53	17.47	83.00	-1.230	0.219
	Total	203.00	262.00			
Isolation / Depression	Mean	16.10	14.90	103.50	-0.377	0.706
	Total	241.50	223.50			
Physical Complaints	Mean	16.07	14.93	104.00	-0.357	0.721
	Total	241.00	224.00			
Social Problems	Mean	13.73	17..27	86.00	-1.110	0.267
	Total	20.06	25.09			
Mental Problems	Mean	13.93	17.07	89.00	-0.982	0.326
	Total	209.00	256.00			
Attention Problems	Mean	13.37	17.63	80.50	-1.353	0.176
	Total	200.50	264.50			

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As shown in Table (6), the mean post-test scores of in the two control and experimental groups are the same with a significant level of 0.219 and more than 0.05 and do not differ significantly, the mean post-test scores in the two control and experimental groups with a significant level of 0.706 and more than 0.05 is the same and there is no significant difference with each other, the mean scores of post-test of physical complaint in the control and experimental groups with a significant level of 0.721 and more than 0.05 are the same and do not differ significantly, The mean post-test scores of social problems in the two control and experimental groups with a significant level of 0.267 and more than 0.05 are the same and do not differ significantly. The mean post-test scores of mental problems in the two control and experimental groups with a significant level of 0.326 and It is more than 0.05 and there is no significant difference between them and the mean scores of post-test attention problems in the control and experimental groups with a significant level of 0.176 and more than 0.05 are the same and do not have a significant difference.

C: The mean scores of pre-test and post-test in the control group of, physical complaint, social problems, mental problems attention problems are the same.

The pre-test and post-test distributions of the control group are not normal. Therefore, the Wilcoxon test was used to compare the mean scores of pre-test and post-test in the control groups of, physical complaints, social problems, mental problems attention problems. The results are presented in Table (7).

Table 7. Results of Wilcoxon test Pre-test and post-test scores of, physical complaint, social problems, mental problems attention problems in the control group

		Negative rating	Positive rating	Knot	Z	Sig
Anxiety / Depression	Number	a 0	b 0	c 15	0.000	1.000
	Mean	0.00	0.00			
Isolation / Depression	Number	a 13	b 0	c 2	-3.606	0.000
	Mean	7.00	0.00			
Physical Complaints	Number	a 0	b 0	c 15	0.000	1.000
	Mean	0.00	0.00			
Social Problems	Number	a 3	b 1	c 11	-1.000	0.317
	Mean	2.50	2.50			
Mental Problems	Number	a 2	b 0	c 13	-1.414	0.157
	Mean	1.50	0.00			
Attention Problems	Number	a 2	b 3	c 10	-0.707	0.480
	Mean	2.50	3.33			

a Pre-test> Post-test b. Pre-test <post-test c. Pre-test = post-test

As shown in Table (7), the significance level of pre-test and post-test scores in the control group is 1.000 and more than 0.05, so there is no significant difference in the control group, the level Significance of pre-test and post-test scores were 0.000 and less than 0.05. Significance, the significance level of pre-test and post-test scores in the control group of physical complaints are 1.000 and more than 0.05, Therefore, there was no significant difference in the control group of physical complaints, the significance level of pre-test and post-test scores in the control group of social problems is 0.317 and more than 0.05, and therefore there was no significant difference in the control group of social problems. Test and post-test in the control group of mental problems are 0.157 and more than 0.05, and therefore there is no significant difference in the control group of mental problems and the significance level of pre-test and post-test scores in the control group of attention problems is 0.480 and more It is 0.05 and therefore there is no significant difference in attention control problems.

D: The mean scores of pre-test and post-test in the experimental group of anxiety / depression, physical complaint, social problems, mental problems attention problems are the same.The pre-test and post-test distributions of the experimental group are not normal.

Therefore the Wilcoxon test was used to compare the mean scores of pre-test and post-test in the experimental group of physical complaints, social problems, mental problems attention problems. The results are presented in Table (8).

Table 8. Results of Wilcoxon test Pre-test and post-test scores of, physical complaints, social problems, medical problems attention to the experimental group

		Negative rating	Positive rating	Knot	Z	Sig
Anxiety / Depression	Number	a 13	b 0	c 2	-3.204	0.001
	Mean	7.00	0.00			
Isolation / Depression	Number	a 5	b 0	c 10	-2.060	0.039
	Mean	3.00	0.00			
Physical Complaints	Number	a 6	b 0	c 9	-2.264	0.024
	Mean	3.50	0.00			
Social Problems	Number	a 7	b 0	c 8	-2.392	0.017
	Mean	4.00	0.00			
Mental Problems	Number	a 9	b 0	c 6	-2.714	0.007
	Mean	5.00	0.00			
Attention Problems	Number	a 11	b 0	c 4	-2.994	0.003
	Mean	6.00	0.00			

a Pre-test> Post-test b. Pre-test <post-test c. Pre-test = post-test

As shown in Table (8), the significance level of pre-test and post-test scores in the test group is 0.001 and less than 0.05 considering that 13 people have lower post-test scores than before Therefore, in the experimental group, was significantly reduced. They have had before the test, Therefore, in the experimental group, significantly decreased, the significance level of pre-test and post-test scores in the experimental group is 0.024 and less than 0.05, and considering that 6 people had lower post-test scores than pre-test, in the experimental group, physical complaints have significantly decreased. The significance level of pre-test and post-test scores in the experimental group of social problems is 0.017 and less than 0.05 and considering that 7 people had lower post-test scores than pre-test. Have therefore significantly reduced social problems in the experimental group, The level of significance of pre-test and post-test scores in the experimental group of mental problems is 0.007 and less than 0.05. Considering that 9 people had lower post-test scores than the pre-test, in the experimental group, mental problems have decreased significantly. The significance level of pre-test and post-test scores in the experimental group was 0.003 and less than 0.05, and since 11 people had lower post-test scores than the pre-test, in the experimental group, attention problems decreased significantly.

4. Discussion and Conclusion:

Child internalization disorders are one of the most common childhood disorders that if left untreated during childhood can lead to irreparable problems for both the child and the family. Therefore, intervention in this disorder is necessary since the family is the first platform for child development, so researchers in the field of the family have helped to increase the awareness of many families in this field through holding workshops for many years. This study aimed to determine the effectiveness of parenting skills training based on a solution-oriented approach on internalization disorders in preschool children. For this purpose, a hypothesis was expressed and Man U Whitney and Wilcoxon analysis were used to testing the hypothesis. Thus, parenting skills training based on a solution-oriented approach was considered as an independent variable and internalization disorders as a dependent variable. Findings of the study all indicated the effectiveness of parenting skills training based on the solution-oriented approach on all items of internalizing disorders (anxiety / depression physical complaints, social problems, mental problems attention problems) of preschool children.

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In explaining these findings, we can point to their overlap with the findings of Zahedi et al. (2016), which in their recorded research have shown the significant effect of the solution-oriented educational package in reducing children's behavioral problems. these findings and similar findings, all consider the need for parental education in this area after marriage, before and during pregnancy. Because when deciding to have children, parents should reconsider their beliefs and opinions about how to raise a child and be prepared for this. Due to the new solution-oriented package, more research is needed on its effectiveness, it is definitely an effective package that will definitely evolve with more research. Given the prevalence of these disorders, child psychologists and researchers need to focus as much as possible on prevention programs. The effectiveness of early prevention programs for children's problems depends largely on the involvement of parents in the intervention process, as children are strongly influenced by the family and usually do not have direct intervention on children or have their own difficulties. Therefore, one of the ways to reach children is their parents, because by preventing the creation and aggravation of the child's problems, they can take a big step towards serving the child and preventing the problems of the next generation. Research conducted by Tropical (2019), Shokohi (2018), Amir Tahmasb (2018), Basharpour (2018), Salamat (2019), Banstola (2020), Fuentes (2019), Hosokawa and Katsura (2019), Jinun Bai (2018) It is important to emphasize that the type of behavior of parents and their parenting style have played an important role in reducing or increasing the behavioral disorders of children and adolescents. These studies have shown that educating parents has increased their awareness of how to deal with their children and reduce their behavioral problems (Forehand, 2014). Based on what has been said, the present study, in order to reduce internalization disorders, has used the parenting skills training program based on the solution-oriented approach for parents who have children with internalized disorders. Due to the benefits of group therapy over individual therapy, including saving time and money, the therapeutic value of group members' opinions for each other, as well as the advanced presence of members that motivates others, in this study of group therapy in 6 sessions of 90 One minute was used twice a week. Findings of this study, like Zahedi (2016), indicate that teaching parenting skills based on solution-oriented approach to parents of children with internalization disorders, has reduced this disorder in children in the post-test stage. As a result, internalization disorders in children are reduced. In response, it can be said that solution-oriented therapy has gained the hottest market in the field of workshops due to its features such as cognitive emphases, its minimal tendencies to pragmatism and methods that can be easily generalized. The promise of prompt solutions is gaining in popularity in the healthcare industry. The solution-oriented therapist helps the family to believe that the solution is in their mind by talking about a solution so that they can create solutions that fit their perceptions. Applicable solutions come from the cooperation of family members, followed by the family gaining new and empowering perceptions about themselves. If clients can successfully achieve a cognitive and emotional change, their ability to solve and control the problem is demonstrated. According to the consulting perspective, change-oriented solution is inevitable and especially constructive changes are possible. External and internal studies have shown few findings in holding solution-oriented training workshops on parenting. The present study showed that educational packages based on this approach can reduce behavioral problems in children and change the parenting style and skills in their parents. Previous research has confirmed the effectiveness of this approach in reducing substance use, depression and marital problems, but the use of this approach in parenting education to parents to reduce their internalization disorders is relatively new. Zahedi (2016) in his studies has designed various parenting packages. Systematic, cognitive-behavioral and solution-oriented parenting are among them. Over time, no other research has been conducted on the effectiveness of solution-oriented parenting package since 1995. The forthcoming research reaffirms the significance of this package by significantly reducing the problems of internalization of children, and for this reason, the researcher believes that more research is needed on the effectiveness of this useful package to be available to the scientific-research community as soon as possible. Country to be located. The results of this study showed that teaching standard content of parenting in accordance with scientific and research principles and appropriate approaches to family therapy can have a direct effect on reducing the behavioral problems of children in addition to increasing the ability of parents in education.

The effectiveness of the present research hypothesis has indicated this claim. Despite the necessary controls in the above research, this research, like other researches, had some limitations. In this study, only preschools licensed by the Ministry of Education of Isfahan entered into research interventions and the research was conducted only in urban schools. Criteria for entering this study, available sampling and the impossibility of direct supervision of the researcher when completing the questionnaires were other limitations of this study. Therefore, it is suggested that in future research, older age groups, such as parents of children in primary school, should intervene. This research was conducted in Isfahan. It is better to conduct it in other cities to allow comparison. This study, with its educational effectiveness in reducing children's internalization disorders, which was evident in the findings of the research hypothesis, in addition to the appropriate and comprehensive dissemination of education culture in the community, reminds the scientific community, especially psychiatrists, that medicine is the only appropriate tool to reduce and treat problems. It is not children's behavior, especially since today families are very inclined to use medicine to treat their children's behavioral problems.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles are considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

The authors declared no conflict of interest.

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