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## The Effectiveness of Psychological Empowerment Counseling Package Based on Mothers' Lived Experiences on Cognitive-Emotional Regulation and Parenting Self-Efficacy in Female Heads of Families in Isfahan City

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### ABSTRACT

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**Keywords:**

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**Objective:** To examine the effectiveness of a psychological empowerment training package—developed based on the lived experiences of female heads of families—on cognitive-emotional regulation and parenting self-efficacy among women in Isfahan city.

**Methods:** A mixed-method, quantitative–qualitative research design was employed. The quantitative component used a quasi-experimental method with experimental and control groups in a three-stage (pre-test, post-test, follow-up) design. Participants were female heads of households in Isfahan. The intervention consisted of a psychological empowerment training package grounded in participants' lived experiences. Data were analyzed to determine the impact of the training on cognitive-emotional regulation and parenting self-efficacy.

**Results:** Training showed a significant effect on cognitive-emotional regulation at the post-test stage, with an effect size of 0.788, indicating that approximately 78.8% of the variance in emotional regulation scores was attributable to group membership (i.e., the training intervention). The empowerment training also improved parenting self-efficacy, with an effect size of 0.252, meaning that about 25.2% of the variance in parenting self-efficacy scores was related to the training.

**Conclusions:** Psychological empowerment training based on mothers' lived experiences is effective in enhancing both cognitive-emotional regulation and parenting self-efficacy among female heads of families in Isfahan. The findings highlight the value of experience-based empowerment approaches in supporting vulnerable household heads.

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## Introduction

Female-headed households constitute a significant and growing proportion of contemporary Iranian families. Until recently, the primary reason for the formation of female-headed households was the death of the husband; however, in recent decades, due to normative and value changes as well as economic and cultural transformations, the proportion of households in which women assume responsibility as a result of divorce or remaining unmarried has increased (Ahmadnia, 2017). Women who take charge of their families because of divorce, separation, migration, or the death of their spouse are considered female heads of household (Kwan & Kim, 2020).

The sudden transfer of responsibility for the family's livelihood from the husband to the wife creates numerous challenges for female household heads. Feelings of insecurity—such as loss of income, child-rearing difficulties, and the need to assume a paternal role—generate substantial problems for these women (Herbst, 2010).

Given that female heads of household typically face numerous difficulties related to parenting and child-rearing, the question of which parent plays a more critical role in child development has been the subject of debate. Most scholars agree that both parents, and the correct enactment of their roles, are essential for optimal social and personality development in children. Fathers play a unique role in preventing behavioral, social, and psychological problems. Children model themselves after their parents, and the presence of a father contributes meaningfully to the stability of family dynamics. A healthy and authoritative father figure increases children's adaptability, reduces aggression, and plays a crucial role in shaping appropriate gender orientation in both girls and boys. Research indicates that the presence of each parent is vital for children's psychological well-being, while the absence of parents and family structure is associated with multiple psychological and social risk factors. Members of such families experience greater stress and anxiety, have fewer financial and social support resources, and their children tend to display more behavioral problems than those in two-parent families. During adolescence and adulthood, they are also at greater risk of negative outcomes such as behavioral disorders, low self-esteem, school dropout, depression, and delinquency (Motamed et al., 2015).

Research further shows that adolescents who lived with a single mother during early childhood and adolescence were more likely to consume alcohol and reported more depressive symptoms by

age 14 compared to those with married mothers. There is also a strong association between living with a single mother in early adolescence and alcohol use (Stritzel & Kresney, 2023).

Emotion regulation among female household heads is a critical issue. It is evident that mothers who are unhappy, depressed, or of low mood tend to raise children with poorer mental health. Individuals use various strategies to regulate their emotions, and one of the most common is the use of cognitive strategies (Nelsen & Haksima, 2008). Emotion regulation includes a range of conscious or unconscious cognitive and behavioral strategies aimed at reducing, maintaining, or increasing an emotional experience (Gross, 2001). Cognitive emotion regulation strategies refer to cognitive processes that individuals employ to manage emotionally arousing or stressful information, emphasizing the cognitive dimension of coping. Thus, thoughts and cognitions play a vital role in one's ability to manage, regulate, and control emotions after exposure to a stressful event (Garnefski & Kraaij, 2006).

Garnefski and colleagues (2019) argue that individuals respond differently in stressful situations: some resort to rumination, self-blame, other-blame, or catastrophizing, while others use positive refocusing, perspective-taking, positive reappraisal, acceptance, or planning—strategies that facilitate emotional management and enhance an individual's capacity to cope with stressors.

Studies have shown that female heads of household often use emotion-focused coping styles in response to stressful life situations, a tendency that reduces mental health and increases stress, anxiety, and social dysfunction. Therefore, it is necessary to provide training that enhances the use of appropriate coping strategies—particularly problem-focused coping—for this group (Garnefski & Kraaij, 2006).

A study examining the influence of perceived stress on parenting style among African American female household heads found that the relationship between stress and parenting style did not allow clear causal interpretation. Mothers may adjust their parenting style depending on situational conditions, which in turn may shape how they perceive stress. Two participants reported moderate stress while scoring high on permissive parenting. Although considered valid and perhaps inconsistent, their high permissive scores may reflect a reduced perception of stress in difficult situations. Interestingly, the mother with the highest stress score obtained the highest scores in all three parenting styles, while the one with the lowest stress score obtained the lowest scores. It is

possible that mothers with very high or very low stress are still evaluating their parenting style, resulting in inconsistencies across parenting categories (Wisenhut et al., 2021).

Dorenick and Goff (2019), in a study designed to examine how differences in parenting styles between single mothers and single fathers affect risk-related behaviors in children, found that higher levels of authoritarian parenting among mothers were associated with greater risk-taking and risk behaviors among both boys and girls. Conversely, higher levels of neglectful parenting among fathers were associated with greater risk-taking among boys but not girls. Overall, levels of authoritative, neglectful, and permissive parenting did not differ significantly between mothers and fathers, nor did levels of risk-taking between boys and girls; nonetheless, boys displayed significantly higher risk perception and risk-taking behaviors.

Another study of female household heads showed that women with greater emotion regulation skills experience higher levels of happiness and perform better in emotionally challenging situations (Jafari, 2019). Consistent with these findings, additional research demonstrated that emotion regulation training improved mental health, increased the use of positive emotion regulation strategies, and reduced reliance on negative strategies among female household heads (Fouladchang, 2015).

Parental self-efficacy refers to a caregiver's assessment of their capability to fulfill parenting responsibilities. It involves a parent's beliefs or judgments about their ability to organize and execute specific parenting tasks. Parental self-efficacy predicts maternal disciplinary styles, self-evaluations of parenting practices, and responsiveness to the child (Lee et al., 2003). In a study by Mohammadi et al. (2018), mindful parenting training significantly reduced parenting stress and anxiety and increased parental self-efficacy among mothers of adolescents with high levels of conflict.

Given the importance of female-headed households and the need to empower these women—who face unique challenges as single parents in raising their children at home, in schools, and in broader social environments—the present study seeks to examine the effectiveness of a psychological empowerment training package, based on the lived experiences of female household heads, on their cognitive emotion regulation and parental self-efficacy.

**Research Question 1:** Does the psychological empowerment training package based on the lived experiences of female household heads affect their cognitive emotion regulation?

**Research Question 2:** Does the psychological empowerment training package based on the lived experiences of female household heads affect their parental self-efficacy?

## Material and Methods

Given that the present study examines the effectiveness of a psychological empowerment training package—developed based on the lived experiences of female household heads—on cognitive emotion regulation and parental self-efficacy among female-headed households in Isfahan in 2022, a mixed-methods design (qualitative–quantitative) was employed. The research process consisted of two phases, each utilizing different methodological approaches as described below.

### Qualitative Phase

In the qualitative phase, data were collected through library research and the use of a researcher-designed checklist developed to assess the components of psychological empowerment based on the lived experiences of female household heads. A total of 14 semi-structured interviews were conducted with female-headed households to explore their parenting styles and the challenges they encounter. Using Colaizzi's method, the content derived from these interviews was analyzed, and a parenting training package grounded in the lived experiences of female household heads was developed.

### Quantitative Phase

In the second phase, the training package designed in the qualitative stage was implemented. Data for this phase were collected using questionnaires corresponding to the dependent variables, administered in pre-test and post-test stages within a semi-experimental design.

The final quantitative design aimed to compare the effectiveness of the psychological empowerment training package—based on the lived experiences of female household heads—on cognitive emotion regulation and parental self-efficacy among female-headed households in Isfahan. Due to the use of inclusion and exclusion criteria for selecting participants in the experimental and control groups, a quasi-experimental two-group design (two experimental groups and one control group), with pre-test and post-test measurements, was employed.

### Participants

The statistical population of the quantitative phase consisted of female-headed households referred to counseling centers and the Welfare Organization (Behzisti) in Isfahan. Convenience sampling

was used among those who responded to the recruitment announcement and expressed willingness to participate. Because the training sessions were conducted in groups, the first experimental group included 15 participants, and the second experimental group included 15 participants, resulting in a total sample of 30 individuals.

The independent variable had two levels:

1. Implementation of the psychological empowerment training package developed from the lived experiences of female household heads.
2. No training (control group).

The dependent variables were cognitive emotion regulation and parental self-efficacy, assessed in both pre-test and post-test stages.

### **Group Descriptions**

1. **Experimental Group:** Received the psychological empowerment training package derived from qualitative interviews with female-headed households. The content of the package was reviewed and approved by five university faculty members.
2. **Control Group:** Received no training during the study period.

### **Inclusion Criteria**

- Willingness to participate.
- Minimum educational level of a high school diploma.
- Age range: 30–40 years.
- Commitment to attending sessions and adhering to group norms.
- Having at least one child.
- Being the sole head of household and living without a spouse.

After obtaining the necessary permissions from the Welfare Organization in Isfahan, eligible participants were selected through purposive convenience sampling. They were then randomly assigned to either the experimental or control group through simple randomization. All participants completed a pre-test, after which the experimental groups received the training intervention, while the control group received no training. Following the completion of the training program, all participants completed the post-test.

## Summary of the Psychological Empowerment Training Package for Mothers

Session	Sub-objectives	Behavioral Techniques
1	Orientation, introduction, psychological resilience	Techniques for enhancing psychological resilience
2	Enhancing psychological well-being among female household heads	Understanding happiness, principles of well-being, and related assignments
3	Parent-child interaction patterns	Constructive, destructive, and dysfunctional communication; identifying maternal communication and parenting patterns
4	Training verbal and non-verbal communication skills	Continuation of previous session's assignments
5	Psychological empowerment and social network building	Strengthening social networks and improving social relationships
6	Self-esteem among female household heads	Understanding and enhancing self-esteem
7	Impact of maternal emotional distress on adolescent behavior	Effective communication with adolescents regarding high-risk behaviors
8	Summary and conclusion	Review and planning for improved parent-child interactions

## Instruments

**Cognitive Emotion Regulation Questionnaire (CERQ):** The Cognitive Emotion Regulation Questionnaire, developed by Garnefski, Kraaij, and Spinhoven (2001) in the Netherlands, is available in English and Dutch versions. It is a multidimensional instrument designed to assess individuals' cognitive coping strategies following negative or stressful events. Unlike other coping questionnaires that do not clearly separate thoughts from behaviors, the CERQ specifically evaluates cognitive responses after exposure to stressful or traumatic experiences.

Hasani (2010) reported an internal consistency coefficient of 0.92 using Cronbach's alpha for the overall scale in Iran, with subscale alphas ranging from 0.77 to 0.87. The test-retest reliability after 3–4 weeks was 0.77, indicating good stability. Exploratory factor analysis confirmed the presence of nine factors consistent with the original version, explaining 74% of total variance, with all factor loadings exceeding 0.40.

**Parental Self-Efficacy Questionnaire:** Developed by Dumka et al. (1996), this 10-item questionnaire assesses general parental self-efficacy. Higher scores indicate greater parental self-efficacy. It includes five positively worded and five negatively worded items and uses a 7-point Likert scale (1 = rarely, 7 = always). Dumka and colleagues reported an internal consistency reliability of 0.70. (Ashori et al., 2015).

**Table 1.** Demographic Characteristics of Participants

Participant	Age	Gender	Education	Daughters	Sons	Residence
<b>P1</b>	38	Female	Diploma	2	—	Urban
<b>P2</b>	39	Female	Primary	1	1	Urban
<b>P3</b>	43	Female	Bachelor's	—	3	Urban
<b>P4</b>	25	Female	Diploma	1	—	Rural
<b>P5</b>	52	Female	Bachelor's	2	2	Urban
<b>P6</b>	49	Female	Diploma	2	1	Rural
<b>P7</b>	37	Female	Bachelor's	1	1	Urban
<b>P8</b>	36	Female	Bachelor's	1	—	Rural
<b>P9</b>	37	Female	Diploma	—	2	Urban
<b>P10</b>	38	Female	Primary	—	2	Rural
<b>P11</b>	46	Female	Primary	2	—	Rural
<b>P12</b>	45	Female	Diploma	1	—	Rural
<b>P13</b>	47	Female	Primary	3	—	Rural
<b>P14</b>	45	Female	Diploma	—	1	Urban
<b>P15</b>	47	Female	Primary	—	1	Urban

## Results

**Question 1:** Did the psychological empowerment training package based on mothers' lived experiences affect cognitive–emotional regulation in female heads of households in Isfahan?

The results of the ANCOVA analysis regarding the effect of the psychological empowerment training package based on mothers' lived experiences on cognitive–emotional regulation is presented in the table. In this analysis, in order to control the effect of the pretest on the posttest results, pretest scores were adjusted. That means the effect of the pretest was removed from the posttest scores, and then the two groups were compared using the adjusted scores.

**Table 2.** Results of ANCOVA comparing the means of cognitive–emotional regulation scores based on group membership

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Statistical Power
<b>Pretest</b>	38.95	—	38.95	17.494	0.001	0.393	0.981
<b>Group Membership</b>	223.197	—	223.197	100.244	0.001	0.788	1.000
<b>Error</b>	60.116	7	2.227	—	—	—	—

As shown in Table 2, the pretest scores of cognitive–emotional regulation have a significant relationship with the posttest scores. After controlling this relationship, the difference between the adjusted mean scores of cognitive–emotional regulation in the posttest stage (after controlling for pretest scores) between the experimental and control groups is significant ( $p = 0.001$ ). Therefore, the first sub-hypothesis of the research is confirmed.

In other words, the intervention improved cognitive-emotional regulation in the posttest stage. The effect size of this training on improving this variable in the posttest is 0.788, meaning that approximately 78.8% of the variance in cognitive-emotional regulation scores is related to group membership or the effect of the training. The statistical power of 100% indicates excellent statistical accuracy, and the sample size was sufficient to test this hypothesis.

**Question 2:** Did the psychological empowerment training package based on mothers' lived experiences affect parenting self-efficacy in female heads of households in Isfahan?

The results of the ANCOVA analysis on the effect of the psychological empowerment training package based on mothers' lived experiences on parenting self-efficacy are presented in Table 3.

**Table 3.** Results of ANCOVA comparing the means of parenting self-efficacy scores based on group membership

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Statistical Power
<b>Pretest</b>	35.262	—	35.262	36.332	0.001	0.574	1.000
<b>Group Membership</b>	8.849	—	8.849	9.118	0.005	0.252	0.899
<b>Error</b>	26.205	7	0.971	—	—	—	—

As shown in Table 3, the pretest scores of parenting self-efficacy have a significant relationship with the posttest scores. After controlling this relationship, the difference between the adjusted mean scores of parenting self-efficacy in the posttest stage between the experimental and control groups is significant ( $p = 0.005$ ). Therefore, the second sub-hypothesis of the research is confirmed.

In other words, the psychological empowerment training based on lived experiences improved parenting self-efficacy in the posttest stage. The effect size of this training in the posttest is 0.252, meaning that approximately 25.2% of the variance in parenting self-efficacy scores is related to group membership or the effect of the training. The statistical power of 89.9% indicates that the test had good statistical accuracy, and the sample size was sufficient to test this hypothesis.

## Discussion

Today, the emergence of behavioral problems among children and adolescents, and their adverse consequences for children, families, and society, has made child-rearing one of the most complex and challenging daily issues. This study examined the effectiveness of a psychological

empowerment training package on cognitive emotion regulation among female-headed households in Isfahan.

Based on the overall results presented in Tables 1 and 2, it can be concluded that, in response to the first and second research questions, the psychological empowerment training package significantly improved both positive and negative cognitive emotion regulation strategies in the posttest phase. Moreover, the effects of the intervention were maintained during the follow-up stage. No significant difference was observed between the two interventions regarding their impact on the improvement of positive and negative cognitive emotion regulation strategies among female heads of households in Isfahan.

Creating a warm and supportive emotional environment, teaching therapeutic and family emotional relationships, and enhancing parental understanding of their communication styles and their impact on child behavior are crucial factors in effective parenting. Providing parenting training to female-headed households equips them with strategies for cognitive emotion regulation and helps this vulnerable group raise psychologically and socially healthy children.

The findings of this study are consistent with those of Ali Ghanavati et al. (2019), which showed that parent-child interaction training significantly improved attachment quality in children experiencing inefficient mother-child interactions. Similarly, many studies indicate that parental emotional self-regulation is associated with child socialization and healthy behaviors (Hylander et al., 2022). Maternal emotion regulation is negatively related to non-supportive parenting styles, while mothers with effective cognitive emotion regulation exhibit supportive parenting practices (Morlen et al., 2019).

Other research has demonstrated that maternal emotion regulation is a teachable variable. Mothers who adopt problem-focused or emotion-focused parenting styles after divorce tend to be more successful than others (Neiman et al., 2023). Additionally, group-based positive parenting training has been shown to directly enhance maternal self-efficacy and improve parent-child interactions. For example, Moeini et al. (2020) found that positive parenting group training for mothers significantly reduced symptoms of attention-deficit/hyperactivity disorder (ADHD) in children. Positive parenting programs are therefore considered appropriate interventions for reducing ADHD symptoms. Likewise, positive parenting and acceptance-commitment-based parenting

approaches can effectively reduce problems in mothers and children with oppositional defiant disorder (Amini Naghani et al., 2020).

Regarding parental self-efficacy, numerous studies support the results of the present research. For instance, Saadati et al. (2020) demonstrated that culturally adapted parenting counseling improved parental self-efficacy and parent-child relationships among mothers of sons, consistent with the findings of this study.

### **Limitations and Recommendations**

Implementing this training method with female-headed households posed limitations due to the sensitivity of this vulnerable population, restricting the generalizability of the results to other groups. It is recommended that future studies focus on single-parent child-rearing, direct parent-child interactions among female-headed households, and the cultural challenges they face. Moreover, attention should be given to training in self-regulation techniques to reduce social harms and risky behaviors among children of female-headed households.

### **Data availability statement**

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### **Ethics statement**

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

### **Author contributions**

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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### **Conflict of interest**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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