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The Effectiveness of Transdiagnostic Parenting Training on Quality of Life and Acceptance and Action in Mothers of Lower Secondary School Children

Mohammad Saleh. Faghihi[1], Seyed Hamid. Atashpour[2*], Ilnaz. Sajjadian[2]

1 PhD Student, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran
2 Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

*Correspondence: hamdi.atashpour@iau.ac.ir

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ABSTRACT

The aim of this study was to investigate the effectiveness of transdiagnostic parenting training on the quality of life and acceptance and action in mothers of lower secondary school children. This study employed a quasi-experimental design using a pretest–posttest method with a control group and a two-month follow-up. The statistical population consisted of mothers of elementary school children in Isfahan during the 2024–2025 academic year. Thirty participants were selected through convenience and voluntary sampling and were randomly assigned to the experimental group (n = 15) and the control group (n = 15). The research instruments included the World Health Organization Quality of Life Questionnaire (1989) and the Acceptance and Action Questionnaire developed by Bond et al. (2007). Parenting training was conducted in eight 90-minute sessions based on the transdiagnostic approach. Data were analyzed using repeated-measures analysis of variance and the Bonferroni post hoc test. The results of the analysis of variance indicated that transdiagnostic parenting training led to a significant increase in quality of life and a significant reduction in acceptance and action scores among mothers in the experimental group compared to the control group at both the posttest and follow-up stages. A significant interaction between time and group membership was observed for both main variables, indicating the sustained effectiveness of the intervention. Transdiagnostic parenting training enhances psychological indicators of mothers, including improved quality of life, greater flexibility, and reduced experiential avoidance. Therefore, it can be applied as an effective approach in parent education.

Keywords: parenting training, acceptance and action, transdiagnostic, quality of life

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Introduction

Parenting plays a central role in shaping children's psychological well-being, social functioning, and emotional development. Effective parenting practices contribute not only to the child's adjustment but also

to the parent's own mental health and quality of life. However, mothers of children in late elementary school years often encounter heightened psychological demands as they face developmental transitions, emotional challenges, and academic pressures in their children. These challenges can exacerbate stress, lower quality of life, and increase experiential avoidance, particularly when parents lack flexible strategies for coping with distressing emotions and child-related difficulties (1). In recent years, transdiagnostic approaches to parenting interventions have gained traction, as they target core underlying mechanisms that cut across multiple disorders and maladaptive parenting behaviors, thereby offering broader benefits for both parents and children (2).

The concept of "transdiagnostic intervention" was introduced as a response to the limitations of disorder-specific treatments, particularly in addressing comorbidities and shared vulnerabilities across different emotional and behavioral problems (3). Transdiagnostic frameworks emphasize processes such as emotion regulation, cognitive flexibility, and avoidance behaviors that are common across disorders and family-related dysfunction (4). Applying these frameworks to parenting is especially valuable, as parents' difficulties in regulating their own emotions can strongly influence their responses to children, often reinforcing maladaptive cycles (5). For example, anxious or rigid parenting styles can unintentionally increase children's anxiety or oppositional behaviors, while flexible and supportive approaches foster resilience (6).

In families where mothers face substantial stressors—such as raising children with special needs, managing household demands, or dealing with their own mental health concerns—quality of life and parenting effectiveness are often compromised (7). Mothers of children with disabilities, in particular, report lower life satisfaction and higher levels of psychological distress, underlining the importance of interventions that can strengthen both parental functioning and emotional resilience (8). In this regard, acceptance- and mindfulness-based approaches, when integrated into transdiagnostic parenting frameworks, offer promising strategies for reducing experiential avoidance and enhancing psychological flexibility (9, 10).

The unified transdiagnostic treatment model has demonstrated efficacy in children and adolescents by reducing anxiety, depression, and related symptoms through addressing shared emotional vulnerabilities (3). Importantly, when mothers receive training in transdiagnostic parenting, the benefits extend beyond child outcomes to mothers' own psychological health, including improved emotional regulation and reduced stress (11, 12). Mothers who adopt more adaptive emotion regulation strategies experience greater self-efficacy and confidence in parenting, as well as improved quality of life (13).

Several empirical studies highlight the promise of transdiagnostic parenting interventions in diverse populations. For example, a feasibility trial of an internet-based transdiagnostic parenting program demonstrated significant reductions in behavioral difficulties in children at neurodevelopmental risk, along with increased parental self-efficacy (14). Similarly, parent-led internet-delivered transdiagnostic programs targeting children's anxiety and depression showed preliminary efficacy, supporting accessibility and scalability of such approaches (15). Systematic reviews further confirm the effectiveness of both universal and tailored internet-delivered transdiagnostic interventions for parental well-being and children's emotional problems (16). These findings align with a broader movement toward digital and flexible delivery formats that can extend the reach of evidence-based parenting interventions.

Beyond delivery format, content matters: studies demonstrate that transdiagnostic programs focusing on mothers of children with cancer or developmental disorders significantly improve cognitive emotion regulation and decrease comorbid depressive and anxious symptoms (17, 18). Likewise, interventions integrating acceptance and commitment therapy (ACT) principles within transdiagnostic frameworks have improved emotion regulation, resilience, and quality of life among mothers facing stressful caregiving demands (19, 20). These approaches are particularly suited to mothers who may struggle with guilt, self-criticism, or experiential avoidance, as they emphasize acceptance of distress and commitment to value-driven parenting behaviors (21).

Parenting practices are not only influenced by intervention but also by parental personality and internal working models. For example, negative internal working models have been identified as mechanisms linking parental personality traits with parenting behavior, suggesting that maladaptive schemas can perpetuate harsh or anxiogenic parenting (6). Transdiagnostic parenting interventions directly address such maladaptive cognitive and emotional processes, equipping mothers with skills to disengage from rigid patterns and engage in more flexible, supportive parenting. This emphasis on psychological flexibility is critical, as lower flexibility is consistently associated with reduced quality of life and increased stress among mothers (8).

Another important consideration is how mothers' own health-related quality of life intersects with their parenting practices. Research in palliative care and chronic illness underscores that quality of life is multidimensional, encompassing physical, psychological, social, and environmental domains (22-24). Mothers who struggle with poor health or overwhelming caregiving demands may experience declines across these domains, negatively affecting their parenting capacity. Interventions that simultaneously enhance parenting skills and support maternal quality of life are therefore especially valuable.

There is also growing recognition that parenting interventions should not be restricted to children with clinical disorders but should be integrated into preventive frameworks. For example, family-centered prevention programs for early elementary children enhance proactive parenting and parental self-efficacy, reducing later risks of behavioral problems (1). Similarly, motivational interviewing techniques embedded in preventive parenting programs improve parent–child interactions and reduce problem behaviors at critical developmental transitions (13). Integrating such approaches with transdiagnostic frameworks expands their utility beyond treatment to prevention, potentially mitigating the emergence of more severe problems.

The broader societal and cultural context also shapes how mothers experience parenting and how interventions are received. Cross-cultural studies emphasize that authoritative parenting, characterized by warmth and structure, is associated with optimal child outcomes across diverse societies (25). Yet, the stressors faced by mothers vary, with women in low-resource contexts, female-headed households, or families facing chronic adversity showing heightened vulnerability (19). Tailoring interventions to these contexts ensures greater ecological validity and sustainability.

From a clinical perspective, transdiagnostic interventions also address a long-standing challenge: comorbidity. Mothers of school-aged children often present with overlapping symptoms of stress, anxiety, and depression, making disorder-specific interventions less efficient (18). By targeting shared processes such as avoidance and maladaptive regulation, transdiagnostic parenting interventions provide more

comprehensive and flexible support (2). Moreover, they align with contemporary psychiatric models that advocate moving beyond rigid diagnostic categories toward process-based and dimensional frameworks (2).

Evidence also suggests that when children participate in transdiagnostic interventions, parents benefit indirectly. For instance, youth-focused transdiagnostic treatments have been shown to improve parents' emotional responding and socialization behaviors, highlighting the bidirectional influence between parent and child functioning (26). This reciprocal improvement further supports the integration of transdiagnostic frameworks into parenting programs, as both generations experience gains.

Despite substantial evidence, challenges remain. Some studies highlight that parents' psychopathology and poor emotion regulation can undermine engagement with parenting interventions, suggesting the need for concurrent parental support (4). Others argue for stronger benchmarking of outcomes using standardized quality of life measures to ensure comparability across interventions (24). Furthermore, while digital and internet-based delivery methods expand access, they may also exacerbate disparities for families lacking technological resources (14). Thus, while the potential of transdiagnostic parenting interventions is clear, careful adaptation and evaluation remain essential.

In sum, the literature underscores the importance of integrating transdiagnostic frameworks into parenting interventions for mothers of children in late elementary school. These interventions target core emotional and cognitive processes, enhance psychological flexibility, and improve both maternal quality of life and parenting practices. Empirical evidence from diverse populations—from mothers of children with disabilities to those facing chronic stress—supports their efficacy (7, 17, 27). By addressing shared vulnerabilities across disorders and promoting value-driven action, transdiagnostic parenting interventions represent a promising avenue for improving family well-being. The present study builds on this body of work by examining the effectiveness of transdiagnostic parenting training on quality of life and acceptance and action in mothers of lower secondary school children, seeking to extend evidence in an understudied developmental context.

Methods and Materials

Study Design and Participants

The research method in this study was a quasi-experimental two-group design (one group as transdiagnostic parenting and one group as control group) with three stages (pretest, posttest, and two-month follow-up) to determine the difference in the effectiveness of transdiagnostic parenting on the dependent variables of the study. The statistical population consisted of all mothers of elementary school students (second stage) in the 2024–2025 academic year in Isfahan. To select the sample, convenience and voluntary sampling with random assignment was conducted from among schools in District 5 of Isfahan.

Inclusion criteria included being a mother with a child currently enrolled in elementary school, willingness to participate in the educational-research project, having at least a high school diploma, and not having participated in similar parenting courses. Exclusion criteria included withdrawal from further participation in the study, absence from more than three training sessions, mother or child having severe psychological or physical disorders, and mother or child undergoing treatment with medications for severe psychological or physical disorders.

Data Collection

World Health Organization Quality of Life Questionnaire: The World Health Organization Quality of Life Questionnaire (1989) is a 26-item instrument that assesses an individual's overall and general quality of life. This questionnaire has four subscales: physical health (items 3, 4, 10, 15, 16, 17, 18), psychological health (items 5, 6, 7, 11, 19, 26), social relationships (items 20, 21, 22), and environmental health (items 8, 9, 12, 13, 14, 23, 24, 25), as well as two overall items (1 and 2). Items 3, 4, and 26 are reverse scored. Each item is rated on a 5-point Likert scale (very poor, poor, neither poor nor good, good, very good). The total score ranges from 26 to 120, with higher scores indicating a higher quality of life and lower scores indicating a lower quality of life. In results reported by the scale developers across 15 international WHO centers, Cronbach's alpha coefficients ranged from .73 to .89 for the four subscales and the overall scale. In Iran, test-retest reliability coefficients were reported as .77 for physical health, .77 for psychological health, .75 for social relationships, and .84 for environmental health. Using concurrent validity, correlations between the total score and subscales of this questionnaire and the total score and subscales of the General Health Questionnaire were assessed.

Acceptance and Action Questionnaire-II (AAQ-II): This questionnaire was developed by Bond et al. (2007) to assess psychological flexibility, particularly in relation to experiential avoidance and willingness to engage in action despite unwanted thoughts and feelings. The questionnaire consists of 10 items, scored on a 7-point Likert scale ranging from 1 (never true) to 7 (always true). Higher scores indicate lower psychological flexibility and greater experiential avoidance. Bond et al. reported a test-retest reliability coefficient of .81 and internal consistency of .84. In Iran, the Cronbach's alpha coefficient for the Persian version of the AAQ-II was reported as .89, and test-retest reliability was reported as .71.

Intervention

The transdiagnostic parenting training package was developed by the researchers through thematic analysis of national and international sources until theoretical saturation, followed by triangulation using expert consultation, pilot testing, and collaborative refinement. The program consisted of eight structured weekly sessions, each lasting 90 minutes, during which mothers were trained in transdiagnostic parenting skills. The sessions began with introducing the transdiagnostic framework and the parental role in addressing underlying processes of child difficulties, followed by recognizing cognitive barriers and repetitive parenting patterns and initiating sustainable change. In subsequent sessions, mothers were guided to enhance their ability to identify and regulate both their own and their children's emotions, to reduce experiential avoidance, and to replace emotion-driven reactions with adaptive strategies. Further sessions focused on understanding the roots of challenging child behaviors, teaching transdiagnostic techniques for managing parental responses, strengthening active listening and emotional expression skills, and overcoming communication barriers. The final sessions emphasized improving maternal emotion management and its impact on children through emotional socialization, and concluded with a review and consolidation of skills, planning for continued learning and self-care, and establishing emergency strategies for managing high-stress or crisis situations, ensuring the durability and effectiveness of the intervention.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics (mean and standard deviation) were first calculated to summarize participants' scores across pretest, posttest, and follow-up stages. To examine the effectiveness of the transdiagnostic parenting training, a repeated-measures analysis of variance (ANOVA) was conducted to assess within-group and between-group differences over time. When significant effects were identified, the Bonferroni post hoc test was applied to determine the source of differences across measurement stages. Effect sizes and statistical power were also reported to evaluate the strength and reliability of the findings.

Findings and Results

In this section, the effect of transdiagnostic parenting training on the quality of life and acceptance and action of mothers of lower secondary school children is examined. For data analysis, first, the mean and standard deviation of the studied variables in the pretest, posttest, and follow-up stages in the experimental group are reported, followed by the results of repeated-measures analysis of variance and the Bonferroni post hoc test.

Table 1. Descriptive indicators of variables in the experimental and control groups at different stages

Variable	Group	Stage	Mean	Standard Deviation
Quality of Life	Experimental	Pretest	62.97	15.37
		Posttest	89.36	9.12
		Follow-up	87.83	8.35
	Control	Pretest	66.89	14.67
		Posttest	65.58	14.41
		Follow-up	66.38	14.67
Acceptance & Action	Experimental	Pretest	34.07	8.85
		Posttest	18.00	5.06
		Follow-up	18.33	2.55
	Control	Pretest	33.53	8.84
		Posttest	33.73	8.16
		Follow-up	33.20	9.26

The results of the above table show that quality of life in the experimental group increased from pretest to posttest and follow-up. Furthermore, acceptance and action scores significantly decreased, although a slight increase was observed at the follow-up stage. However, compared to the pretest, the reduction remained substantial, indicating improvement in this skill.

Table 2. Results of repeated-measures analysis of variance between-subject and within-subject effects

Variable	Source	F	Significance Level	Effect Size	Statistical Power
Quality of Life	Time × Group	31.65	< 0.001	0.53	1.000
Acceptance & Action	Time × Group	55.34	< 0.001	0.66	1.000

Based on the above table, the interaction effect of time × group was significant for both variables under study. This means that the observed changes in quality of life and acceptance and action in the experimental group were significantly greater compared to the control group. The high F values, very low significance levels, and large effect sizes all confirm the strong effectiveness of the intervention.

Table 3. Results of the Bonferroni post hoc test for comparing different stages in variables

Variable	Stage Comparison	Mean Difference	Significance Level
Quality of Life	Pretest – Posttest	-12.39	< 0.001
Quality of Life	Posttest – Follow-up	0.36	1.00
Acceptance & Action	Pretest – Posttest	7.93	< 0.001
Acceptance & Action	Posttest – Follow-up	0.10	1.00

The findings of the Bonferroni post hoc test indicate that in the quality of life variable, a significant increase was observed from pretest to posttest, and this effect was maintained through follow-up. In the acceptance and action variable, the mean differences between both stages were statistically significant, indicating a meaningful reduction in acceptance and action.

Discussion and Conclusion

The findings of this study demonstrated that transdiagnostic parenting training significantly improved mothers' quality of life while also reducing experiential avoidance and maladaptive acceptance and action patterns. Specifically, mothers who participated in the intervention showed a marked increase in quality of life from pretest to posttest, and these gains were sustained at the two-month follow-up. Likewise, their scores on the Acceptance and Action Questionnaire-II decreased substantially after the intervention, reflecting greater psychological flexibility and lower experiential avoidance. These results indicate that a transdiagnostic parenting framework can serve as an effective approach to simultaneously improving parental well-being and adaptive functioning, aligning with the theoretical underpinnings of process-based models of psychological intervention (2).

The observed improvements in mothers' quality of life are consistent with evidence from previous studies highlighting the multidimensional nature of health-related quality of life and its responsiveness to psychosocial interventions (22, 24). For mothers, quality of life encompasses physical, emotional, social, and environmental dimensions, all of which are often strained by the demands of parenting children at critical developmental stages. By addressing shared emotional and cognitive vulnerabilities such as avoidance and inflexibility, the intervention appeared to enhance mothers' ability to cope with stressors more effectively, thereby improving their perceived quality of life. This aligns with research showing that mothers of children with disabilities or special needs often report diminished quality of life, which can be ameliorated through structured psychological interventions (7).

The reduction in experiential avoidance and maladaptive acceptance/action patterns observed in this study supports the utility of integrating acceptance-based strategies into parenting interventions. Experiential avoidance, characterized by attempts to suppress or avoid unpleasant internal experiences, has been linked to maladaptive parenting responses and lower parental well-being (8). By decreasing experiential avoidance, transdiagnostic parenting training fosters greater psychological flexibility, enabling mothers to respond to their children's needs in more adaptive ways. This result is consistent with studies showing that acceptance- and commitment-based interventions improve emotion regulation and parenting quality (9, 10).

Our results also highlight the sustainability of these effects, as improvements in quality of life and psychological flexibility persisted during the follow-up period. Sustained change is a critical outcome, given that parenting challenges are continuous and evolve over time. This finding parallels earlier research

showing that transdiagnostic interventions targeting shared vulnerabilities yield long-lasting effects for both parents and children (3). Similarly, parent-led internet-delivered transdiagnostic interventions have been shown to maintain their benefits over extended periods, emphasizing the robustness of this approach (15, 16).

Another significant implication of this study is that mothers can benefit directly from interventions originally designed for children or family systems. Previous studies have demonstrated that when children undergo transdiagnostic treatment, parents often show improvements in their own emotional regulation and parenting behaviors (26). Our findings extend this bidirectional influence by showing that when mothers themselves are directly trained, the benefits are observable both in psychological indices such as quality of life and in reduced maladaptive coping styles. These outcomes reinforce the conceptualization of family as an interconnected system in which interventions targeting one member can reverberate throughout the family unit (1).

The findings of the present study also align with research demonstrating the effectiveness of transdiagnostic interventions among mothers of children with chronic or serious health conditions. For example, mothers of children with cancer who received integrated transdiagnostic group therapy reported improvements in emotion regulation and adaptive coping strategies (17). Similarly, homemaker mothers experiencing comorbid anxiety and depression benefitted significantly from transdiagnostic protocol therapy (18). Our results converge with these findings by highlighting the capacity of transdiagnostic parenting training to alleviate psychological distress and promote well-being in non-clinical populations such as mothers of typically developing school-aged children.

The intervention's impact on mothers' acceptance and action patterns is especially notable given the established link between parental avoidance tendencies and children's emotional difficulties. Parenting behaviors rooted in avoidance or rigidity often transmit maladaptive coping to children, increasing their risk for anxiety and depressive symptoms (5). By reducing experiential avoidance in mothers, transdiagnostic parenting training may indirectly foster healthier child outcomes. This mechanism is consistent with evidence showing that parental internal working models and emotional inflexibility are key predictors of parenting difficulties (6). Therefore, improvements observed in mothers' psychological flexibility may serve as protective factors for children's long-term emotional development.

The results also resonate with studies emphasizing the effectiveness of mindfulness- and acceptance-based parenting programs. For instance, research comparing mindfulness-based parenting and transdiagnostic therapy found both approaches effective in reducing stress and increasing self-compassion in mothers of children with autism (27). Similarly, interventions grounded in resilience training and acceptance-based frameworks have improved adaptive traits such as gratitude and courage among vulnerable populations (19). Our findings suggest that integrating these principles into a structured transdiagnostic parenting curriculum provides a comprehensive strategy to promote maternal well-being.

Furthermore, the findings speak to the broader theoretical foundation of transdiagnostic psychiatry, which advocates for process-based models that transcend categorical diagnoses (2). Parenting challenges do not neatly fall into diagnostic boundaries, and mothers often experience overlapping stressors, emotional dysregulation, and lowered quality of life. A transdiagnostic approach directly addresses these overlapping processes, making it well-suited for parenting interventions. In this way, our study contributes to the

growing body of literature validating the superiority of transdiagnostic models over disorder-specific frameworks, particularly for complex family contexts.

Another key alignment is with prevention science. Evidence shows that family-centered prevention and motivational interviewing approaches enhance parenting skills, improve parent–child relationships, and reduce children's later behavioral problems (13). Our findings indicate that transdiagnostic parenting interventions can serve not only as therapeutic but also as preventive strategies, equipping mothers with tools that mitigate the escalation of stress and experiential avoidance before they contribute to clinical-level dysfunction. In this sense, the intervention aligns with proactive approaches to family health and resilience.

The sustainability of the improvements observed is further reinforced by the growing body of evidence supporting digital and internet-based adaptations of transdiagnostic parenting programs. Trials such as I-InTERACT-North and other online parent-led programs demonstrate feasibility and efficacy in improving parenting skills and child outcomes (14, 15). While our study employed in-person group sessions, the results highlight the potential for integrating digital modalities in future research to enhance accessibility, especially for mothers with limited resources.

In addition, our study supports the argument that parenting interventions must address not only child-related outcomes but also maternal well-being. Evidence consistently shows that maternal psychopathology and emotion regulation difficulties can undermine the effectiveness of parenting interventions (4). By improving mothers' own psychological flexibility and quality of life, transdiagnostic parenting training may strengthen the foundation for sustainable parenting practices, ensuring that intervention effects are not limited by parental distress.

Overall, the findings from this study contribute to the expanding literature supporting transdiagnostic parenting interventions. They highlight the efficacy of such programs in improving mothers' quality of life, reducing maladaptive acceptance and action patterns, and sustaining these improvements over time. They also align with a wide range of studies emphasizing the importance of addressing shared psychological processes, adopting flexible delivery formats, and considering both therapeutic and preventive applications.

Despite its contributions, this study has several limitations. First, the sample size was relatively small, with only 30 participants, which limits the generalizability of the findings to broader populations. Second, the study relied on self-report measures, which may be influenced by social desirability bias or subjective interpretation. Although validated tools such as the WHOQOL-BREF and the Acceptance and Action Questionnaire-II were used, objective behavioral measures could provide a more comprehensive assessment. Third, the follow-up period was limited to two months, restricting conclusions about the long-term sustainability of the intervention's effects. Finally, the study was conducted in a single cultural and geographical context, which may affect the transferability of findings to other populations with different cultural norms, family structures, and parenting challenges.

Future research should address these limitations by employing larger and more diverse samples to enhance generalizability. Studies with extended follow-up periods, such as six months or one year, are needed to better understand the long-term impact of transdiagnostic parenting training on both mothers and children. Additionally, incorporating multi-method assessments—including observational measures of parent–child interaction and reports from teachers or other family members—would strengthen the validity of findings. Comparative studies exploring different delivery modalities, such as internet-based versus face-

to-face interventions, would also provide insights into scalability and accessibility. Furthermore, future research could examine the mediating and moderating mechanisms underlying the observed effects, such as the role of maternal emotion regulation, self-efficacy, or child temperament.

Practitioners can incorporate transdiagnostic parenting frameworks into parent education programs to enhance both maternal well-being and effective parenting. Schools and community organizations may adopt these programs to provide preventive support to families during critical developmental stages. Tailoring interventions to address cultural and contextual factors will ensure greater relevance and effectiveness. Finally, integrating acceptance- and mindfulness-based strategies within transdiagnostic parenting programs can empower mothers to manage stress more effectively, improve quality of life, and cultivate healthier family dynamics.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The ethics code of the Ethics Committee of Research, Islamic Azad University, Isfahan (Khorasgan) Branch, was approved under the number IR.IAU.KHUISF.REC.1401.313 on December 19, 2022.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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References

1. Resnik F, Garbacz SA, Stormshak EA, McIntyre LL. Family-centered prevention to enhance proactive parenting and parental self-efficacy during early elementary school. Journal of family psychology. 2023;37(3):380-7. doi: 10.1037/fam0001050.

2. Mansell W. Transdiagnostic psychiatry goes above and beyond classification. World psychiatry. 2019;18(3):360-1. doi: 10.1002/wps.20680.

3. Ehrenreich-May J, Kennedy SM, Sherman JA, Bilek EL, Buzzella BA, Bennett SM, et al. Unified protocols for transdiagnostic treatment of emotional disorders in children and adolescents: Therapist guide: Oxford University Press; 2018.
4. Maliken AC, Katz LF. Exploring the impact of parental psychopathology and emotion regulation on evidence-based parenting interventions: a transdiagnostic approach to improving treatment effectiveness. Clinical child and family psychology review. 2013;16(2):173-86. doi: 10.1007/s10567-013-0132-4.
5. Casline E, Patel ZS, Timpano KR, Jensen-Doss A. Exploring the Link Between Transdiagnostic Cognitive Risk Factors, Anxiogenic Parenting Behaviors, and Child Anxiety. Child psychiatry and human development. 2021;52(6):1032-43. doi: 10.1007/s10578-020-01078-2.
6. An D, Bendel-Stenzel LC, Kochanska G. Negative internal working models as mechanisms that link mothers' and fathers' personality with their parenting: A short-term longitudinal study. Journal of personality. 2022;90(6):1004-20. doi: 10.1111/jopy.12711.
7. Tarigan EF, Mahmudiono T, Puspitasari N, Paramita PP, Dwijayanti I. Determinants of the quality of life of mother with children with disability: A systematic review. African journal of reproductive health. 2024;28(10s):332-47. doi: 10.29063/ajrh2024/v28i10s.36.
8. Pourakbaran E, Mehrabi R, Badihei Zarati F, Timoorzadeh SK, Dehghanizadeh T. The relationship between acceptance and action, future time perspective, psychological flexibility, and adjustment in mothers of children with intellectual disabilities. Journal of Exceptional Children. 2019;19(1):81-94.
9. Goodarzi F, Soltani Z, Hosseini Sadigh M, Hamdami M, Ghasemi Joubaneh R. The effectiveness of acceptance and commitment therapy (ACT) on emotion regulation and quality of life in mothers of children with intellectual disabilities. Disability Studies. 2017;7(13):1-21.
10. Taghavi SF, Seyed Farrokhi G, Gholamzadeh J, Shahbazi M. Comparing the effectiveness of solution-focused therapy and acceptance and commitment therapy (ACT) on quality of life and self-efficacy in homemaker women. Analytical-Cognitive Psychology. 2020;43(11):39-53.
11. Alavi Z, Ghasemzadeh S, Arjmandnia A, Lavasani MG, Vakili S. The effectiveness of an integrated transdiagnostic therapy program on emotion regulation in anxious children and their mothers' parenting styles. Psychological Studies. 2022;18(2):21-34.
12. Holakouie A, Ghasemzadeh S, Arjmandnia A. The effectiveness of an integrated transdiagnostic therapy program on adolescent anxiety and their mothers' parenting. Razi Journal of Medical Sciences. 2022;29(4):150-9.
13. Stormshak EA, DeGarmo D, Garbacz SA, McIntyre LL, Caruthers A. Using Motivational Interviewing to Improve Parenting Skills and Prevent Problem Behavior During the Transition to Kindergarten. Prevention science. 2021;22(6):747-57. doi: 10.1007/s11121-020-01102-w.
14. Burek B, Ford MK, Hooper M, Green R, Kohut SA, Andrade BF, et al. Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk: introducing I-InTERACT-North. The Clinical neuropsychologist. 2021;35(5):1030-52. doi: 10.1080/13854046.2020.1829071.
15. Poetar CR, Dobrean A, Andersson G. Preliminary efficacy of a transdiagnostic parent-led internet-delivered intervention for children with anxiety and depressive symptoms: a pilot randomized controlled trial. Child and adolescent psychiatry and mental health. 2024;18(1):31. doi: 10.1186/s13034-024-00721-3.
16. Liu J, Li C, Qiu Y, Yu Y, Zeng L, Wu M, et al. Efficacy of internet-delivered universal and tailored transdiagnostic interventions for anxiety and depression: A systematic review and meta-analysis of randomized controlled trials. Psychiatry research. 2025;344:116324. doi: 10.1016/j.psychres.2024.116324.
17. Ashna MS, Besharat MA, Malihi Al-Zakerini S, Rafiee Z. The effectiveness of transdiagnostic integrated group therapy on cognitive emotion regulation strategies in mothers of children with cancer. Quarterly Journal of Psychological Sciences. 2021;20(104):1383-402. doi: 10.52547/JPS.20.104.1383.
18. Bahadori Z, Robat Milly S, Ghorban Jahromi R. The effectiveness of transdiagnostic integrated protocol therapy on comorbid anxiety and depressive symptoms in homemaker mothers. Nurse and Physician in War. 2019;7(24):82-92.

19. Moeidi SS, Bastani S, Khoramdel K. The effectiveness of resilience training based on acceptance and commitment therapy (ACT) on acceptance/action, gratitude, and courage in female-headed households in Shiraz. Interdisciplinary Women's Studies. 2024;18(1):45.
20. Sadi Doost M, Pouragha Rudbareh F, Meshkbidi Haghighi M, editors. The effectiveness of self-compassion training on guilt and acceptance/action in mothers of children with intellectual disabilities. Fourth National and First International Conference on Clinical Psychology of Children and Adolescents; 2024; Ardabil.
21. Balali M, Dokaneifard F. Predicting academic success in students with attention-deficit/hyperactivity disorder (ADHD) based on family functioning and mothers' mindfulness, acceptance, and action. Quarterly Journal of Educational Psychology. 2020;16(56):97-115.
22. Kasvis P, Vigano M, Vigano A. Health-related quality of life across cancer cachexia stages. Annals of palliative medicine. 2019;8(1):33-42. doi: 10.21037/apm.2018.08.04.
23. Oechsle K. Palliative Care in Patients with Hematological Malignancies. Oncology research and treatment. 2019;42(1-2):25-30. doi: 10.1159/000495424.
24. McDonald T, Shaw D. Benchmarking life quality support interventions in long-term care using the Long-Term Care Quality of Life scale. Nursing & health sciences. 2019;21(2):239-44. doi: 10.1111/nhs.12588.
25. Febiyanti A, Rachmawati Y, editors. Is authoritative parenting the best parenting style? 5th International Conference on Early Childhood Education (ICECE 2020); 2021: Atlantis Press.
26. Tonarely NA, Kennedy S, Halliday E, Sherman JA, Ehrenreich-May J. Impact of Youth Transdiagnostic Treatment on Parents' Own Emotional Responding and Socialization Behaviors. J Child Fam Stud. 2021;30:1141-55. doi: 10.1007/s10826-021-01946-y.
27. Koohzad N, Asgari P, Heidarie A, Esmaeili S, Jowhari Fard R. Comparing the effectiveness of mindfulness-based parenting training and transdiagnostic therapy on parental stress and self-compassion in mothers of children with autism. Behavioral Science Research. 2024;22(4):735-46.