

The effect of implementing a family-friendly program (based on the MBCT approach with parent-child interaction) on the reduction of parental anxiety and separation anxiety disorder in children and adolescents.

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Abstract:

The aim of this study was to investigate the effect of family planning on reducing the sensitivity of parents' anxiety and reducing anxiety disorder in children and adolescents. The research method was semi-experimental with pre-test and post-test with control group. In this study, two groups of children and adolescents were randomly divided into two groups of experiments and controls (30 people) in two groups of experiments and controls (30 people). After the personal intervention program was implemented in 8 sessions in the experimental group, both groups were evaluated using measuring

instruments. in this study , Anxiety sensitivity One of the components of anxiety is that it has a detrimental effect on healthy behavior. This cognitive structure was first addressed by Reese and McGregor Reese McNally. Studies have shown that anxiety levels are pervasive in the general population. However, when this factor exceeds a certain level, it is threatened, as it provides the conditions for negative emotional states. It is also thought to have negative consequences, such as "fear of fear" or fear of anxiety-based symptoms such as heart rate, sweating or chills. Thus, anxiety sensitivity is often associated with a psychological risk factor and a relatively stable trait.

key words : separation anxiety , anxiety sensitivity , adaptive family

Introduction : anxiety disorders of children and adolescents and anxiety sensitivity in parents cause many functional disorders . the aim of this study was to investigate the effect of family planning on reducing anxiety

sensitivity of parents and reducing anxiety disorder in children and adolescents .the research method was semi - experimental with pre - test and post - test with control group . in this study , two groups of children

and adolescents were randomly divided into two groups : experimental and control groups (n = 30) in two groups of experimental and control groups (n = 30) . after the implementation of the personal intervention program in eight sessions on the experimental group , both groups were assessed by means of measurement tools .

Results : the scores of parents anxiety sensitivity and anxiety disorder in both pre - test and post - test groups in both experimental and control groups showed that there was no significant difference between the mean scores in both groups . but in post - test , the mean scores in the experimental group were decreased compared to the control group . also , by controlling the pre - test scores , the effect of instruction on the post - test scores of anxiety sensitivity of parents is significant($p < 0.0001$).also , there was a significant difference between the experimental and control groups in the mean scores of children and adolescents separation anxiety disorder in post - test ($p < 0.0001$).

Conclusion : family planning is effective in reducing anxiety sensitivity and anxiety disorder in children and adolescents .

A quarter of the world population suffers from a minimum of anxiety disorders and its prevalence is estimated at about 8 - 10 % in children and 9 to 15 per cent in juveniles and 9 to 15 per cent in juveniles [1] , as well as its prevalence for all adult life [2] . The anxiety disorders of children and adolescents is one of the most common and most common mental disorders that affect the different aspects of life and its quality , emotional relationships and the psychological - social and educational performance of children and youth [3] . When anxiety , anxiety disorder is said to be in the degree to disrupt the routine of daily life and the daily functioning of children . These disorders are common in the inner disorders . Disorders in the

environment are the behavioral patterns of that tend to hurt the child and adolescent themselves more than they do , and the core of them is disorders of the temperament or excitement [4] . Anxiety disorders have different types , such as separation anxiety , social phobia , generalized anxiety disorder , Acne disorder with Marketplace, or without it , obsessive compulsive disorder and proprietary phobia . Meanwhile , the stress disorder disorder is one of the first and most common anxiety disorders in children [5] . As in the extensive development framework of psychoanalytic and analytic theories , the separation anxiety is viewed as a representative of a series of nervous , psychological and behavioral responses that have been specifically designed to protect children from danger - by ensuring closeness to an adult watch , mother - in - law . The mechanism of anxiety for separation is of particular importance due to the long term of child dependence on care . Indeed , the response of a break - off may occur in people of all ages . Due to the very relevance nature of the break - off anxiety disorder , the interpersonal factors are assumed to be associated with the risk of an anxiety disorder . in this regard , the separation of separation anxiety as a recognition lies at the end of one of the responses of responses that extends from normative to pathology , the presence indicates that the child has been exposed to severe disturbances or disorders [6] . The highest reported symptoms are associated with desolation , avoidance of loneliness , isolation , and sleep away from caregivers or from home . The signs of the risk of primary vulnerability include behavioral prevention and recognition and recognition patterns grown in the family context [5] .

This disorder can be influenced by various variables such as parental anxiety. As Sakolsky says: \"Many of the symptoms and

many functional disorders caused by separation anxiety disorder can be influenced by the family environment in which children and adults are raised.\" For example, both insecure attachment and anxious and violent parents have predicted separation anxiety disorder [8]. In fact, the relationship between parental cognitive impairment and offspring has been confirmed. As the results of the study [9] suggest according to the results of the study, there have been significant effects of parental effects on children's diagnosis of anxiety disorders. In this study, in this study, the relationship between father's with anxiety disorders was related to mother's cognitive impairment.

In this study, the anxiety sensitivity of one of the components of anxiety disturbances is that it has a destructive effect on healthy behavior. This cognitive structure was first addressed by Reese and McGregor Reiss McNally (1985) [10]. Studies have shown that levels of anxiety sensitivity are pervasive in the general population [11]. However, once this factor is threatened to exceed one level, so that it provides conditions for negative emotional and emotional states [12]. The anxiety sensitivity of the tendency to response is associated with the fear of the symptoms of self-anxiety, and is believed to be harmful to the experiences of your anxiety [13]. It is also described as \"Fear of Fear\" or the fear of anxiety-based symptoms such as heartbeat, sweating or shivering, based on the belief that these symptoms have negative consequences [14]. Therefore is the anxiety sensitivity of the experience of anxiety and emotions of anxiety-oriented, especially those caused by the body's fence [15]. Therefore, anxiety sensitivity is often seen as a psychological risk factor and an enduring relative feature associated with the initiation of fear, anxiety and other common mental disorders [14].

Individuals with high anxiety sensitivity often believe that these feelings can lead to adverse consequences such as death, dementia or social exclusion. Such adverse interpretations express the anxiety sensitivity of an anxiety; that people with anxiety-based passions are warned, in that case, exposure to such feelings often increases their anxiety [15]. In this regard, parents who have such experiences may affect their children. As [16] in a study titled \"Stressful incidents of child stress and anxiety\": A study of parental stress, an increase in parental anxiety, increased parental anxiety and child-child engagement performance, is linked to the Coalition between the stress life and the intensity of child anxiety symptoms. The findings support the more complex theoretical models between the child's life and anxiety events and demonstrate the potential symptoms of intervention. In this regard, in research [17] in the context of anxiety sensitivity as a pre-anxiety case in teenagers, the anxiety sensitivity can be considered as a significant relationship to the symptoms of juvenile anxiety and depression in the future. In this regard, in a study [18], which investigated the feedback role of parental anxiety in children, the result was that parental anxiety affects the increase in child anxiety symptoms. Although this effect was only meaningful in girls and did not have significant effect on boys. Also, another study revealed that high levels of family compliance or parental involvement in anxiety symptoms related to anxiety symptoms associated with child anxiety symptoms [19]. Interaction between parents and children appears to be critical in responding to separation anxiety [6]. Because the way people influence each other's behaviors and emotions, it introduces harmony. Therefore, co-ordination between parents and children has been considered

important for the emergence of children's emotional self-regulation and the prevention of separation anxiety. In this harmonious interaction, parents' responses are conditional and consistent with their children's emotional expressions. Observing the inner states of children reflected by their parents, equips children with a visual representation of their inner states, delivering a powerful message that their carers understand their emotions and are available to help them regulate their emotions. . Over time, the ongoing pattern of co-ordinated interactions teaches children how to regulate their emotions independently, while developing a sense of security that their carers have created that will help them in times of distress. Coordination can be measured in terms of pattern matching or matching of facial, language, sound or physiological states. Greater adaptation to better behaviors such as stronger parent-child bonds, secure infant attachment, increased wake tone in response to an emotional stressor, reduced externalizing symptoms, increased emotion regulation at early childhood, greater obedience to parental instructions, and reduced negative emotions. Given the interplay of quality of parent-child relationships and emotional development, it seems likely that lack of coordination may lead to separation anxiety [8].

Because of the importance of the family, the treatment of anxiety disorders has been considered in two ways, one being the treatment of anxiety disorders for (family education) and the treatment of anxiety disorders of the parents themselves. For this reason, there has been considerable progress in the treatment of anxiety disorders in parents and children and adolescents in the last decade, and a significant expansion of evidence has shown the role of psychological interventions in this population [20]. Since

anxiety disorders have negative effects on the health and functioning of individuals and may lead to severe problems and because they are part of the family context problems, family-centered therapies have become important. Recent research has demonstrated the effectiveness of parent-centered psychosocial education programs [21]. In this regard, a family-friendly program is one of the methods used to improve parent-child relationships. The adapted family program is based on a book from Coward to Tiger. This program is based on a treatment guideline for parenting anxious children. Throughout 11 sessions, the program provides parent-to-child play based on parent-child interaction and mindfulness (MBCT) training. The concept of mindfulness incorporates elements of cognitive therapy that separate one's perspective from one's thoughts and thus render them non-centralized. For example statements such as "Thoughts are not reality", "I am not my thoughts" [23]. In fact, mindfulness training is associated with metacognitive learning and new behavioral strategies for attention control, with the development of new thoughts and the reduction of unpleasant emotions, improvement of emotion regulation ability and anxious responses [24]. Throughout the mind, individuals learn to view their thoughts and feelings without judgment and to simply view them as subjective events that are moving and that aspects of themselves or not necessarily represent reality. It is assumed that individuals learn how not to become trapped in their own rumination patterns and not tolerate the anxiety caused by the influx of negative thoughts associated with subjective rumination [25]. Research has also shown that this treatment can reduce anxiety disorders. For example, research has shown that mindfulness is effective in reducing depression, anxiety, dysfunctional attitudes,

and self-efficacy. Mindfulness seems to be effected by 'mind control training', which prevents relapse and return of depression and anxiety. On the other hand, Parent-child interaction therapy (PCIT) is an empirically supported intervention derived from social learning and attachment theories. It was first developed for the treatment of behavioral disorders in children between the ages of 2 and 7 years, but later became the focus of parental behavioral education. Its current goal is to reduce child external behaviors by improving parenting skills and positive parent-child interactions (strengthening parent-child relationships). This treatment has two successive stages: the child-directed interaction (CDI) and the parent-directed interaction (PDI). Each step begins with a training session on parenting skills related to that stage, which is then followed up by coaching sessions throughout the rest of the process. Coaching sessions are opportunities for parents to practice positive communication skills aimed at fostering positive parent-child relationships. Direct leadership meetings also provide parents with immediate feedback on the skill [27]. In fact, it helps parents to change their behavior through coaching strategies. In turn, this change in parental behavior is expected to improve the problematic behaviors of the child and to increase positive interactions between the child and parent pairs. These meetings with parents and children are held in a play therapy room with therapy in the other room behind a one-way mirror. The therapist and the parents communicate through a mosquito bug-in-the-ear method. This approach allows the therapist to provide direct coaching of parental communication and behavior management skills, immediate feedback and social reinforcement of the parent. Parents are expected to practice these skills at home [28]. Various studies have been

conducted on the effect of parent-child interaction on anxiety. For example, comparing the effectiveness of parent-child interaction therapy and maternal coping therapy on reducing the severity of behavioral problems in 3-6 year-old children [29] found that parent-child interaction therapy and coping therapy were significantly effective in reducing symptoms of behavioral disorders in children. That's right. Another study investigating the effectiveness of parent-child therapies on reducing anxiety in preschool children [30] showed that parent-child relationship intervention can significantly reduce children's anxiety symptoms. As in another study [31] regarding the quality of mother-child interaction in separation anxiety and school phobia in children it was found that there is a positive and significant relationship between over-support and mother's comfort with separation anxiety disorder and school phobia. A study [32] on the effectiveness of parent-child interaction therapy on reducing symptoms of separation anxiety disorder showed that the experimental group had a significant difference in post-test anxiety separation scores compared to the pre-test and the control group. Therefore, parent-child interaction therapy can reduce anxiety symptoms in children.

Therefore, it seems that combining these two treatments into one family-friendly treatment can improve the problems of parents and children in the field of anxiety. Given this, the question of this study is whether implementing a family-friendly program (based on the MBCT approach with parent-child interaction) will reduce parental anxiety and anxiety disorder in children and adolescents. research method

The research method was quasi-experimental (semi-experimental) with pre-test and post-

test design with control group. The statistical population of this study consisted of all children and adolescents who had separation anxiety themselves and their parents who were anxious and referred to psychiatric and psychiatric clinic of Soroush center in Mashhad. Among them, 60 individuals (based on the means of measurement; from 8 to 16 years of age) with separation anxiety disorders and their parents with anxiety sensitivity were selected. It should be noted that at first, a group of children and adolescents of the target age group were assessed by the SCARED-71 Questionnaire version of the Scale for Emotional Anxiety Disorders (SCARED-71) and then 60 individuals with symptoms disorder questionnaire. They were anxious, randomly selected and divided into two experimental and control groups (30 each). In fact, the experimental and control groups were assessed by the research instrument before the intervention. After performing the individual intervention plan, the experimental group was again evaluated by measuring instruments in eleven one-hour sessions. The duration of these individual performances lasted from 20 February to

1398. Data gathering tools were the Floyd et al. (2005) Anxiety Sensitivity Questionnaire for parents and the 71-item version of the Child Anxiety Anxiety Disorder Scale (SCARED-71) to diagnose separation anxiety disorder in children and adolescents. The SCARED-71 Questionnaire is a self-report questionnaire for assessing anxiety disorder, pervasive anxiety, social morbid fear, sedentary anxiety, obsessive compulsive disorder, PTSD, and specific morbid fear. Internal consistency was 0.91- 0.91 in the normal group and 0.94-0.86 in the clinical group. Reliability of test-retest, concurrent validity and therapeutic sensitivity have also been reported to be satisfactory [33]. Data were analyzed by SPSS 16 software using Levin test and parametric one-way analysis of covariance analysis.

Research findings

In Table 1, mean and standard deviation scores of the research variables including parents' anxiety sensitivity and separation anxiety disorder of children and adolescents in both pretest and posttest stages were presented in both experimental and control groups.

Table 1

Variable	step	examination Group (n=30)		control group (n=30)	
		Average	Standard deviation	Average	Standard deviation
Parental anxiety sensitivity	Pre-test	46.37	71.2	76.35	88.3
	Pre-test	63.29	18.3	16.35	79.3
Separation anxiety disorder in children and adolescents	Pre-test	13.38	78.3	06.36	99.4
	Pre-test	36.28	35.2	20.42	83.4

The results of Table 1 indicate that in the pre-test phase, there is not much difference between the mean scores in the two

experimental and control groups. But in the post-test, the mean scores in the experimental group decreased compared to the control

group. One-way analysis of covariance (ANCOVA) was used to determine the significance of the differences.

Table 2

Variable	F-value	Degrees of freedom 1	Degrees of freedom 2	Significance level
Parental anxiety sensitivity	06.2	1	58	15
Separation anxiety disorder in children and adolescents	47.1	1	58	23

Before doing this analysis, its assumptions were examined. The tilt and elongation indices were compared for normality of the data and the Levin test results for the equality of variances by default. The variable that has a normal distribution (that is, a variable that has a medium width), its tilting and elongation sizes are about zero. However, numerical values in intervals 2 and 2 are also acceptable for tilting and elongation. In the study of parental anxiety sensitivity scores

and separation anxiety disorder in children and adolescents, tilt and elongation values were in the interval of 2 and 2, which means the data of these variables are normal. The results of the Levin test in Table 2 also show that the equality of variances by the Levin test for both variables of parental anxiety sensitivity and separation anxiety disorder of children and adolescents was also observed ($P > 0.05$).

Table 3

Variable	Source of Changes	Sum of squares	Degrees of freedom	Average of squares	F-value	Significance level	Square of parabolic η
Parental anxiety sensitivity	Pre-test	12.386	1	12.386	30.67	001.0	54
	Group	48.658	1	48.658	77.114	001.0	66.0
	Error	01.327	57	73.5			
	Total	40.1172	59				
Separation anxiety disorder in children and adolescents	Pre-test	60.49	1	60.409	52.54	001.0	48
	Group	35.710	1	35.710	56.94	001.0	62
	Error	16.428	57	51.7			
	Total	18.1348	59				

The results of univariate analysis of covariance for comparing the two groups in parents' anxiety sensitivity scores in Table 3 show that by controlling for pre-test scores, the effect of group on post-test scores of this variable was significant ($p < 0.001$, $F = 114.77$). In other words, there was a significant difference between the experimental and control groups in the mean scores of parents' anxiety sensitivity at the post-test. Based on the descriptive indices shown in Table 1, this difference is such that the mean anxiety scores of the parents of the experimental group were significantly lower than the control group. The results of univariate analysis of covariance analysis for scores of separation anxiety disorder in children and adolescents also show that there is a significant difference between the two experimental and control groups in the mean scores of this variable in post-test ($P < 0.001$, $F = 94.56$). Based on the descriptive indices shown in Table 1, this difference is such that the mean scores of separation anxiety disorder in children and adolescents in the experimental group were significantly lower than the control group.

Discuss

This study evaluated the impact of implementing a family-friendly program (based on the MBCT approach combined with parent-child interaction) on the reduction of transgender beliefs and parental health anxiety and social anxiety disorder in children and adolescents. According to one of the assumptions, there was a significant difference between the pre-test and post-test scores of the two experimental and control groups. The results showed that in the pre-test phase, there was no significant difference

between the mean scores of the variables of the study, including transnational beliefs and parental health anxiety and social anxiety disorder in children and adolescents in the two experimental and control groups. But in the post-test, the mean scores in the experimental group decreased compared to the control group. Results showed that the mean scores of transnational beliefs and parental health anxiety and social anxiety disorder in children and adolescents in the experimental group were significantly lower than the control group. Explaining this finding, it should be noted that since the Family Program is based on two MBCT therapies and parent-child interaction, it consists of two parts: One teaches parents how to deal with children's anxiety problems, and one uses the MBCT technique on disorders. It educates the adults themselves. As such, it has a number of guidelines on the agenda that reduce anxiety, for example, although MBCT therapy does not seek to alleviate stress, although exercise such as body checking, sitting, and breathing can provide relaxation. Become a parent [33]. Performing pleasant and unpleasant recording exercises, three-minute breathing and brainstorming, mindfulness pacing, mindfulness in recording sounds and thoughts and performing them in and out of the meeting, as well as giving homework and having schedules All aimed at increasing attention and staying present, greatly increasing the attention of clients, reducing the behavioral and physical symptoms of anxiety, and reducing the cognitive symptoms of anxiety. This attention focuses on one's own experiences, feelings, thoughts and physical sensations. Also, these exercises increase self-control because repetitive

focusing on a neutral stimulus, such as breathing, creates an appropriate attention environment.

These exercises help individuals with anxiety sensitivity to change attentional guidance, overview, and selective attention to intrinsic and extrinsic cues associated with transnational beliefs and health anxiety. In fact, mindfulness training teaches individuals how to disengage habitual skills and shift the focus of information processing resources by focusing on breathing. Thus, in mindfulness training, one learns to stop health anxiety and meta-beliefs and to communicate their thoughts and feelings differently [34]. As such, people with health anxiety and metaphorical beliefs are exposed to anxieties due to specific thoughts, and mindfulness programs increase their mental focus and their level of mental health.

On the other hand, the family-friendly program provides training for parents on how to deal with children's anxiety problems and provides guidelines for balancing family environment and protecting children from social anxiety [26], [27], [28], [29], [30].

Since family-based therapy employs specific therapeutic techniques, the result of the present study is therefore quite likely and the major reason for its effectiveness is the use of current therapeutic techniques that all contribute to reducing anxiety. In short, this treatment will improve the passive symptoms of anxious individuals by actively engaging subjects in homework during and after the session. Therefore, due to the mechanism of effect of these exercises, we can justify the cause of anxiety reduction in the present study.

Conclusion

Accordingly, these findings support and support the implementation of a consistent

family plan. This study identifies a number of strengths. Designing such research and treatments allows us to treat these disorders in a timely manner, such as parental anxiety and separation anxiety in children and adolescents, and to have a forward-looking prediction of delay in treatment. Since the stability of anxiety sensitivity is strong and is related to psychological behavioral constructs. Therefore, a decrease in anxiety sensitivity is associated with a decrease in the severity of anxiety symptoms. This result may indicate that intervention in anxiety sensitivity may be useful for all those who suffer from these symptoms of anxiety. Also, since separation anxiety is influenced by attachment, so training a family-friendly program allows parents to make their children feel secure.

In line with current guidelines for evidence-based practices in psychology that are limited to a number of methods, we conclude from the experimental evidence in this study that a family-friendly program (based on mindfulness and parent-child interaction) met the criteria and the outcome of appropriate treatment. has it. Researchers have a duty to provide the community with information that will help them make effective decisions. The study found that a family-friendly program (based on mindfulness and parent-child interaction) is effective in helping parents reduce child behavioral problems. This is a way to meet clients' needs, and by doing so, it can reduce years of child abuse, reduce family stress, and improve the number of children and adolescent offenders.

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Resources:

- 1) Kjernisted KD, Bleau P. Long-term goals in the management of acute and chronic anxiety disorders. *Canadian journal of psychiatry*. 2004 Mar;49(1):51-63.
- 2) Wren FJ, Scholle SH, Heo J, Comer DM. Pediatric mood and anxiety syndromes in primary care: who gets identified?. *The International Journal of Psychiatry in Medicine*. 2003 Mar;33(1):1-6
- 3) Sohrabzadeh Fard A, Hakim Shooshtari M, Alibaba S. Comparison of Psychopathology and Personality Traits in Three Groups of Mothers of Children With Anxiety Disorders, Obsessive-Compulsive Disorder and Healthy Group. *IJPCP*. 2018; 24 (2) :164-175.
- 4) Roohi A. Theoretical and Applicable Approaches in Anxiety Disorders in Children . *Exceptional Education*. 2014; 3 (125) :47-58.
- 5) Lavallee KL, Schneider S. Separation Anxiety Disorder. In *Pediatric Anxiety Disorders* 2019 Jan 1 (pp. 151-176). Academic Press.
- 6) Silove D, Manicavasagar V, Pini S. Can separation anxiety disorder escape its attachment to childhood?. *World Psychiatry*. 2016 Jun; 15(2):113.
- 7) Sakolsky D. "There's No Place Like Home": The Challenge of Going to College with Separation Anxiety Disorder. In *Promoting Safe and Effective Transitions to College for Youth with Mental Health Conditions* 2018 (pp. 133-139). Springer, Cham.
- 8) Boparai S, Borelli JL, Partington L, Smiley P, Jarvik E, Rasmussen HF, Seaman LC, Nurmi EL. Interaction between the opioid receptor OPRM1 gene and mother-child language style matching prospectively predicts children's separation anxiety disorder symptoms. *Research in developmental disabilities*. 2018 Nov 1;82:120-31.
- 9) Riskind JH, Sica C, Bottesi G, Ghisi M, Kashdan TB. Cognitive vulnerabilities in parents as a potential risk factor for anxiety symptoms in young adult offspring: An exploration of looming cognitive style. *Journal of behavior therapy and experimental psychiatry*. 2017 Mar 1;54:229-38.
- 10) Mantar A, Yemez B, Alkin T. Anxiety sensitivity and its importance in psychiatric disorders. *Turkish Journal of Psychiatry*. 2011 Sep 1; 22(3).
- 11) Forouzanfar A, Gholamali Lavasani M, shoa kazemi M. The Effectiveness of Group Counselling based on Acceptance and Commitment Therapy in Distress Tolerance and Anxiety Sensitivity among Female Substance Abusers. 2018; 11 (44) :135-154
- 12) Otto MW, Eastman A, Lo S, Hearon BA, Bickel WK, Zvolensky M, Smits JA, Doan SN. Anxiety sensitivity and working memory capacity: Risk factors and targets for health behavior promotion. *Clinical Psychology Review*. 2016 Nov 1;49:67-78.
- 13) McCaul ME, Hutton HE, Stephens MA, Xu X, Wand GS. Anxiety, anxiety sensitivity, and perceived stress as

- predictors of recent drinking, alcohol craving, and social stress response in heavy drinkers. *Alcoholism: Clinical and Experimental Research*. 2017 Apr;41(4):836-45.
- 14) Hovenkamp-Hermelink JH, Voshaar RC, Batelaan NM, Penninx BW, Jeronimus BF, Schoevers RA, Riese H. Anxiety sensitivity, its stability and longitudinal association with severity of anxiety symptoms. *Scientific reports*. 2019 Mar 13; 9(1):4314.
 - 15) Feinstein JS, Khalsa SS, Yeh H, Al Zoubi O, Arevian AC, Wohlrab C, Pantino MK, Cartmell LJ, Simmons WK, Stein MB, Paulus MP. The elicitation of relaxation and interoceptive awareness using floatation therapy in individuals with high anxiety sensitivity. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. 2018 Jun 1;3(6):555-62.
 - 16) Platt R, Williams SR, Ginsburg GS. Stressful life events and child anxiety: Examining parent and child mediators. *Child Psychiatry & Human Development*. 2016 Feb 1;47(1):23-34.
 - 17) Schmidt NB, Keough ME, Mitchell MA, Reynolds EK, MacPherson L, Zvolensky MJ, Lejuez CW. Anxiety sensitivity: Prospective prediction of anxiety among early adolescents. *Journal of anxiety disorders*. 2010 Jun 1;24(5):503-8.
 - 18) Tsao JC, Lu Q, Myers CD, Kim SC, Turk N, Zeltzer LK. Parent and child anxiety sensitivity: relationship to children's experimental pain responsivity. *The Journal of Pain*. 2006 May 1; 7(5):319-26.
 - 19) Schleider JL, Lebowitz ER, Silverman WK. Anxiety sensitivity moderates the relation between family accommodation and anxiety symptom severity in clinically anxious children. *Child Psychiatry & Human Development*. 2018 Apr 1; 49(2):187-96.
 - 20) Hussain FS, Dobson ET, Strawn JR. Pharmacologic treatment of pediatric anxiety disorders. Current treatment options in psychiatry. 2016 Jun 1; 3(2):151-60.
 - 21) Mihalopoulos C, Vos T, Rapee RM, Pirkis J, Chatterton ML, Lee YC, Carter R. The population cost-effectiveness of a parenting intervention designed to prevent anxiety disorders in children. *Journal of Child Psychology and Psychiatry*. 2015 Sep; 56(9):1026-33.
 - 22) Cartwright-Huttons s, Leski B, Right S, McNally D, Timur S (1977) From coward to tiger: treatment guidelines for parenting anxious children. Tehrani S, Tehranchi A, Azizi E (Translators 2018). Faraangizesh Puplicher (Persian).
 - 23) Singh NN, Wahler RG, Winton AS, Adkins AD, Mindfulness Research Group. A mindfulness-based treatment of obsessive-compulsive disorder. *Clinical Case Studies*. 2004 Oct;3(4):275-87.
 - 24) Crane R. Mindfulness-based cognitive therapy: Distinctive features. Routledge; 2017 Sep 19.
 - 25) Segal Z, Williams M, Teasdale J. Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. New York: Guilford press; 2002; 121-145.
 - 26) Kaviani H, Javaheri F, Bahiray H. Efficacy of Mindfulness-Based Cognitive Therapy in Reducing Automatic Thoughts, Dysfunctional Attitude, Depression And Anxiety: A Sixty Day Follow-Up. *Advances in Cognitive Sciences*. 2005; 7 (1) :49-59.
 - 27) Thomas R, Abell B, Webb HJ, Avdagic E, Zimmer-Gembeck MJ. Parent-child interaction therapy: A meta-analysis. *Pediatrics*. 2017 Sep 1;140(3):e20170352.
 - 28) Thomas R, Zimmer-Gembeck MJ. Behavioral outcomes of parent-child interaction therapy and Triple P—Positive Parenting Program: A review and meta-analysis. *Journal of abnormal child psychology*. 2007 Jun 1;35(3):475-95.

- 29) Roshan M, Aghayousefi A, Alipour A, Rezaee A. Effectiveness comparison of parent-child interaction therapy and mother's coping therapy on reduction of intensity of child behavior problems in 3-6 year old children. CPAP. 2016; 14 (1) :111-123.
- 30) Karami J, Zabet M. Efficacy of Child-Parent Relationship Therapy in Reducing Anxiety Syndrome in Preschool children. Quarterly Journal of Child Mental Health. 2015 Dec 10;2(3):39-47.
- 31) Khanjani Z, Peymannia B, Hashemi T, Aghagolzadeh M. Relationship between the quality of mother-child interaction, separation anxiety and school phobia in children. The Journal of Urmia University of Medical Sciences. 2014;25(3):231-40.
- 32) Abbaasi M, MA ND. Effectiveness of Parent-Child Interaction Therapy on Reduction of Symptoms in Separation Anxiety Disorder. Journal of Clinical Psychology. 2010 Dec 15;2(2):47-57.
- 33) Palahang H, Rabiei M, Khorramdel K, Zerehpash A, Sajjadian P. Validity, Reliability and Factor Structure Analysis of the Revised Version of the Screen for Child Anxiety Related Emotional Disorders-71 (SCARED-71). Iranian Journal of Psychiatry and Clinical Psychology. 2012 Nov 15;18(3):202-10.
- 34) Javadi Z, Ghorbani M. The Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) On the Improvement of Sleep Quality in Patients with Generalized Anxiety Disorder. The Horizon of Medical Sciences. 2019 Mar 10;25(2):117-26.