Comparison of the Effectiveness of a Parenting Package Based on Maternal Parenting Needs Response with Organization Skills Training on Overparenting and Parenting Competence in Parents of Children Aged 8-12 with Sluggish Cognitive Tempo Disorder

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Article Info	ABSTRACT
Article type: *Original Research* **How to cite this article:** Arjhang N, Bahramipourisfahani M, Yousefi Z. (2024). Comparison of the Effectiveness of a Parenting Package Based on Maternal Parenting Needs Response with Organization Skills Training on Overparenting and Parenting Competence in Parents of Children Aged 8-12 with Sluggish Cognitive Tempo Disorder. *International Journal of Education and Cognitive Sciences, 5*(1), 69-78. https://doi.org/10.61838/kman.ijecs.5.1.9	**Purpose:** This study aimed to compare the effectiveness of a parenting package based on responding to the parenting needs of mothers with organization skills training on overparenting and parenting competence in parents of children aged 8-12 with sluggish cognitive tempo disorder. **Methodology:** The statistical population of this quasi-experimental study included all mothers with children aged 8-12 with sluggish cognitive tempo disorder in the 2022-2023 academic year in the city of Isfahan. The sample size consisted of 45 mothers of children with sluggish cognitive tempo disorder, selected based on the Sluggish Cognitive Tempo Questionnaire (Parent Form) and purposeful sampling criteria, and randomly assigned to two experimental groups and one control group (each group consisting of 15 participants). The experimental groups received separate training sessions of the parenting package based on maternal needs and organization skills training, each conducted over 12 sessions of 60 minutes. Data were collected using the Sluggish Cognitive Tempo Questionnaire (Parent Form), the Overparenting Questionnaire, and the Parenting Competence Questionnaire, and were analyzed using descriptive statistics including mean and standard deviation, and inferential statistics using repeated measures analysis of variance. **Findings:** The results showed that the parenting package based on the needs of mothers of children with sluggish cognitive tempo disorder was more effective than organization skills training in enhancing overparenting and parenting competence. Additionally, both experimental groups showed a significant impact compared to the control group (p<0.01). **Conclusion:** The parenting package based on the needs of mothers improves the sense of competence and overparenting in mothers of these children more effectively than the organization skills package. This package can be used to enhance the sense of competence and overparenting in these mothers. ***Keywords:*** *Sluggish Cognitive Tempo, Organization Skills, Overparenting, Parenting Competence.*

1.   Introduction

Sluggish Cognitive Tempo (SCT) refers to a set of symptoms used to describe a specific type of attention, concentration, and information processing disorder. This term was first used to describe a subset of Attention Deficit/Hyperactivity Disorder (ADHD) symptoms (Smith & Langberg, 2020). However, extensive research has shown that this disorder is distinct from ADHD. The array of challenges posed by SCT, including diagnosis, classification, and treatment, have been problematic for developmental disorder specialists and have sparked numerous debates alongside ADHD (Alizadeh et al., 2018). SCT is a relatively serious clinical construct that refers to a set of behavioral symptoms including slow thinking and behavior, mental confusion, drowsiness, daydreaming, and lethargy (Becker, 2021). Other symptoms of this disorder include slow task completion, distraction, inattention, excessive daydreaming, difficulty following instructions, low arousal, and decreased performance (Gafoor et al., 2021).

Children with SCT have difficulties in five different dimensions: emotional and internalizing problems, social problems, academic problems, motor problems, and cognitive problems (Becker, 2021). Burns (2022) elaborates on these five dimensions as follows:

- Emotional and internalizing problems include difficulties in emotion regulation, anxiety, depression, and withdrawal behaviors.
- Social problems include shyness, social withdrawal, lack of popularity, concerns about physical appearance, social incompetence, and isolation.
- Academic problems include task avoidance, slow task completion, lack of initiative and effort, mental confusion, sluggishness, poor academic performance, and difficulty organizing tasks.
- Motor problems include slowness, reduced strength or energy, passivity, drowsiness, poor sports performance, hypoactivity, and delay in performing activities.
- Cognitive problems include low concentration, poor sustained attention, inattention, mental confusion, daydreaming, sluggishness, absentmindedness, being lost in thoughts, and poor executive functioning.

Research has shown that SCT can be reliably measured (Burns et al., 2022). SCT symptoms are not only correlated with emotional and internalizing problems but are also associated with social issues such as shyness, withdrawal, and isolation. Unlike ADHD, which involves engagement and defiance, individuals with SCT suffer from isolation and social incompetence (Becker, 2014). Overall, SCT symptoms compared to the general functioning of children lead to withdrawal and passivity (Burns et al., 2022). There is also a significant correlation between SCT and symptoms of internalizing disorders such as anxiety and depression (Kim, 2022). Research findings indicate that SCT symptoms predict the emergence of social communication problems and that SCT is associated with poorer social skills in children, even after controlling for symptom severity (Bi et al., 2024).

Parenting and child-rearing have always been significant topics for parents and psychologists, with extensive research conducted in this area (Smith, 2015). Research has shown that parents' personality traits are increasingly related to their parenting behaviors (Naseri Fadafan et al., 2022). Cognitive characteristics and parents' thinking styles are among these traits that influence parenting and how parents attribute their children's behaviors (Nasiri & Ebizadeh, 2024). Existing research in the field of parental cognitive processes related to parenting styles has divided these processes into two categories: the first category focuses on the content of caregivers' thoughts, including issues such as attributions, attitudes, values, expectations, and parental knowledge (Whittingham, 2014). These constructs broadly seek to understand "what" parents think. The second category aims to answer whether automatic thoughts, with low awareness, or thoughts with high awareness, depend on everyday life events or are created independently of usual life events.

Metaparenting refers to a set of cognitive processes and activities that parents use to understand, analyze, and improve their parenting behaviors. This concept includes parents' reflection and reconsideration of their behaviors, decisions, and interactions with their children to select and implement the best educational and upbringing practices (Hawk & Holden, 2006). The components of metaparenting include:

- Anticipation: Deliberate attention to an issue in child-rearing that has not yet occurred. Through anticipation, parents' long-term and short-term goals can be identified and activated.
- Assessment: This component includes parents' evaluations of the child, themselves, and the context.
- Reflection: Reassessment of their behaviors, children's behaviors, and past parent-child relationships.

- Problem-solving: Problem-solving includes multiple aspects of parents' thinking, including defining the problem, proposing solutions, implementing solutions, and evaluating problem-solving.
- Using metaparenting in child interactions enhances general parenting effectiveness (e.g., understanding a baby's cry) or parenting children with special needs (e.g., serious communication impairments in children with developmental disorders) (Holden et al., 2017).

Given that mothers are the primary caregivers in child-rearing and that having a child with SCT reduces their sense of parenting, especially their sense of parenting competence (Solmeyer & Feinberg, 2011), Solmeyer (2011) describes that mothers experience more psychological pressure than fathers in caring for children with psychological problems for three reasons: 1) mothers are more involved in child-rearing, 2) mothers give birth to children and feel more responsible, especially when the child has a disability, and 3) mothers are the primary providers of the child's needs. Parenting and child-rearing are challenging and emotionally burdensome tasks for parents, especially mothers (Raphael et al., 2010). Compared to parents with normal children, having a child with SCT leads to negative feelings in parenting, particularly among mothers. Mothers experience a low sense of competence in raising their children (Lach et al., 2009). Such tensions, typically accompanied by insufficient social support, lead to more physical and psychological problems for mothers (Parkes et al., 2009). Children with SCT experience more emotional and behavioral problems, thereby reducing their mothers' capacity and ability, who spend more time with them and play a larger role in their upbringing (Machalicek et al., 2015). Parenting based on parental competence assumes that parents who exhibit maladaptive behaviors in raising their children and lack sufficient parenting skills have difficulty managing their children's inappropriate behaviors and guiding them towards appropriate behaviors, leading to a low sense of parenting competence (Johnston & Mash, 1989). Parents with a higher sense of competence respond more sensitively to their children's needs, interact with an accepting and kind attitude, and regulate their emotions and behavior according to their parenting goals and values in their interactions with their children (Myruski & Dennis-Tiwary, 2021).

It seems that mothers who are always available and present in responding to their children's needs with SCT are aware of their children's emotions, feelings, withdrawal, isolation, or procrastination in completing tasks. These mothers likely possess skills in appropriately using behaviors and emotions corresponding to their children's demands, evaluating themselves as efficient and effective, experiencing a high sense of parenting competence. In contrast, parents who are unaware of their children's behavioral, academic, and emotional problems related to SCT cannot exhibit appropriate and competent reactions to their children's problems, and therefore, do not experience a sense of efficiency and parenting competence.

Various methods have been used to improve psychological and cognitive constructs in children. Organizational skills training is a psychosocial and behavioral intervention primarily designed for academic organizational aspects such as task management and physical organization of school materials. The organizational skills training program, first introduced by Abikoff et al. (2013), includes a clinical program aimed at developing organizational skills in four areas: task tracking, time management, planning, and material management, and is used to improve the performance of children with ADHD at home and school. This program includes not only children but also parents. Organizational skills include techniques for managing homework and preparing individuals for the classroom (e.g., learning to use checklists and calendars, discarding unnecessary papers). Organizational skills training is taught using behavioral techniques such as modeling, practice, and conditioning management with an emphasis on the role of parents. In this context, parents are responsible for motivating, praising, and rewarding children for learning and performing specific skills to reinforce desirable behaviors and enhance organizational skills. According to the evaluation, organizational skills training leads to improved organizational skills, symptoms, and academic performance of children with ADHD (Shamsi & Ghamarani, 2021). However, most of these interventions have primarily focused on organizational skills in an educational environment and academic work, such as organizing materials needed in an educational setting and timely completion of homework. Therefore, due to the substantial overlap of SCT with ADHD, this study compares the developed package with organizational skills to compare their effectiveness in treating and reducing problems in mothers of children with SCT.

Helping parents, especially mothers, by teaching them how to interact with children with SCT and how to deal with these children's problems can significantly enhance parents' sense of efficacy and competence while reducing these

children's problems. For example, Burns et al. (2022) stated in their study that training environmental executive skills could reduce problematic symptoms and increasingly enhance the social functions of children with SCT. A study by Hamivand et al. (2018) demonstrated that clinical work and developing a psychosocial rehabilitation program could be beneficial. However, these parents may have needs, including the need for information about their child's problem, the reason for its occurrence, and the need for family and social support. Burns et al. (2022) have conducted extensive research on SCT, comparing and distinguishing it from ADHD, and developed the SCT scale for parents and teachers. Barkley (2018) also states that SCT symptoms are not only correlated with social problems but this correlation remains after controlling for severe symptoms of ADHD, oppositional defiant disorder, and conduct disorder. Since mothers of children with SCT have various needs, including the need for knowledge and information about the disorder's characteristics (Kılıçoğlu et al., 2023), understanding how to communicate with children with SCT (Hossain et al., 2022), knowledge on how to interact with their spouse (Abdolmohamadi & Ghadiri, 2023), and the need to increase physical and psychological strength with support from consultants and educational centers, conducting a study in this area to answer whether there is a difference in the effectiveness of a parenting package based on responding to mothers' needs and an organizational skills parenting package on overparenting and competence of parents of children aged 8-12 years with SCT is necessary.

2. Methods and Materials

2.1. Study Design and Participants

This study is a quasi-experimental research with a pre-test, post-test design with a control group and a 45-day follow-up period. The statistical population included all mothers of children with SCT studying in grades two to six in the city of Isfahan in the 2022-2023 academic year. From the mentioned statistical population, 45 mothers of children with SCT were selected based on the SCT Questionnaire (Parent Form) developed by Burns et al. (2022) and according to the inclusion criteria using purposive sampling and were randomly assigned to two experimental groups and one control group (each group consisting of 15 participants). The experimental groups received a parenting package based on responding to the needs of mothers with children with SCT (Arjhang et al., 2023) and an organizational skills

parenting package (Shamsi & Ghamarani, 2021) separately in 12 sessions of 60 minutes each.

2.2. Measures

2.2.1. Sluggish Cognitive Tempo

This questionnaire was developed by Burns et al. (2022). It includes 15 symptoms, each rated on a 6-point scale (almost never = 0, rarely = 1, sometimes = 2, often = 3, very much = 4, almost always = 5). This questionnaire assesses various aspects and dimensions of psychological, social, and academic problems in children and adolescents. The different parts of this questionnaire include: Part one: Cognitive Sluggishness/ Cognitive Laziness Part two: Anxiety Part three: Depression Part four: Hyperactivity with Attention Deficit Part five: Hyperactivity with Impulsivity Part six: Oppositional Defiant Disorder Part seven: Non-emotional/ Non-affective Features and Behaviors Part eight: Communication-Social Problems and Disorders Part nine: Academic-Educational Problems and Disorders The Child and Adolescent Behavior Inventory is designed so that each section of this collection can be used separately if necessary or desired. For example, if someone is only interested in examining cognitive laziness, the SCT questionnaire can be used completely independently of other sections. The internal consistency of the questionnaire ranges from 55% to 96%, and the Cronbach's alpha is reported to be 91% (Burns et al., 2022). In this study, Cronbach's alpha ranged from 84% to 90%.

2.2.2. Metaparenting

This tool was developed by Hawk and Holden (2006) to measure deliberate thoughts (effortful cognition) and includes 24 questions and four components: anticipation, assessment, reflection, and problem-solving. Responses are provided on a 5-point Likert scale. Hawk and Holden reported Cronbach's alpha for the subscales ranging from 0.64 to 0.77. In Iran, Julaieha et al. (2018) reported the psychometric properties of the questionnaire with an implementation on 170 mothers as follows: the KMO test was 0.88, which was desirable, and Bartlett's test of sphericity was statistically significant. Factor analysis confirmed the existence of four factors in the questions, explaining 38.63% of the total scale variance. Confirmatory factor analysis confirmed the results of exploratory factor analysis, and the model fit the research data. In this study, Cronbach's alpha for the metaparenting questionnaire was

0.80. An example question from this scale is: "How often, when away from home in a public place, do you think about your child's safety (such as in a store or shopping center)?" The Cronbach's alpha for the anticipation component was 0.74, assessment 0.55, reflection 0.76, and problem-solving 0.82.

2.2.3. Parenting Sense of Competence

This scale, also known as the Parenting Role Scale, was designed by Gibaud-Wallston and Wandersman (1978). This 16-item questionnaire, which measures parents' views on their parenting competence, includes two dimensions: satisfaction with the parenting role (reflecting the level of frustration, anxiety, and motivation of parents) and a sense of efficacy as a parent (reflecting competence, problem-solving ability, and being capable in the parenting role). The reliability of the total score, the satisfaction factor (9 items), and the efficacy factor (7 items) were reported as 0.79, 0.75, and 0.76, respectively (Johnston & Mash, 1989).

2.3. Measures

2.3.1. Organizational Skills Parenting Package

Session 1: Introduction, explaining session rules, explaining the difficulties of parenting children with SCT, administering the pre-test.

Session 2: Importance of parenting children with SCT and the necessity of its enhancement.

Session 3: Teaching exploration-based parenting.

Session 4: Teaching reward-based parenting.

Session 5: Parents and task-tracking skills (1).

Session 6: Parents and task-tracking skills (2).

Session 7: Parents and material management skills (1).

Session 8: Parents and material management skills (2).

Session 9: Teaching time management skills (1).

Session 10: Teaching time management skills (2).

Session 11: Parents and planning skills.

Session 12: Review of sessions and post-test administration.

2.3.2. Parenting Program Based on Mothers' Needs with SCT

Session 1: Administering the pre-test, providing an opportunity to discuss current problems and topics experienced by mothers.

Session 2: Familiarizing mothers with various features of SCT.

Session 3: Familiarizing mothers with different parenting styles and the effectiveness of each.

Session 4: Explaining several metaphorical stories to better understand the concept of enjoyable parenting and introducing the concept of metaparenting.

Session 5: Providing a comprehensive explanation of metaparenting, understanding its components, and its impact on parenting children with SCT.

Session 6: Teaching strategies to enhance mothers' psychological strength in parenting children with SCT.

Session 7: Teaching organizational skills.

Session 8: Teaching necessary skills to improve the emotional atmosphere in the family and improve relationships with other children (session 1).

Session 9: Teaching necessary skills to improve the emotional atmosphere in the family and improve relationships with other children (session 2).

Session 10: Teaching strategies to deal with the isolation of children with SCT.

Session 11: Teaching effective communication techniques with the husband and enhancing emotional relationships with the husband as someone who is needed for support.

Session 12: Reviewing the taught skills, addressing any potential deficiencies, and administering the post-test.

2.4. Data Analysis

Data were analyzed using descriptive statistics including mean and standard deviation, and inferential statistics using repeated measures analysis of variance via SPSS-24.

3. Findings and Results

In this study, 45 mothers of children with Sluggish Cognitive Tempo (SCT) participated. The average age of mothers in the control group was 2 (13.33%) in the up to 32 years group, and 13 (86.67%) in the 33 to 37 years group. In the organizational skills group, 3 (20%) were in the up to 32 years group, and 12 (80%) were in the 33 to 37 years group. In the parenting needs group, 1 (6.67%) was in the up to 32 years group, and 14 (93.33%) were in the 33 to 37 years group. The Chi-square test results showed no significant difference in the age distribution of mothers across the three groups (p > .05). Comparing the frequency of mothers' occupations in the control group, 9 (60%) were housewives, 4 (26.67%) were employees and teachers, and 2 (13.33%) had other jobs. In the organizational skills group, 10 (66.67%) were housewives, 3 (20%) were employees and

teachers, and 2 (13.33%) had other jobs. In the parenting needs group, 9 (60%) were housewives, 3 (20%) were employees and teachers, and 3 (20%) had other jobs. The Chi-square test results showed no significant difference in the occupational distribution of mothers across the three groups (p > .05). Most mothers had associate or bachelor's degrees.

Table 1

Mean and Standard Deviation of Research Variables in Control and Experimental Groups at Three Time Points

Variable	Time	Control Group M(SD)	Organizational Skills Group M(SD)	Parenting Needs Group M(SD)
Overparenting	Pre-test	41.13 (7.94)	43.93 (5.67)	42.80 (6.31)
	Post-test	46.67 (4.88)	51.73 (4.06)	66.93 (6.41)
	Follow-up	42.33 (4.47)	53.07 (4.28)	67.07 (5.79)
Parenting Competence	Pre-test	53.67 (2.58)	54.67 (4.01)	51.27 (3.75)
	Post-test	57.47 (3.23)	57.20 (2.93)	73.93 (4.80)
	Follow-up	57.33 (4.43)	55.73 (5.34)	76.33 (6.88)

As shown in Table 1, in the variable of overparenting, the organizational skills group and the parenting needs group showed more significant changes in the post-test and follow-up stages compared to the control group. In the variable of parenting competence, the organizational skills group and the parenting needs group showed changes in the post-test and follow-up stages compared to the control group.

Table 2

Results of Repeated Measures ANOVA for Both Research Variables

Variable	Source of Effect	Sum of Squares	df	Mean Squares	F	Significance	Eta Squared	Power
Overparenting	Within Groups							
	Time	3624.10	1	2530.47	41.66	.001	.498	1
	Time * Group Interaction	2756.78	2	962.44	15.84	.001	.430	1
	Error (Time)	35114.68						
Between Groups								
	Group	3259.69	2	17557.34	226.22	.001	.910	1
	Error							
Parenting Competence	Within Groups							
	Time	24836.13	1	15794.70	706.12	.001	.940	1
	Time * Group Interaction	1029.29	2	3189.10	142.57	.001	.870	1
	Error (Time)	1080.04						
Between Groups								
	Group	965.02	2	540.02	23.50	.001	.530	1
	Error							

As shown in Table 2 for the variable of overparenting, within-group effects indicate that the factor of time (F = 41.66, df = 1, p < .01) and the interaction of time and group (F = 15.84, df = 2, p < .01) demonstrate significant differences in overparenting over time and in the interaction of time with the group (three research groups). The eta squared for the time factor is .498 with a power of 1, and for the interaction of time and group, it is .430 with a power of 1. This result indicates that 49.8% and 43% of the variance in overparenting are related to the independent variable (one of the parenting styles presented in this study) with 100% power confirmation. Additionally, in the between-group effects section, the group factor shows a significant

difference (p < .01) in overparenting. The eta squared for the group factor is .910 with a power of 1, indicating that the analysis performed with 100% power shows a 91% difference between at least one of the experimental groups (two parenting groups) with each other or with the control group in overparenting.

For the variable of parenting competence, within-group effects indicate that the factor of time (F = 706.12, df = 1, p < .01) and the interaction of time and group (F = 142.57, df = 2, p < .01) demonstrate significant differences in parenting competence over time and in the interaction of time with the group (three research groups). The eta squared for the time factor is .940 with a power of 1, and for the interaction of

time and group, it is .870 with a power of 1. This result indicates that 94% and 87% of the variance in parenting competence are related to the independent variable (one of the parenting styles presented in this study) with 100% power confirmation. Additionally, in the between-group effects section, the group factor shows a significant difference ($p < .01$) in parenting competence. The eta squared for the group factor is .530 with a power of 1, indicating that the analysis performed with 100% power shows a 53% difference between at least one of the experimental groups (two parenting groups) with each other or with the control group in parenting competence.

Table 3

Results of Bonferroni Post Hoc Test for Comparing Time and Group in Two Variables of Overparenting and Parenting Competence

Variable	Reference Group	Comparison Group	Mean Difference	Standard Error	Significance
Time	Pre-test	Post-test	-12.49	1.64	.001
	Pre-test	Follow-up	-8.20	1.54	.001
	Post-test	Follow-up	-4.29	0.85	.001
Group	Control Group	Organizational Skills Group	-8.86	1.86	.006
		Parenting Needs Group	-10.32	1.24	.001
	Organizational Skills Group	Parenting Needs Group	-15.56	1.86	.001
Time	Pre-test	Post-test	-17.00	0.81	.001
	Pre-test	Follow-up	-2.27	1.09	.001
	Post-test	Follow-up	-3.27	0.72	.001
Group	Control Group	Organizational Skills Group	-5.22	1.01	.001
		Parenting Needs Group	-20.44	1.01	.001
	Organizational Skills Group	Parenting Needs Group	-1.62	1.01	.350

As shown in Table 3, in the variable of overparenting, there is a significant difference between the pre-test and post-test, pre-test and follow-up, and post-test and follow-up stages. This means that from the pre-test to the post-test stage, overparenting increased, and from the post-test to the follow-up stage, the level of overparenting decreased. At the group level, there is a significant difference between the organizational skills group and the parenting needs group, and between both parenting groups and the control group ($p < .01$). Thus, according to the results presented in Tables 1 to 3, the first research question, whether there is a difference in the effectiveness of the parenting package based on responding to mothers' parenting needs and the organizational skills parenting package on overparenting in mothers of children with SCT, is answered as follows: Parenting based on responding to mothers' parenting needs is more effective than parenting based on organizational skills in overparenting, and both parenting based on organizational skills and parenting based on responding to mothers' needs are more effective than the control group in increasing overparenting.

In the variable of parenting competence, there is a significant difference between the pre-test and post-test, pre-test and follow-up, and post-test and follow-up stages. This means that from the pre-test to the post-test stage, and from the post-test to the follow-up stage, the level of parenting competence increased. At the group level, there is a significant difference between the organizational skills group and the parenting needs group ($p < .05$), and between both parenting groups and the control group ($p < .01$). Thus, according to the results presented in Tables 1 to 3, the second research question, whether there is a difference in the effectiveness of the parenting package based on responding to mothers' parenting needs and the organizational skills parenting package on parenting competence in mothers of children with SCT, is answered as follows: There is a significant difference between the organizational skills group and the parenting needs group, and the parenting based on mothers' needs is more effective than parenting based on organizational skills in the variable of parenting competence, and there is a significant difference between both parenting groups and the control group.

4. Discussion and Conclusion

According to the results of this study, parenting based on responding to mothers' parenting needs is more effective than parenting based on organizational skills in overparenting, and both parenting based on organizational skills and parenting based on responding to mothers' needs are more effective than the control group in increasing overparenting. These results are consistent with the findings of Cano-Crespo et al. (2024), Mayes et al. (2023), Arjhang

et al. (2023), Becker (2021), and Myruski and Dennis-Tiwary (2021).

In explaining the research findings, it can be said: Research evidence on overparenting in mothers of children with SCT shows that these mothers have problems in overparenting components such as anticipation, assessment, reflection, and problem-solving. One of the most important functions of parenting is overparenting, which plays an important role in the interaction between the child and the parent (Hawk & Holden, 2006). According to Hawk and Holden's theory, overparenting refers to parents' thinking about their parenting. These thoughts usually occur before or after parents interact with their children and refer to a higher level of awareness about child-rearing methods (Hawk & Holden, 2006). If mothers, who spend more time with the child, can make accurate predictions about their children's future, use appropriate problem-solving strategies when facing problems, avoid retaliating when encountering parenting problems, and have an accurate assessment of their own and their child's behavior and can establish appropriate interactions with the child, they will score better in overparenting. They will have an authoritative parenting style and unconditional acceptance of their child. They are less likely to attribute their child's behavioral problems to themselves and their past. These factors lead to optimal behavior in dealing with the child and reduce family disputes between husband and wife. In fact, training parents, especially mothers, leads to better behavior and more rational interactions with children (Cano-Crespo et al., 2024).

Regarding the intervention of parenting based on organizational skills, the results of this study showed that this parenting had less impact on the variable of overparenting. It can be said that parenting based on organizational skills is more suitable for helping with academic tasks and has less effect on parents' cognitive processes. Regarding the research question of whether parenting training based on mothers' needs and organizational skills training is effective in parenting competence, it can be said that the parenting program based on mothers' needs has been effective in the sense of satisfaction with the role and sense of efficacy of mothers and can increase their sense of being a useful parent and reduce their sense of inefficacy. This research finding indicates that parenting with an awareness of problems and their causes and how to deal with them leads to more conscious parenting and creates a greater sense of positivity in parents, thereby increasing the sense of parenting competence (Burns et al., 2022). Parents with a sense of competence interact with their children with higher positivity and efficacy, use an authoritative and effective parenting style, reduce the abnormal cycle of inefficacy and low competence, and thus increase parents' confidence in parenting, leading to more effective interactions (Lach et al., 2009).

In general, it can be said that parenting based on mothers' needs improves the sense of competence in these children's mothers and their overparenting, and this package can be used to enhance the sense of competence and overparenting in these mothers.

Authors' Contributions

All authors contributed equally.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

The researchers would like to thank all of the participants who took part in the study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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