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Comparison of the Effectiveness of Parenting Education Based on the Strong Families and Positive Parenting Approaches on Loneliness Among 10- to 12-Year-Old Adolescents in Kerman

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A B S T R A C T

Purpose: The present study aimed to compare the effectiveness of parenting education based on the Strong Families and Positive Parenting approaches in reducing loneliness among 10- to 12-year-old adolescents in Kerman.

Methods and Materials: This applied quasi-experimental study employed a pretest–posttest design with two experimental groups and two corresponding control groups. The study population consisted of mothers of 10- to 12-year-old adolescents and their children in Kerman during the 2025–2026 academic year. A total of 96 mother–adolescent dyads were selected through convenience sampling and allocated to four groups of 24 dyads each: Strong Families experimental, Strong Families control, Positive Parenting experimental, and Positive Parenting control. The Strong Families intervention was delivered in seven weekly 60-minute sessions involving mothers, adolescents, and joint mother–adolescent activities, whereas the Positive Parenting intervention comprised seven weekly 60-minute sessions delivered only to mothers. Loneliness was assessed using the 20-item UCLA Loneliness Scale. Data were analyzed in SPSS version 26 using analysis of covariance and Bonferroni-adjusted pairwise comparisons, with pretest loneliness scores entered as the covariate.

Findings: After controlling for pretest loneliness, the effect of study group on posttest loneliness was statistically significant, $F(3, 91) = 45.08$, $p < .001$, partial $\eta^2 = .598$. Bonferroni comparisons showed that both the Strong Families intervention and Positive Parenting intervention significantly reduced adolescent loneliness compared with their corresponding control groups ($p < .001$). Furthermore, the Strong Families experimental group had significantly lower adjusted posttest loneliness scores than the Positive Parenting experimental group, with an adjusted mean difference of -3.84, $p = .002$. No significant difference was found between the two control groups, $p = .917$.

Conclusion: Both parenting education approaches were effective in reducing loneliness among early adolescents; however, the Strong Families approach demonstrated greater effectiveness, suggesting that family-centered interventions involving direct parent–adolescent participation may provide stronger benefits for reducing adolescent loneliness.

Keywords: *Strong Families, Positive Parenting, Loneliness, Adolescents, Parenting Education, Family Intervention*

1. Introduction

Early adolescence is a sensitive developmental period characterized by rapid biological, cognitive, emotional, and interpersonal changes. During this stage, children gradually move away from the relatively dependent relational patterns of childhood and begin to seek greater autonomy, broader social participation, and more complex relationships with peers and family members. Although these developmental transformations are normative, they can also increase vulnerability to psychological difficulties when adolescents perceive a discrepancy between the social relationships they desire and those they actually experience. Among these difficulties, loneliness is particularly important because it reflects not merely being physically alone, but rather a subjective sense of insufficient intimacy, belonging, emotional connection, or social acceptance. The transition into adolescence is accompanied by heightened sensitivity to social evaluation, increasing importance of peer acceptance, and changes in the quality of parent–child relationships, all of which may influence adolescents' perceptions of connectedness and isolation (Bornstein, 2019; Steinberg, 2017). Developmental evidence further indicates that loneliness may emerge or intensify during adolescence and can follow meaningful trajectories into young adulthood, making early identification and prevention particularly important (von Soest et al., 2020).

Loneliness in childhood and adolescence has increasingly been recognized as a clinically and socially relevant psychological experience rather than a transient or trivial emotional state. It may arise when adolescents perceive their social relationships as inadequate in quantity or quality, feel misunderstood or emotionally disconnected from significant others, or experience insufficient belonging within the family, school, or peer context. Prolonged loneliness is especially concerning because it has been associated with a range of adverse psychological outcomes, including depressive symptoms, anxiety, diminished self-worth, emotional distress, and broader mental health difficulties. Evidence synthesized during the COVID-19 period demonstrated that social isolation and loneliness were strongly associated with poorer mental health among children and adolescents, while longer periods of isolation were considered particularly concerning for subsequent psychological well-being (Loades et al., 2020). Although the pandemic represented an unusual context of social restriction, the findings emphasized a more general developmental principle: young people's psychological well-being is deeply dependent on meaningful, secure, and supportive interpersonal relationships.

The family constitutes one of the earliest and most enduring contexts in which adolescents develop their expectations regarding closeness, emotional availability, trust, communication, and interpersonal security. Even as relationships with peers become increasingly salient, parents continue to serve as important sources of emotional support, guidance, security, behavioral regulation, and belonging. Contemporary developmental perspectives therefore conceptualize adolescent well-being as embedded within a network of interconnected family relationships rather than as a purely individual phenomenon. Recent systematic evidence indicates that the quality of family relationships plays a substantial role in adolescent developmental outcomes, particularly under conditions of heightened environmental stress (Campione-Barr et al., 2025). Similarly, family functioning appears to shape adolescent interpersonal experiences partly by influencing the competencies through which adolescents communicate, establish relationships, manage interpersonal challenges, and perceive social connectedness (Jiang et al., 2025). Security within relationships with siblings and friends may further interact with broader family functioning in shaping youth psychosocial outcomes, highlighting the relationally embedded nature of adolescent development (Persram et al., 2025).

Within this family context, loneliness may be understood partly as a relational signal reflecting weaknesses in emotional connection, communication, responsiveness, or perceived belonging. A systematic review of family functioning and loneliness among adolescents and young adults found consistent evidence that healthier family functioning is associated with lower loneliness, whereas dysfunctional interaction patterns, inadequate support, and poor relational quality may increase vulnerability to feelings of social and emotional isolation (Deavy & Siregar, 2024). Iranian evidence similarly suggests that the quality of the parent–child relationship is an important predictor of adolescent loneliness and mental health, indicating that adolescents who experience more supportive, responsive, and constructive relationships with their parents are less likely to report elevated loneliness (Barati & Naderi, 2020). Parenting styles and perceived social support have likewise been identified as meaningful predictors of loneliness among adolescents, reinforcing the proposition that loneliness is influenced not only by peer relationships but also by how young people experience parental responsiveness and

E-ISSN: 3041-8828

emotional availability within the family (Mousavi & Dehshiri, 2021).

Family cohesion and emotional support are especially relevant because adolescence involves a developmental paradox: the adolescent seeks greater independence while continuing to require emotional security and dependable attachment within the family. When parents respond to this growing autonomy with warmth, consistent boundaries, empathic communication, and developmentally appropriate support, adolescents may experience independence without psychological disconnection. By contrast, coercive interaction, harsh discipline, inadequate emotional availability, excessive control, inconsistent parenting, or chronic conflict may weaken the adolescent's sense of belonging even when family members remain physically present. Research has demonstrated that family cohesion and parental emotional support are meaningfully associated with healthier adolescent functioning, underscoring the protective role of emotionally supportive family relationships (Yousefi & Bahrami, 2019). Parenting styles are similarly related to adolescents' interpersonal and emotional functioning, suggesting that patterns of parental responsiveness and demandingness can shape how young people manage developmental challenges and relationships (Naderi & Fouladchang, 2018). Accordingly, interventions that strengthen parenting practices may be capable of influencing adolescent loneliness indirectly through improvements in the relational climate of the family.

The theoretical basis for such interventions is consistent with contemporary models of parenting, which regard parenting behavior as a modifiable set of practices embedded within reciprocal parent–child relationships. Effective parenting includes more than behavioral control; it encompasses emotional responsiveness, appropriate monitoring, clear communication, positive reinforcement, constructive discipline, support for autonomy, and the capacity to respond flexibly to developmental needs (Bornstein, 2019). When these dimensions are strengthened, parents may become better able to create a predictable and emotionally secure family environment in which adolescents feel heard, valued, supported, and connected. From this perspective, parenting education represents a potentially valuable preventive strategy because it targets modifiable family processes rather than waiting for psychological difficulties to become severe. Iranian studies have reported that structured parenting-skills training can improve the quality of parent–child relationships and reduce adolescent behavioral difficulties, providing evidence that parental practices can change through systematic education (Ahmadi & Heydari, 2019). Parent training has also been associated with reductions in family conflict and improvements in adolescents' mental health, further supporting the use of family-based educational interventions during this developmental period (Rezaei & Mohammadi, 2020).

Positive Parenting is one prominent approach to parent education. It is grounded largely in social learning principles and emphasizes creating a warm and supportive relationship, reinforcing desirable behavior, setting clear expectations, managing problematic behavior consistently, reducing coercive interactions, and promoting parental self-regulation. Rather than relying predominantly on punishment or reactive control, positive parenting encourages parents to shape behavior through constructive attention, reinforcement, communication, problem solving, and predictable consequences. These principles are particularly relevant to loneliness because a parenting environment characterized by warmth, positive attention, and effective communication may increase adolescents' perception that close and reliable support is available within the family. Research on positive parenting training has demonstrated improvements in parent–child relationships and reductions in problematic adolescent behavior (Ahmadi & Heydari, 2019). Additional Iranian evidence has shown beneficial effects of positive parenting education on adolescents' social and emotional functioning, indicating that modification of parental behavior can influence adolescents' broader interpersonal experiences (Esmaili & Hosseini, 2021). Positive parenting has also been linked to family belonging, suggesting a mechanism through which parental warmth, structure, and supportive interaction may strengthen an adolescent's subjective sense of inclusion within the family (Karimi & Alizadeh, 2022).

However, parent-only interventions and family-centered interventions differ substantially in how change is expected to occur. In parent-focused programs, the parent receives education and is expected to implement learned strategies in everyday interactions with the adolescent. In more systemic family programs, parents and adolescents may both participate directly, thereby allowing new relational patterns to be practiced during the intervention itself. This distinction may be particularly important for loneliness because loneliness is inherently relational. An intervention that directly creates opportunities for shared activities, emotional expression, mutual appreciation, collaborative problem solving, and positive communication may influence adolescents' subjective experience of interpersonal

E-ISSN: 3041-8828

connection through more than one pathway. Family education programs have been found to improve parent–adolescent interaction, supporting the value of structured interventions that address family communication rather than parenting behavior alone (Mehrvarz, 2021). More generally, parenting-skills interventions have demonstrated favorable effects on adolescents' psychosocial functioning, further suggesting that systematic changes in family interaction can produce measurable developmental benefits (Dehghani, 2024).

The Strong Families approach reflects this broader family-centered orientation. Rather than conceptualizing the parent as the sole agent of change, family-strengthening interventions emphasize communication, family resilience, emotional support, constructive interaction, and opportunities for parents and young people to practice skills together. The theoretical logic of this approach is consistent with family resilience frameworks, in which healthy family functioning is understood as a dynamic capacity to maintain connection, mobilize resources, communicate effectively, and adapt constructively in response to developmental or environmental stress (Walsh, 2016). In this framework, strengthening the relational processes of the entire family may enhance adolescents' sense of emotional security and belonging while also giving them direct experience of supportive communication and collaborative problem solving. Such mechanisms are highly pertinent to loneliness because feelings of isolation may be reduced when adolescents perceive that they occupy a valued and active position within a responsive family system.

Evidence from Strengthening Families interventions supports the potential utility of this type of approach. Sánchez-Prieto and colleagues reported that relatively brief universal prevention programs can improve parenting-related processes and family functioning, suggesting that meaningful changes may be achieved without requiring highly intensive or prolonged interventions (Sánchez-Prieto et al., 2020). Research examining the Strengthening Families Program 11–14 has also found reductions in internalizing and externalizing symptoms among adolescents, indicating that family-centered preventive programs can influence important domains of adolescent psychological well-being (Ballester et al., 2022). Other adaptations of Strengthening Families interventions have been developed to address adolescent risk behavior and to incorporate additional self-regulatory components, demonstrating the flexibility of the family-strengthening model across preventive contexts (Arnaud et al., 2020). These findings suggest that structured family interventions may exert effects through multiple relational and psychological mechanisms, including improved communication, more supportive parenting, reduced conflict, and stronger family cohesion.

From a developmental systems perspective, the potential value of the Strong Families approach for loneliness may lie particularly in the direct involvement of adolescents. Early adolescents are increasingly capable of reflecting on emotions, relationships, fairness, communication, and family roles, yet they may not spontaneously communicate their emotional needs to parents. Programs that include adolescent-only sessions and joint parent–adolescent activities can create structured opportunities for adolescents to identify feelings, express concerns, practice communication, and receive immediate supportive responses. Joint exercises may also allow parents to observe the adolescent's interpersonal needs directly and practice more empathic responses. In turn, adolescents may experience concrete evidence of parental involvement and emotional availability. This is consistent with evidence showing that family relationships remain central to adolescent development even as peer networks expand (Campione-Barr et al., 2025; Persram et al., 2025). It is also compatible with findings indicating that family functioning can shape interpersonal competence, which may subsequently influence adolescents' ability to establish and maintain satisfying social relationships beyond the family (Jiang et al., 2025).

The comparison between Strong Families and Positive Parenting is therefore theoretically meaningful rather than merely procedural. Both interventions seek to improve the relational environment surrounding the adolescent, but they differ in the locus and pathway of change. Positive Parenting primarily modifies parental knowledge, responses, reinforcement patterns, discipline strategies, and self-regulation, with effects expected to reach the adolescent through altered parenting behavior. Strong Families incorporates these parental processes within a broader interactive structure that also directly engages adolescents and creates opportunities for joint practice. Both approaches therefore have plausible mechanisms for reducing loneliness, but the relative magnitude of their effects may differ. If loneliness is strongly shaped by perceived emotional connection and family belonging, a program involving simultaneous parent and adolescent participation may generate additional benefits by modifying both sides of the interaction.

E-ISSN: 3041-8828

This comparison also has practical relevance in the Iranian cultural context. Family relationships occupy a central position in the daily lives and social development of children and adolescents, and parents frequently play a substantial role in structuring adolescents' social opportunities, emotional support, behavioral expectations, and coping patterns. Iranian studies have shown meaningful associations between parenting, perceived social support, parent–child relationship quality, and adolescent loneliness (Barati & Naderi, 2020; Mousavi & Dehshiri, 2021). Intervention research in Iran has likewise demonstrated that parenting education and family-oriented training can modify parent–adolescent relationships and related psychosocial outcomes (Ahmadi & Heydari, 2019; Mehrvarz, 2021; Rezaei & Mohammadi, 2020). These findings provide a culturally relevant empirical basis for investigating whether structured parenting interventions can reduce loneliness in Iranian early adolescents.

At the same time, much of the existing literature has examined parenting correlates of adolescent loneliness cross-sectionally, evaluated a single parenting intervention without an active comparison between different theoretical approaches, or investigated broader outcomes rather than loneliness as the primary endpoint. Studies demonstrating associations between parenting styles, family cohesion, support, and loneliness are valuable for identifying risk and protective factors, but correlational relationships do not establish whether modifying parenting processes causes a reduction in loneliness (Barati & Naderi, 2020; Mousavi & Dehshiri, 2021). Likewise, evidence supporting family education, parenting-skills training, Positive Parenting, and Strengthening Families approaches establishes the general promise of such programs but does not by itself identify which format may be more effective when loneliness is the specific target outcome (Ballester et al., 2022; Esmaili & Hosseini, 2021; Sánchez-Prieto et al., 2020). Direct comparative intervention studies are consequently required to determine whether a family-centered program involving adolescents produces effects beyond those achieved through parent-focused positive parenting education.

Methodological rigor is particularly important when attempting such a comparison. A pretest–posttest controlled design permits baseline differences to be identified and statistically controlled, while parallel intervention and control conditions improve the interpretability of changes following treatment. Standardized measurement of loneliness is also necessary to distinguish intervention-related changes from general impressions of improvement. More broadly, transparent operationalization, standardized reporting, and consistent presentation of quantitative findings contribute to the reproducibility and interpretability of behavioral research, principles that are consistent with established standards for scholarly reporting (American Psychological, 2020). These considerations are especially important when two interventions with partly overlapping goals are compared, because meaningful conclusions require that differences be attributed as far as possible to the content and structure of the interventions rather than to inconsistencies in measurement or implementation.

The developmental timing of intervention is also noteworthy. The age range of 10 to 12 years encompasses the transition from late childhood into early adolescence, a period during which social comparison increases, peer relationships become more psychologically salient, and family interaction patterns begin to reorganize around the adolescent's growing need for autonomy (Steinberg, 2017). Intervening during this period may therefore have preventive value. Rather than addressing loneliness only after it has become chronic, strengthening family communication and parenting competence during the transition into adolescence may help maintain emotional connectedness while adolescents' social worlds expand. Longitudinal findings showing that loneliness can develop across adolescence and carry implications beyond the immediate developmental period further support the importance of early intervention (von Soest et al., 2020). Similarly, evidence on the adverse mental health implications of sustained loneliness underscores the need to identify feasible interventions that can be implemented through family and educational settings (Loades et al., 2020).

Taken together, existing theory and empirical evidence indicate that adolescent loneliness is closely intertwined with the quality of family relationships, parental support, communication, and the adolescent's sense of belonging. Family resilience theory emphasizes the importance of supportive and adaptive relational processes (Walsh, 2016), developmental accounts highlight the continuing importance of parents during early adolescence (Steinberg, 2017), and empirical research demonstrates associations between family functioning and adolescent interpersonal well-being (Deavy & Siregar, 2024; Jiang et al., 2025). At the intervention level, both Positive Parenting and family-strengthening approaches have demonstrated beneficial effects on parent–child processes and adolescent psychological outcomes (Ahmadi & Heydari, 2019; Ballester et al., 2022; Sánchez-Prieto et al., 2020).

E-ISSN: 3041-8828

Nevertheless, comparative evidence regarding their effectiveness specifically for reducing loneliness among 10- to 12-year-old adolescents remains limited, particularly within the Iranian context.

Therefore, the present study aimed to compare the effectiveness of parenting education based on the Strong Families and Positive Parenting approaches in reducing loneliness among 10- to 12-year-old adolescents in Kerman.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied, quasi-experimental investigation employing a pretest–posttest design with two experimental groups and two corresponding control groups. The study was conducted among mothers of 10- to 12-year-old adolescents and their children in Kerman, Iran, during the 2025–2026 academic year. The statistical population consisted of 96 mothers and their 96 adolescents who were identified through cooperating schools and counseling centers in Kerman. Because the parenting interventions were delivered primarily to mothers, mothers constituted the principal recipients of the educational programs, whereas adolescents constituted the unit of measurement for the main study outcome, namely loneliness. In the Strong Families Program, adolescents additionally participated directly in designated adolescent-only and joint mother–adolescent sessions in accordance with the structure of the intervention. Participants were recruited using convenience sampling after the necessary institutional permissions had been obtained. The final sample comprised 96 mother–adolescent dyads, equivalent to 192 individuals, and was organized into four independent groups. The Strong Families experimental group included 24 mothers and their 24 adolescents, the corresponding Strong Families control group included 24 mothers and their 24 adolescents, the Positive Parenting experimental group included 24 mothers and their 24 adolescents, and the corresponding Positive Parenting control group included 24 mothers and their 24 adolescents. Following completion of the pretest, eligible participants were allocated to the experimental and control conditions using simple random assignment within each intervention set. Adolescents in all four groups completed the loneliness measure before the intervention and again immediately after completion of the educational programs. The control groups received no structured parenting intervention during the study period and continued their routine activities; for ethical reasons, educational materials or a condensed version of the relevant parenting education was made available to control-group parents after completion of posttest data collection.

Eligibility criteria were defined for both mothers and adolescents to increase the internal validity of the study and reduce the influence of potentially confounding factors. Mothers were required to have a child aged 10 to 12 years who was enrolled in a school in Kerman during the study period, to have an active role in the adolescent's upbringing, to be able to attend the intervention sessions regularly, and not to have participated in a formal parenting education program during the preceding six months. Participation also required informed consent from the mother and assent from the adolescent, as well as completion of the pretest assessment. Mothers or adolescents with a known severe psychiatric disorder or cognitive disability that could interfere with participation were excluded. Participants were withdrawn from the study if either the mother or adolescent chose to discontinue participation, if the mother missed more than two intervention sessions, if the family participated concurrently in another parenting or comparable psychological intervention, if a major family crisis occurred during the intervention period that could substantially influence the adolescent's psychological condition, if the adolescent initiated a new specialized psychological treatment or psychiatric medication during the study, or if pretest or posttest questionnaires were substantially incomplete. To reduce contamination between conditions, intervention sessions were conducted separately, participants were asked not to distribute educational materials to members of the other groups during the study, and the same general assessment conditions were maintained across groups. The intervention programs were implemented according to standardized protocols, with comparable session frequency and duration wherever permitted by the specific structure of each program. Participation was voluntary, confidentiality was maintained by assigning identification codes rather than recording names on study questionnaires, and mothers and adolescents were informed that they could withdraw from the study at any time without penalty.

2.2. Data Collection Tools

Data were collected using a demographic information form and the University of California, Los Angeles Loneliness Scale. The demographic form was developed for the present study to describe the characteristics of participating mothers and adolescents and included

E-ISSN: 3041-8828

information concerning the adolescent's age, sex, school grade, the mother's age, educational attainment and employment status, family size, and approximate socioeconomic status. Loneliness among adolescents was assessed using the revised UCLA Loneliness Scale developed by Russell (1996), a widely used self-report instrument designed to assess subjective feelings of loneliness, perceived social isolation, and dissatisfaction with interpersonal relationships. The instrument consists of 20 items rated on a four-point Likert-type scale ranging from 1 to 4, with response options representing frequencies from never to often. After reverse scoring the positively worded items where required, item scores are summed to produce a total score ranging from 20 to 80, with higher scores indicating greater perceived loneliness. Russell (1996) reported Cronbach's alpha coefficients ranging from .89 to .94 across samples and test–retest reliability of approximately .73, indicating satisfactory internal consistency and temporal stability. The measure has also been widely used with adolescent populations and has demonstrated acceptable psychometric properties in Iranian studies. In the present study, the internal consistency of the UCLA Loneliness Scale was evaluated using Cronbach's alpha based on the study sample before the principal inferential analyses were conducted.

2.3. Interventions

The Strong Families Program was implemented as a structured, family-centered intervention intended to strengthen parenting competencies, improve parent–adolescent communication, enhance emotional support and family connectedness, promote resilience, and provide families with practical strategies for managing developmental and interpersonal challenges. The intervention consisted of seven weekly sessions of approximately 60 minutes and included one introductory session for mothers, two sessions specifically for mothers, two sessions specifically for adolescents, and two joint mother–adolescent family sessions. The introductory session familiarized mothers with the goals and structure of the program, established session rules, encouraged recognition of family strengths, and introduced strategies for identifying and managing parental and adolescent stress. The first parent session addressed the developmental characteristics and needs of early adolescents and emphasized active listening, empathy, effective communication, emotional support, and constructive parenting practices. During the first adolescent session, participants worked on emotional awareness, expression of feelings, mutual respect, cooperation, self-confidence, and interpersonal communication. The first joint family session provided mothers and adolescents with opportunities to practice effective dialogue, cooperation, positive interaction, and simple collaborative problem solving through family activities, educational games, and role-play. The second parent session focused on behavioral management, reinforcement of desirable behavior, appropriate use of logical consequences, problem-solving skills, parental stress management, and supportive responses to adolescent difficulties. The second adolescent session emphasized decision making, responsibility, cooperation, gratitude, problem solving, resilience, and self-confidence. The final joint family session was devoted to consolidating acquired skills through interactive exercises, mutual appreciation, development of family rules and plans, collaborative activities, and strategies for maintaining newly acquired behaviors in everyday family life. Interactive teaching, group discussion, role-play, educational games, experiential exercises, mother–adolescent activities, feedback, and home assignments were used throughout the program. The distinguishing feature of this intervention was the direct participation of both mothers and adolescents and the opportunity to rehearse communication and relational skills jointly, thereby facilitating the transfer of skills from the training environment to everyday family interactions.

The Positive Parenting intervention was delivered to mothers in seven weekly group sessions, each lasting approximately 60 minutes. The program was based on principles of social learning, positive reinforcement, parental self-regulation, constructive behavior management, and the development of a warm, supportive, and predictable family environment. Unlike the Strong Families Program, adolescents did not participate directly in the educational sessions, and the expected effects on adolescents occurred through changes in maternal parenting practices and mother–adolescent interactions. The first session introduced the aims of the program and the fundamental principles of positive parenting and addressed the parental role in adolescent development. The second session focused on developing a warm and supportive parent–adolescent relationship through positive attention, empathy, effective communication, and regular high-quality interaction. The third session addressed the reinforcement of desirable behavior through effective praise, positive reinforcement, and appropriate rewards. The fourth session concentrated on

E-ISSN: 3041-8828

managing problematic behavior by establishing clear expectations and family rules, using logical consequences, employing planned responses to inappropriate behavior, and avoiding harsh or physically punitive disciplinary practices. The fifth session introduced systematic problem solving and collaborative decision making and encouraged mothers to involve adolescents appropriately in resolving everyday family difficulties. The sixth session focused on parental emotional self-regulation, anger management, stress management, and the importance of parents serving as constructive behavioral models. The final session emphasized promoting age-appropriate autonomy, responsibility, confidence, and self-efficacy by gradually assigning responsibilities and maintaining appropriate parental supervision. Short instructional presentations, group discussion, question-and-answer activities, role-play, case analysis, behavioral rehearsal, feedback, and structured home assignments were incorporated throughout the intervention to promote practical application of parenting skills in the home environment.

2.4. Data Analysis

Data were coded, screened, and analyzed using SPSS version 26. Descriptive statistics, including frequency and percentage for categorical demographic variables and mean, standard deviation, minimum, maximum, skewness, and kurtosis for quantitative variables and loneliness scores, were calculated to describe the sample and examine the distribution of the data. Prior to inferential analysis, data were screened for missing values, extreme observations, and potential data-entry errors. The assumptions required for analysis of covariance were subsequently examined. Normality of the dependent variable within the study groups was assessed using the Shapiro–Wilk test together with distributional indices, homogeneity of error variances was evaluated using Levene's test, linearity between pretest and posttest loneliness scores was examined, and homogeneity of regression slopes was assessed by testing the interaction between group membership and the pretest covariate. Independence of observations was considered through the study design. Because the study contained a single dependent variable, adolescent loneliness, analysis of covariance rather than multivariate analysis of covariance was used as the principal inferential procedure. Posttest loneliness scores served as the dependent variable, study group was entered as the fixed factor, and pretest loneliness scores were included as the covariate to statistically control for baseline differences among the four groups. When a significant overall group effect was identified, Bonferroni-adjusted pairwise comparisons of estimated marginal means were performed to determine differences between each intervention group and its corresponding control condition and to directly compare the effectiveness of the Strong Families and Positive Parenting interventions. Effect size was reported using partial eta squared to indicate the magnitude of the intervention effect, and statistical power was reported where appropriate. All statistical tests were two-tailed, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

The final sample consisted of 96 mothers and their 96 adolescents aged 10 to 12 years who were equally distributed across four study groups, with 24 mother–adolescent dyads in each group. Of the 96 adolescents, 49 (51.0%) were girls and 47 (49.0%) were boys. Regarding age, 30 adolescents (31.3%) were 10 years old, 34 (35.4%) were 11 years old, and 32 (33.3%) were 12 years old. In terms of school grade, 29 participants (30.2%) were in the fourth grade, 35 (36.5%) were in the fifth grade, and 32 (33.3%) were in the sixth grade. All participating parents were mothers. With respect to maternal education, 31 mothers (32.3%) had a high-school diploma or lower qualification, 19 (19.8%) had an associate degree, 30 (31.3%) held a bachelor's degree, and 16 (16.6%) had a master's degree or higher. Moreover, 58 mothers (60.4%) were homemakers and 38 (39.6%) were employed. Chi-square analyses showed no significant differences among the four groups in terms of adolescent sex, age, school grade, maternal educational level, or maternal employment status ($p > .05$), indicating that the groups were demographically comparable at baseline.

E-ISSN: 3041-8828

Table 1

Descriptive Statistics for Loneliness Scores by Study Group

Study Group	n	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Strong Families experimental	24	48.63	5.41	34.08	4.62
Strong Families control	24	47.92	5.18	47.51	5.06
Positive Parenting experimental	24	48.17	5.36	37.91	4.79
Positive Parenting control	24	47.75	5.22	47.66	5.11

As shown in Table 1, the four groups had highly similar mean loneliness scores at pretest, ranging from 47.75 to 48.63. A one-way analysis of variance conducted on the pretest scores confirmed that the initial difference among the groups was not statistically significant, $F(3, 92) = 0.12$, $p = .949$. Following the interventions, however, loneliness scores decreased substantially in both experimental groups, whereas the scores of the two control groups remained relatively stable. The largest reduction was observed in the Strong Families experimental group, in which the mean loneliness score decreased from 48.63 ± 5.41 at pretest to 34.08 ± 4.62 at posttest. The Positive Parenting experimental group also demonstrated a considerable reduction, from 48.17 ± 5.36 to 37.91 ± 4.79. In contrast, only minimal changes were observed in the Strong Families control group and the Positive Parenting control group. Descriptively, these findings suggest that both parenting interventions were effective in reducing adolescent loneliness, with a greater reduction observed following the Strong Families intervention.

Before conducting the analysis of covariance, the statistical assumptions underlying ANCOVA were examined. The Shapiro–Wilk test indicated that the distributions of pretest and posttest loneliness scores did not significantly deviate from normality, with $W = .985$, $p = .312$ for the pretest and $W = .981$, $p = .228$ for the posttest. Homogeneity of error variances was supported by Levene's test, $F(3, 92) = 0.684$, $p = .564$. The interaction between study group and pretest loneliness was also nonsignificant, $F(3, 88) = 0.713$, $p = .547$, confirming the assumption of homogeneity of regression slopes. In addition, a significant positive linear association was observed between pretest and posttest loneliness scores, $r = .691$, $p < .001$, supporting the linearity assumption and the appropriateness of including the pretest score as a covariate. Examination of the data further revealed no influential extreme observations that would substantially distort the analysis. Therefore, the principal assumptions required for ANCOVA were considered satisfactorily met.

Table 2

Analysis of Covariance for Posttest Loneliness Scores Controlling for Pretest Scores

Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Pretest loneliness	1035.42	1	1035.42	49.18	< .001	.351
Study group	2847.36	3	949.12	45.08	< .001	.598
Error	1915.77	91	21.05			
Corrected total	5798.55	95				

The ANCOVA results presented in Table 2 indicated that, after statistically controlling for baseline loneliness scores, the effect of study group on posttest loneliness was statistically significant, $F(3, 91) = 45.08$, $p < .001$, partial $\eta^2 = .598$. Thus, approximately 59.8% of the explainable variance in posttest loneliness, after adjustment for pretest scores, was associated with group membership. The magnitude of partial eta squared indicates a large intervention effect. The pretest loneliness score was also a significant covariate, $F(1, 91) = 49.18$, $p < .001$, partial $\eta^2 = .351$, demonstrating a substantial association between baseline and post-intervention loneliness. Overall, these findings demonstrate that the four study groups differed significantly in posttest loneliness after adjustment for their initial scores. Because the omnibus group effect was significant, Bonferroni-adjusted pairwise comparisons were subsequently conducted to determine the specific locations and directions of these differences.

E-ISSN: 3041-8828

Table 3

Bonferroni Pairwise Comparisons of Adjusted Posttest Loneliness Means

Group Comparison	Mean Difference (I − J)	SE	p
Strong Families experimental − Strong Families control	-13.41	1.32	< .001
Positive Parenting experimental − Positive Parenting control	-9.72	1.31	< .001
Strong Families experimental − Positive Parenting experimental	-3.84	1.17	.002
Strong Families control − Positive Parenting control	-0.29	1.15	.917

The Bonferroni-adjusted comparisons showed that adolescents in the Strong Families experimental group had significantly lower adjusted posttest loneliness scores than those in the corresponding control group, with an adjusted mean difference of -13.41, $p < .001$. Similarly, adolescents whose mothers received Positive Parenting training demonstrated significantly lower loneliness than adolescents in the corresponding control condition, with an adjusted mean difference of -9.72, $p < .001$. Most importantly, the direct comparison between the two experimental groups showed a statistically significant difference in favor of the Strong Families intervention, with the adjusted loneliness score in this group being 3.84 points lower than that of the Positive Parenting experimental group, $p = .002$. By contrast, no statistically significant difference was found between the two control groups, mean difference = -0.29, $p = .917$. Taken together, these findings indicate that both parenting education programs significantly reduced loneliness among 10- to 12-year-old adolescents; however, the Strong Families approach produced a significantly greater reduction than the Positive Parenting approach. The absence of a significant difference between the two control groups further supports the interpretation that the observed changes in the experimental groups were associated with the implemented interventions rather than with naturally occurring changes over time.

4. Discussion and Conclusion

The present study compared the effectiveness of parenting education based on the Strong Families and Positive Parenting approaches in reducing loneliness among 10- to 12-year-old adolescents in Kerman. The findings showed that both interventions produced statistically significant reductions in adolescent loneliness compared with their corresponding control groups. However, the reduction observed in the Strong Families group was significantly greater than that observed in the Positive Parenting group. These findings indicate that structured parenting interventions can influence adolescents' subjective experience of social and emotional disconnection and that a family-centered intervention involving both mothers and adolescents may have greater effects than a parent-focused program delivered only to mothers. The nonsignificant difference between the two control groups further strengthens this interpretation, because it suggests that the observed reductions were unlikely to reflect natural change over time alone.

The significant effect of the Strong Families intervention on adolescent loneliness is consistent with theoretical perspectives that emphasize family relationships as a central developmental context during early adolescence. Although peer relationships become increasingly important during this period, adolescents continue to depend on parents and the family system for emotional security, validation, support, and a stable sense of belonging (Bornstein, 2019; Steinberg, 2017). Loneliness often emerges not simply from the absence of social contact, but from dissatisfaction with the emotional quality of significant relationships. Consequently, an intervention that directly targets family communication, emotional responsiveness, cooperation, and shared interaction may reduce loneliness by improving the adolescent's perception of being understood, supported, and included within the family. The Strong Families program is particularly relevant in this regard because it does not restrict intervention to parental instruction; rather, it also involves adolescents directly and provides structured opportunities for mothers and adolescents to interact, communicate, and practice relational skills together.

The present findings are also consistent with evidence showing that family functioning is closely related to loneliness and broader adolescent well-being. Deavy and Siregar's systematic review demonstrated that stronger family functioning tends to be associated with lower levels of loneliness among adolescents and young adults, whereas poor communication, weak emotional bonds, and dysfunctional family interactions may increase vulnerability to loneliness (Deavy & Siregar, 2024). Similarly, Barati and Naderi found that the quality of the parent–child relationship

E-ISSN: 3041-8828

plays an important role in predicting loneliness and mental health among adolescents (Barati & Naderi, 2020). Mousavi and Dehshiri likewise reported that parenting styles and perceived social support are significant predictors of adolescent loneliness (Mousavi & Dehshiri, 2021). These studies support the interpretation that strengthening family relationships can influence loneliness because family interactions constitute an important source of perceived emotional support and interpersonal security during adolescence.

The effectiveness of the Strong Families program may further be explained through the concept of family resilience. Walsh conceptualized family resilience as a dynamic process involving effective communication, connectedness, shared meaning, flexibility, and the capacity to mobilize emotional and relational resources during periods of stress (Walsh, 2016). The Strong Families approach incorporates many of these principles by emphasizing communication skills, mutual support, collaborative problem solving, emotional expression, and joint family activities. Such experiences may reduce adolescents' loneliness through several mechanisms. First, they may increase the frequency and quality of positive interactions between mothers and adolescents. Second, they may strengthen the adolescent's perception that emotional support is available when needed. Third, they may increase family belonging by helping adolescents experience themselves as active and valued members of the family. Finally, practicing communication and problem-solving skills within a supportive family setting may also strengthen adolescents' confidence in managing relationships outside the family.

This explanation is consistent with more recent developmental evidence showing that family functioning influences adolescent outcomes partly through interpersonal competence. Jiang et al. reported that healthier family functioning was associated with better adolescent adjustment and that interpersonal competence played an important mediating role in this relationship (Jiang et al., 2025). Although the present study examined loneliness as the principal outcome, the same mechanism may plausibly apply. Adolescents who participate in structured family interactions may develop stronger communication, emotional-expression, cooperation, and conflict-resolution skills, which may subsequently enhance the quality of peer relationships and reduce subjective social isolation. Thus, the effect of the Strong Families program may extend beyond the immediate mother–adolescent relationship and influence the adolescent's broader relational competence.

The findings also align with Persram et al., who emphasized that youth development is shaped by a network of family, sibling, and friendship relationships rather than by any single relationship in isolation (Persram et al., 2025). A supportive family environment may therefore function as a relational foundation from which adolescents develop security in other social relationships. When family functioning is stronger, adolescents may feel more confident seeking support, communicating their needs, and forming secure connections with peers. This may be particularly important for children aged 10 to 12 years, who are entering a developmental stage in which peer acceptance becomes increasingly salient while dependence on family support remains substantial.

The significant reduction in loneliness observed following Positive Parenting education is also theoretically meaningful. Positive Parenting emphasizes warmth, supportive communication, positive reinforcement, consistent expectations, constructive discipline, and parental self-regulation. These components can improve the emotional climate of the home and may help adolescents perceive their parents as more available, predictable, and supportive. Previous research has demonstrated that positive parenting training can improve the quality of parent–child relationships and reduce adolescent behavioral problems (Ahmadi & Heydari, 2019). Esmaili and Hosseini also reported beneficial effects of Positive Parenting training on adolescent psychosocial functioning (Esmaili & Hosseini, 2021). Although these studies did not focus exclusively on loneliness, their findings support the broader proposition that improving parenting behaviors can produce meaningful psychological benefits for adolescents.

The present result may also be interpreted through the role of family belonging. Karimi and Alizadeh showed that family belonging plays an important mediating role in the relationship between positive parenting and adolescent outcomes (Karimi & Alizadeh, 2022). Positive parenting may reduce loneliness because consistent affection, positive attention, praise, supportive communication, and constructive limit-setting communicate to the adolescent that he or she is valued and accepted within the family. This can strengthen the subjective sense of belonging and reduce feelings of emotional isolation. The mechanisms are therefore relational rather than merely behavioral. Although positive reinforcement and behavior management are central components of Positive Parenting, their psychological

E-ISSN: 3041-8828

impact may partly arise because they alter how adolescents interpret parental availability, acceptance, and support.

The effectiveness of both interventions also corresponds with evidence from parent-training research more generally. Rezaei and Mohammadi found that parent training reduced family conflict and improved adolescent mental health (Rezaei & Mohammadi, 2020), while Mehrvarz reported that family education improved parent–adolescent interaction (Mehrvarz, 2021). These findings are relevant because family conflict, poor communication, and low emotional support are plausible contributors to loneliness. When parenting interventions reduce hostile interaction and increase constructive communication, adolescents may experience greater relational security and reduced psychological distance from parents. The present study therefore adds to this literature by showing that parenting interventions may affect not only observable relational functioning but also an internal psychological experience such as loneliness.

The significant effect of the Strong Families intervention is further supported by previous research on Strengthening Families programs. Sánchez-Prieto et al. reported that short prevention programs based on the Strengthening Families model can improve parenting and family processes (Sánchez-Prieto et al., 2020). Ballester et al. likewise found that the Strengthening Families Program 11–14 was effective in reducing internalizing and externalizing symptoms among adolescents (Ballester et al., 2022). Arnaud et al. also described a Strengthening Families intervention developed to reduce adolescent risk behavior through a structured family-based approach (Arnaud et al., 2020). Taken together, these studies suggest that family-strengthening interventions can produce meaningful changes across multiple domains of adolescent functioning. The present findings extend this pattern by indicating that loneliness may also be responsive to a family-centered intervention.

The superiority of the Strong Families approach over Positive Parenting is one of the most important findings of the present study. Although both programs reduced loneliness, adolescents in the Strong Families experimental group showed significantly lower adjusted posttest loneliness scores than those in the Positive Parenting experimental group. This difference may be explained by the structural distinction between the two interventions. Positive Parenting was delivered exclusively to mothers, and adolescents were expected to benefit indirectly through changes in maternal behavior. In contrast, the Strong Families intervention included sessions for mothers, sessions for adolescents, and joint mother–adolescent sessions. This structure may have allowed change to occur simultaneously at the level of parenting behavior, adolescent interpersonal skills, and the reciprocal relationship between mother and child.

This direct participation of adolescents may be especially important when the target outcome is loneliness. Loneliness is a subjective relational experience, and changing it may require more than improving parental knowledge or discipline strategies. Adolescents may need direct opportunities to experience closeness, emotional responsiveness, shared enjoyment, and successful communication. The Strong Families program provided such opportunities through role-play, shared activities, interactive exercises, emotional-expression tasks, cooperation, and mutual appreciation. These experiences may have produced immediate corrective relational experiences that altered the adolescents' perceptions of family connection more strongly than an intervention delivered only to mothers. This interpretation is consistent with evidence emphasizing the importance of family relationships during periods of developmental stress and change (Campione-Barr et al., 2025).

The finding is also compatible with the distinction between parent-focused and systemic interventions. Parent-focused programs rely on a one-directional pathway in which parent training is expected to lead to changes in parenting behavior, which subsequently influence the child. Family-centered programs operate through multiple pathways because they target both individual family members and their interaction. From a systems perspective, reciprocal interaction may be more powerful because family relationships are maintained by patterns of communication and response involving more than one person. The Strong Families intervention may therefore have produced a broader relational reorganization than Positive Parenting alone.

The results can also be interpreted in relation to evidence concerning developmental trajectories of loneliness. Von Soest et al. demonstrated that loneliness changes across adolescence and young adulthood and may have meaningful correlates and longer-term implications (von Soest et al., 2020). This suggests that reducing loneliness during early adolescence may be particularly important because patterns of social and emotional disconnection can become increasingly stable if they persist over time. Intervening at ages 10 to 12 may therefore have preventive value by

E-ISSN: 3041-8828

strengthening relational resources before more entrenched patterns of loneliness develop.

The importance of reducing loneliness is further supported by evidence linking social isolation and loneliness with poorer mental health in children and adolescents. Loades et al. demonstrated that loneliness and social isolation are associated with increased risk of depression and anxiety symptoms among young people (Loades et al., 2020). Although the present study did not assess these secondary outcomes, the observed reduction in loneliness may therefore have broader preventive significance. A reduction in perceived isolation may potentially protect against later emotional difficulties by increasing access to support and strengthening adolescents' sense of interpersonal security.

The present findings are also compatible with Iranian research emphasizing the role of parental support and family cohesion. Yousefi and Bahrami highlighted the importance of family cohesion and parental emotional support in adolescent functioning (Yousefi & Bahrami, 2019). Naderi and Fouladchang similarly showed that parenting styles are associated with adolescents' social and emotional functioning (Naderi & Fouladchang, 2018). Dehghani also reported that parenting-skills training can improve adolescent psychosocial outcomes (Dehghani, 2024). These findings support the cultural relevance of family-based interventions in Iran. In a context in which family ties remain a central component of children's and adolescents' everyday lives, interventions that improve parent–child communication and emotional support may be particularly influential.

Overall, the findings of the present study support a relational interpretation of adolescent loneliness. Loneliness appears to be responsive to changes in the family environment, particularly when interventions increase emotional availability, communication, cooperation, positive interaction, and a sense of belonging. Both Positive Parenting and Strong Families education were effective, which suggests that improving parenting behavior itself has substantial value. However, the greater effectiveness of the Strong Families intervention indicates that directly involving adolescents and creating opportunities for joint mother–adolescent interaction may generate additional benefits. The result therefore supports the use of family-centered programs when the primary aim is to reduce loneliness and strengthen adolescents' subjective experience of connection within the family.

The present study had several limitations that should be considered when interpreting the findings. First, the participants were recruited from one city and consisted specifically of mothers and their 10- to 12-year-old adolescents, which limits the generalizability of the findings to fathers, other caregivers, older adolescents, and families from different cultural or socioeconomic contexts. Second, loneliness was measured using a self-report instrument, and responses may therefore have been influenced by social desirability, temporary mood, or differences in adolescents' interpretation of questionnaire items. Third, the study focused on short-term pretest–posttest changes and did not establish whether the intervention effects were maintained over a longer period. Fourth, although the groups were comparable at baseline and pretest scores were statistically controlled, uncontrolled family, peer, school, and personality factors may still have influenced the adolescents' experience of loneliness. Finally, because the Strong Families program involved direct adolescent participation whereas the Positive Parenting program did not, the greater effect of the former may reflect not only differences in intervention content but also differences in the amount and type of direct contact adolescents received.

Future studies should replicate the present research with larger and more diverse samples drawn from different regions and should include fathers or other primary caregivers to determine whether the effects are consistent across family structures. Longitudinal follow-up assessments would be particularly valuable for determining whether reductions in loneliness are maintained several months after the intervention. Future research could also examine potential mediators such as family cohesion, perceived parental support, parent–adolescent communication, family belonging, interpersonal competence, and perceived peer support in order to clarify how parenting interventions reduce loneliness. Comparing interventions with equivalent levels of adolescent contact would help distinguish the effects of program content from the effects of direct adolescent participation. In addition, combining self-report measures with parent reports, observational assessments of family interaction, or qualitative interviews may provide a more comprehensive understanding of the processes through which family-based interventions influence adolescents' subjective experience of loneliness.

From a practical perspective, the findings suggest that schools, counseling centers, child and adolescent mental health services, and family-support programs can use

E-ISSN: 3041-8828

structured parenting education as a preventive strategy for adolescents experiencing loneliness or weak family connection. Positive Parenting programs may be particularly useful when services are designed primarily for parents and when direct adolescent participation is difficult to organize. However, where resources permit, family-centered programs that involve both parents and adolescents may be preferable because they provide opportunities for immediate practice of communication, emotional expression, cooperation, and joint problem solving. Practitioners should therefore consider incorporating structured mother–adolescent or parent–adolescent activities into parenting programs, especially when the intervention goal includes strengthening emotional connection and reducing loneliness. Screening for loneliness in educational and counseling settings may also help identify adolescents who could benefit from early family-based intervention before feelings of social and emotional isolation become more persistent.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

Transparency Statement

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Declaration of Interest

The authors report no conflict of interest.

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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.

References

Ahmadi, K., & Heydari, S. (2019). The Effectiveness of Positive Parenting Skills Training on Improving the Parent-Child Relationship and Reducing Adolescent Behavioral Problems. *Applied Psychology Quarterly*, *13*(4), 75-92.

American Psychological, A. (2020). *Publication Manual of the American Psychological Association* (7th ed.). American Psychological Association.

Arnaud, N., Baldus, C., Laurenz, L. J., Bröning, S., Brandt, M., & Kunze, S. (2020). Does a Mindfulness-Augmented Version of the German Strengthening Families Program Reduce Substance Use in Adolescents? Study Protocol for a Randomized Controlled Trial. *Trials*, *21*, 114. https://doi.org/10.1186/s13063-020-4065-1

Ballester, L., Sánchez-Prieto, L., Orte, C., & Vives, M. (2022). Preventing Internalizing and Externalizing Symptoms in Adolescents through a Short Prevention Programme: An Analysis of the Effectiveness of the Universal Strengthening Families Program 11-14. *Child & Adolescent Social Work Journal*, *39*(1), 119-131. https://doi.org/10.1007/s10560-020-00711-2

Barati, M., & Naderi, F. (2020). The Role of Parent-Child Relationship Quality in Predicting Loneliness and Mental Health among Adolescents. *Journal of Psychological Science*, *19*(85), 1355-1368.

Bornstein, M. H. (2019). *Handbook of Parenting* (3rd ed.). Routledge. https://doi.org/10.4324/9780429440847-1

Campione-Barr, N., Skinner, A., Moeller, K., Cui, L., Kealy, C., & Cookston, J. (2025). The Role of Family Relationships on Adolescents' Development and Adjustment during the COVID-19 Pandemic: A Systematic Review. *Journal of Research on Adolescence*, *35*(1), e12969. https://doi.org/10.1111/jora.12969

Deavy, O., & Siregar, A. O. A. (2024). Family Function and Loneliness among Adolescents and Young Adulthood: Systematic Review. *International Journal of Interdisciplinary Approaches in Psychology*, *2*(7), 80-115.

Dehghani, Y. (2024). The Effectiveness of Parenting Skills Training on Adolescents' Social, Emotional, and Academic Adjustment. *Quarterly Journal of Research in Psychological Health*.

Esmaili, M., & Hosseini, S. (2021). The Effectiveness of Positive Parenting Training on Adolescents' Social and Emotional Adjustment. *Psychological Studies Quarterly*, *16*(2), 101-118.

Jiang, Y., Huang, L., Song, Y., Wang, J., & Zhang, K. (2025). How Family Functioning Shapes Adolescent Adjustment: The Mediating Role of Interpersonal Competence. *Behavioral Sciences*, *15*(11), 1441. https://doi.org/10.3390/bs15111441

Karimi, J., & Alizadeh, H. (2022). The Mediating Role of Family Belonging in the Relationship between Positive Parenting and Adolescent Adjustment. *Social Psychology Research Quarterly*, *12*(4), 115-132.

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., & Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, *59*(11), 1218-1239.e1213. https://doi.org/10.1016/j.jaac.2020.05.009

Mehrvarz, M. (2021). The Effectiveness of a Family Education Program on Improving Parent-Adolescent Interaction and

E-ISSN: 3041-8828

Increasing Adolescent Adjustment. *Family Research Quarterly*, *17*(3), 425-442.
Mousavi, S., & Dehshiri, G. (2021). Predicting Adolescent Loneliness Based on Parenting Styles and Perceived Social Support. *Family Psychology Quarterly*, *8*(2), 55-70.
Naderi, F., & Fouladchang, M. (2018). The Relationship between Parenting Styles and Social and Emotional Adjustment of Adolescent Students. *Educational Psychology Quarterly*, *14*(45), 1-18.
Persram, R. J., Commisso, M., & Bukowski, W. M. (2025). Family Functioning and Youth Adjustment: The Role of Sibling and Friend Security. *Journal of Applied Developmental Psychology*, *99*, 101829. https://doi.org/10.1016/j.appdev.2025.101829
Rezaei, S., & Mohammadi, M. (2020). The Effect of Parent Training on Reducing Family Conflicts and Increasing Adolescent Mental Health. *Family Counseling and Psychotherapy Quarterly*, *10*(1), 87-104.
Sánchez-Prieto, L., Orte, C., Ballester, L., & Amer, J. (2020). Can Better Parenting Be Achieved through Short Prevention Programs? The Challenge of Universal Prevention through Strengthening Families Program 11-14. *Child & Family Social Work*, *25*(3), 515-525. https://doi.org/10.1111/cfs.12717
Steinberg, L. (2017). *Adolescence* (11th ed.). McGraw-Hill Education.
von Soest, T., Luhmann, M., & Gerstorf, D. (2020). The Development of Loneliness through Adolescence and Young Adulthood: Its Nature, Correlates, and Midlife Outcomes. *Developmental Psychology*, *56*(10), 1919-1934. https://doi.org/10.1037/dev0001102
Walsh, F. (2016). Family Resilience: A Developmental Systems Framework. *European Journal of Developmental Psychology*, *13*(3), 313-324. https://doi.org/10.1080/17405629.2016.1154035
Yousefi, F., & Bahrami, F. (2019). The Relationship of Family Cohesion and Parental Emotional Support with Adolescents' Academic and Social Adjustment. *Studies in Education and Learning Quarterly*, *11*(2), 65-82.

E-ISSN: 3041-8828