Journal Website

Article history:
Received 14 July 2024
Revised 21 September 2024
Accepted 03 October 2024
Published online 30 Dec. 2024

Iranian Journal of Neurodevelopmental Disorders

Volume 3, Issue 4, pp 187-195

Journal of Neurodevelopmental Disorder

E-ISSN: 2980-9681

Effectiveness of Positive Psychology Concepts Training on Parental Self-Efficacy, Psychological Empowerment, and Assertiveness in Mothers of Children with Learning Disabilities

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Mirzaei, P. (2024). The Impact of Working Memory Training on Grammatical Development of Complex Sentences among Iranian EFL Intermediate Teacher Trainees. *Iranian Journal of Neurodevelopmental Disorders*, *3*(4), 187-195.
https://doi.org/10.61838/kman.jndd.3.4.19

A B S T R A C T

Purpose: This study aimed to evaluate the effectiveness of positive psychology concepts training on parenting self-efficacy, psychological empowerment, and assertiveness in mothers of children with learning disabilities.

Methods and Materials: The research employed a quasi-experimental pretest-posttest design with a control group. The statistical population consisted of mothers with children diagnosed with learning disabilities who attended educational and rehabilitation centers in Gilan-e Gharb during the first quarter of 2025. A total of 20 participants were selected through purposive sampling and randomly assigned to experimental (n = 10) and control (n = 10) groups. The experimental group received an eight-session, 90-minute intervention based on Seligman's positive psychotherapy model, while the control group received no intervention. Measurement tools included the Parenting Self-Efficacy Questionnaire (Dumka et al., 1996), the Psychological Empowerment Questionnaire (Spreitzer, 1999), and the Rathus Assertiveness Schedule (1973). Data were analyzed using univariate and multivariate ANCOVA with SPSS-22.

Findings: ANCOVA results showed a significant difference between the experimental and control groups in posttest scores for parenting self-efficacy ($F = 3.134$, $p = .017$), indicating the intervention's positive effect. Psychological empowerment also significantly improved across all subscales in the experimental group, with large effect sizes observed for sense of meaning ($\eta^2 = .635$), competence ($\eta^2 = .714$), autonomy ($\eta^2 = .691$), impact ($\eta^2 = .596$), and participation ($\eta^2 = .763$). Assertiveness scores in the experimental group improved significantly as well, although the effect size was moderate ($F = 3.013$, $p = .068$). These results confirm the effectiveness of the intervention in enhancing the targeted psychological variables.

Conclusion: Training based on positive psychology concepts significantly improved parenting self-efficacy, psychological empowerment, and assertiveness among mothers of children with learning disabilities, suggesting that strength-based interventions offer effective support for maternal well-being and parenting performance.

Keywords: *Positive Psychology, Parental Self-Efficacy, Psychological Empowerment, Assertiveness, Learning Disabilities.*

1. Introduction

In recent decades, the psychology of parenting has undergone a paradigm shift from deficit-oriented approaches to strength-based models, prominently shaped by the emergence of positive psychology. At the heart of this transformation lies the growing recognition that cultivating positive emotions, resilience, and strengths in parents can not only improve their well-being but also enhance their parenting skills and their children's developmental outcomes. One of the most promising frameworks within this movement is positive psychotherapy and positive parenting programs, which seek to develop emotional flexibility, psychological capital, and effective coping strategies among parents, especially those of children with developmental or behavioral challenges (David et al., 2017; Rahimi et al., 2021).

Mothers of children with learning disabilities face unique psychological demands that can lead to chronic stress, emotional burnout, and a decreased sense of parenting competence. These challenges often stem not only from their children's cognitive limitations but also from social stigma, lack of adequate support, and emotional overload, which may negatively influence maternal mental health and parenting behavior (Mirdrikond, 2019; Peng et al., 2021). Consequently, interventions that promote maternal self-efficacy, psychological empowerment, and assertiveness are essential in helping these mothers navigate their parenting responsibilities more effectively.

Self-efficacy in parenting refers to a mother's belief in her capability to influence her child's development and behavior positively. Numerous studies have demonstrated that high parental self-efficacy correlates with effective parenting practices, emotional regulation, and resilience in the face of child-related challenges (Amirtahmaseb et al., 2018; Rahimi et al., 2021). Mothers who believe in their ability to manage difficult behaviors are more likely to use constructive discipline techniques and foster emotional closeness. Psychological empowerment, on the other hand, encompasses a broader sense of autonomy, purpose, and competence in personal life domains, including parenting. Empowered mothers tend to be more proactive, emotionally resilient, and socially engaged, leading to more positive parenting behaviors and better developmental outcomes for their children (Khansari et al., 2023; Mousavi Asl & Parouei, 2021). Assertiveness, which is often underdeveloped in caregivers of special-needs children due to societal or familial expectations, enables parents to communicate their needs and boundaries effectively, thereby enhancing their parenting experience and psychological well-being (Yanik & Budak, 2022).

Positive psychotherapy and parenting interventions provide structured opportunities to enhance these psychological assets. Drawing upon the principles of gratitude, forgiveness, meaning-making, and personal strengths, such interventions aim to shift focus from problem correction to potential cultivation. For example, exercises like writing gratitude letters, recalling positive experiences, and using individual strengths in new ways have been shown to improve self-perception and social connectedness among participants (Mirdrikond, 2019; Nasiri Takami et al., 2020). Seligman's framework of positive psychotherapy emphasizes that by engaging in these activities, individuals can broaden their thought-action repertoires, increase life satisfaction, and foster enduring psychological resources—all of which are invaluable to mothers of children with learning difficulties (Mohammadi et al., 2022).

The relevance of these approaches becomes even more pronounced when viewed in the context of high parenting stress. Parenting stress is defined as the discrepancy between perceived parenting demands and perceived parenting resources. Studies have confirmed that mothers of children with disabilities report significantly higher levels of stress, which can impair their ability to engage in positive and supportive interactions with their children (Kasaei Esfahani, 2019; Wolfenden et al., 2022). Interventions that enhance psychological capital—including self-efficacy, optimism, hope, and resilience—can act as buffers against the detrimental effects of stress and promote emotional stability (Khansari et al., 2023). Moreover, by focusing on maternal strengths and coping skills, positive parenting programs have been found effective in both clinical and community samples (Isanejad & Xandan, 2017).

Training programs that incorporate positive psychology concepts have also shown promise in clinical populations, including individuals experiencing infertility, chronic pain, and cancer-related distress (Mirdrikond, 2019; Mohammadi et al., 2022; Yanik & Budak, 2022). These programs facilitate emotion regulation, foster psychological flexibility, and reduce feelings of helplessness—all critical for mothers managing the long-term stress of raising a child with a learning disability. In particular, the construct of psychological flexibility, which includes openness to experiences and adaptive behavior under stress, has been found to mediate the relationship between parenting style and child mental health outcomes (Peng et al., 2021).

E-ISSN: 2980-9681

Therefore, building psychological flexibility and empowerment in mothers is not just beneficial for their own well-being but also for their children's behavioral and emotional development.

Assertiveness training, often embedded within broader positive parenting programs, plays a crucial role in enhancing communication, boundary-setting, and social functioning. Aslani et al. (Aslani et al., 2016) demonstrated that mothers who received training in assertiveness and emotional expression reported improved parent-child interactions. Assertive parenting allows mothers to respond to challenging situations with clarity, confidence, and calmness, rather than passivity or aggression. This, in turn, fosters a stable home environment where children with learning disorders can thrive emotionally and behaviorally.

Despite the well-documented challenges faced by mothers of children with learning disabilities, there is a notable gap in the application of empirically supported, strength-based interventions tailored to their unique needs. The current study aims to address this gap by implementing and evaluating an intervention rooted in Seligman's positive psychotherapy model. Previous studies have shown that positive parenting interventions are not only effective in improving parenting practices but also in enhancing parental well-being and reducing maladaptive emotional responses (David et al., 2017; Vafakar & Ali Akbari Dehkordi, 2024). These effects are especially meaningful for mothers, who typically serve as the primary caregivers and emotional anchors in families of children with special educational needs.

Furthermore, the current study builds upon a growing body of Iranian and international literature advocating for culturally adaptable and psychologically robust interventions in parenting. For instance, Hamidi et al. (Hamidi & Ansari, 2016) emphasized the need for integrating psychological well-being into parenting education to cultivate both resilience and hardiness. Similarly, Rahimi et al. (Rahimi et al., 2021) reported that positive parenting programs significantly improved maternal self-efficacy and promoted authoritative parenting styles in mothers of children with behavioral disorders. These findings collectively underscore the value of equipping mothers with psychological tools that empower rather than pathologize, enabling them to parent more effectively despite the stressors they face.

In sum, the literature suggests that positive psychology-based interventions hold considerable potential for improving parenting self-efficacy, psychological empowerment, and assertiveness, particularly among mothers of children with learning disabilities.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental and applied research design, utilizing a pretest-posttest control group format. The statistical population comprised all mothers of children diagnosed with learning disabilities who visited learning disability centers in Gilan-e Gharb during the first quarter of 2025 for rehabilitation and counseling services.

Given the experimental nature of the study, a sample size of 20 participants per group was considered sufficient. The sampling method used was purposive sampling. A total of 20 mothers whose children were diagnosed with learning disabilities—based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), and clinical interviews conducted by psychologists and counselors—were selected and randomly assigned to an experimental group (n=10) and a control group (n=10). The experimental group received positive psychology training, whereas the control group did not receive any treatment. The inclusion criteria were: (1) at least one year had passed since the diagnosis of the child's learning disability, (2) no acute psychiatric disorders such as schizophrenia or delirium, (3) female gender, and (4) willingness to participate in the study. The exclusion criteria included participant withdrawal, severe physical incapacity preventing participation in sessions, and more than three absences from training sessions.

Initially, individuals willing to participate in the study were identified. After establishing inclusion criteria and dividing participants into control and experimental groups, the research purpose, rules, and procedures were explained, and both groups completed the pretest questionnaires. The experimental group subsequently received group-based positive psychology training, while no training was provided to the control group.

At the outset of the intervention, participants were informed about the purpose of the sessions, the schedule, and the importance of punctuality and full participation. Any doubts or concerns were addressed, and participants were encouraged to practice and repeat the training content. It was also clearly stated that participant selection was entirely random, and each person had an equal chance of being assigned to the training sessions.

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2.2. *Measures*

The Parenting Self-Efficacy Questionnaire, developed by Dumka, Stover, Jackson, and Roosa in 1996, evaluates parental self-efficacy. Bakhtiari Barati (1997) assessed the construct validity of the scale by correlating its scores with several personality measures, including the Rutter Locus of Control Scale, the Personal Control Subscale, the Marlowe-Crowne Social Desirability Scale, and Rosenberg's Interpersonal Competence Scale. The observed correlations were moderate ($r = .61$, $p < .05$) and supported the scale's construct validity. The reliability of the scale was also confirmed with a split-half reliability coefficient of .76 (Guttman method) and a Cronbach's alpha of .79 (Shamaizadeh & Abedi, 2010).

The Psychological Empowerment Questionnaire by Spreitzer (1999) assesses five dimensions of empowerment through 19 items, rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The reliability of this instrument was confirmed by Rezaei and Khalilzadeh (2009) using Cronbach's alpha.

The Rathus Assertiveness Schedule consists of 30 items and was developed by Rathus in 1973 to measure assertive behavior. It uses a 6-point Likert scale, where the options "very much like me," "somewhat like me," "slightly like me," "slightly unlike me," "somewhat unlike me," and "very much unlike me" are scored +3, +2, +1, -1, -2, and -3 respectively. Rathus (1973), Fuchs et al. (1982), and Quealain et al. (1977) reported a correlation coefficient of $r = .78$ for item reliability. The validity and reliability of the questionnaire were previously confirmed within Iran by Seyed Fatemi et al. (2011). Test-retest reliability with a two-week interval yielded a high correlation coefficient of $r = .83$.

2.3. *Intervention*

The intervention was based on Seligman's (2012) positive psychotherapy framework and was delivered across eight 90-minute sessions. In the first session, participants were introduced to the structure and assumptions of positive psychotherapy, including the role of the therapist, and completed the pretest. The second session focused on identifying personal strengths, familiarizing participants with the classification of strengths and virtues, and learning to apply these strengths in new ways. The third session involved the "three good things" exercise, encouraging participants to record daily positive experiences and cultivate positive emotions. In the fourth session, participants reflected on the impact of these exercises over the past week, emphasizing positive memory recall. The fifth session introduced gratitude worksheets and further explored the role of both positive and negative memories. The sixth session served as a mid-treatment review, allowing participants to assess their use of gratitude letters and personal strengths in daily life. In the seventh session, participants recorded three personal failures and explored how alternative paths or opportunities may have emerged, fostering optimism, hope, and faith through the "when one door closes, another opens" technique. Finally, the eighth session focused on enhancing interpersonal relationships through training in active constructive responding, promoting social happiness, and administering the posttest.

2.4. *Data Analysis*

For data analysis, both descriptive statistics (such as mean, variance, and standard deviation) and inferential statistics (including univariate ANCOVA and multivariate MANCOVA) were used. Data were analyzed using SPSS-22 software, and the significance level for the tests was set at .05.

3. Findings and Results

The mean age of participants in the control and experimental groups was 31.4 and 32.06 years, respectively, with no significant difference at the 0.05 level, indicating that the two groups were approximately equal in terms of age ($F = 2.826$, $P = 0.082$).

The mean and standard deviation for the control group in the pretest for total parenting self-efficacy were 41.43 and 9.69, respectively; in the posttest, these values were 40.08 and 9.61. For the experimental group, the pretest mean and standard deviation for total parenting self-efficacy were 41.70 and 9.49, and in the posttest, they were 38.43 and 7.77. The control group's mean and standard deviation in the pretest for total psychological empowerment were 52.46 and 6.20, and in the posttest, 52.19 and 6.44. The experimental group's pretest mean and standard deviation for total psychological empowerment were 52.25 and 6.10, and in the posttest, 54.37 and 7.83. The control group's mean and standard deviation for total assertiveness in the pretest were 81.80 and 6.15, and in the posttest, 81.33 and 7.25. The experimental group's pretest mean and standard deviation for total assertiveness were 78.73 and 8.96, and in the posttest, 80.93 and 9.74.

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Table 1

Mean and Standard Deviation of Parenting Self-Efficacy, Psychological Empowerment Dimensions, and Assertiveness in Experimental and Control Groups

Variable	Group	Stage	N	Mean	SD	Min	Max
Total Parenting Self-Efficacy	Control	Pretest	10	41/43	9/69	13	69
		Posttest	10	40/08	9/61	11	70
	Experimental	Pretest	10	41/70	9/49	12	69
		Posttest	10	38/43	7/77	14	63
Sense of Meaning	Control	Pretest	10	11/06	1/45	5	18
		Posttest	10	11/66	1/95	5	18
	Experimental	Pretest	10	11/80	1/26	5	18
		Posttest	10	13/60	1/82	6	21
Sense of Competence	Control	Pretest	10	11/86	1/47	4	18
		Posttest	10	11/33	1/86	4	19
	Experimental	Pretest	10	12/93	1/55	5	19
		Posttest	10	12/33	1/99	3	21
Sense of Autonomy	Control	Pretest	10	8/66	1/41	3	14
		Posttest	10	9/53	1/39	4	14
	Experimental	Pretest	10	9/80	1/85	4	15
		Posttest	10	11/53	1/30	5	18
Sense of Impact	Control	Pretest	10	6/93	1/86	4	10
		Posttest	10	6/73	1/75	3	9
	Experimental	Pretest	10	8/06	1/25	4	13
		Posttest	10	10/40	1/80	7	13
Sense of Participation	Control	Pretest	10	8/60	1/48	3	15
		Posttest	10	8/99	1/88	3	14
	Experimental	Pretest	10	8/53	1/94	3	15
		Posttest	10	9/91	1/23	4	16
Total Psychological Empowerment	Control	Pretest	10	52/46	6/20	17	87
		Posttest	10	52/19	6/44	18	89
	Experimental	Pretest	10	52/25	6/10	19	88
		Posttest	10	54/37	7/83	20	89
Total Assertiveness Score	Control	Pretest	10	81/80	6/15	71	92
		Posttest	10	81/33	7/25	60	104
	Experimental	Pretest	10	78/73	8/96	67	102
		Posttest	10	80/93	9/74	65	101

The analysis of covariance (ANCOVA) indicated that the interaction between group and pretest scores of parenting self-efficacy was not significant ($F = 0.915$, $p \geq 0.05$), confirming the assumption of regression slope homogeneity. After adjusting for pretest scores, a significant difference was found between the experimental and control groups in terms of parenting self-efficacy ($F = 3.134$, $p \leq 0.05$). Therefore, the null hypothesis was rejected, and it was concluded that positive psychology training had a significant effect on parenting self-efficacy in the experimental group.

Table 2

Effect of Positive Psychology Concepts Training on Parenting Self-Efficacy Based on ANCOVA

Source	Sum of Squares	df	Mean Square	F	Sig.
Constant	171.096	1	171.096	8.702	.007
Group	2.639	1	2.639	3.134	.017
Pretest	24.577	1	24.577	2.950	.011
Error	511.225	16	19.663		
Total	4625.000	20			

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ANCOVA results also indicated that posttest score differences between the experimental and control groups were significant at the 0.01 level ($p < 0.01$). Thus, the null hypothesis was rejected, and the research hypothesis was accepted, affirming the effectiveness of positive psychology training on psychological empowerment in mothers of children with learning disabilities. The effect sizes of the intervention for the five dimensions of psychological empowerment were 0.63, 0.71, 0.69, 0.59, and 0.76, respectively.

Table 3

Between-Subjects Effects Tests for Comparing Posttest Scores of Psychological Empowerment in Experimental and Control Groups

Source	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Power
Group	Posttest – Sense of Meaning	25.644	1	25.644	10.957	.001	.635	.996
	Posttest – Sense of Competence	21.432	1	21.432	8.358	.001	.714	.991
	Posttest – Sense of Autonomy	16.598	1	16.598	9.296	.001	.691	.996
	Posttest – Sense of Impact	19.987	1	19.987	10.394	.000	.596	.990
	Posttest – Sense of Participation	21.534	1	21.534	9.698	.000	.763	.986

Finally, the ANCOVA analysis showed a significant difference in assertiveness scores between the experimental and control groups. Therefore, positive psychology concepts training significantly influenced assertiveness in mothers in the experimental group.

Table 4

Effect of Positive Psychology Concepts Training on Assertiveness in Mothers Based on ANCOVA

Source	Sum of Squares	df	Mean Square	F	Sig.
Constant	58.399	1	58.399	5.888	.001
Group	40.703	1	40.703	3.013	.068
Pretest	79.698	1	79.698	3.941	.058
Error	525.741	16	20.221		
Total	4798.000	20			

4. Discussion and Conclusion

The findings of this study demonstrated that training mothers of children with learning disabilities in positive psychology concepts significantly improved their parenting self-efficacy, psychological empowerment, and assertiveness. Analysis of covariance indicated that the experimental group, which received the intervention based on Seligman's positive psychotherapy, showed statistically significant increases in these variables compared to the control group. These results confirm the initial hypothesis that interventions grounded in positive psychology can empower mothers by enhancing their belief in their parenting capabilities, fostering a stronger sense of psychological autonomy, and promoting assertive behaviors in family and social contexts.

The observed improvement in parenting self-efficacy aligns with prior research emphasizing the role of strength-based and emotion-focused interventions in enhancing parental competence. For instance, Rahimi et al. found that mothers who received training in positive parenting reported significant increases in their confidence to manage internalizing and externalizing behaviors in their children (Rahimi et al., 2021). Similarly, Amirtahmaseb et al. reported that positive parenting interventions led to reductions in behavioral and emotional difficulties in children with learning disorders, which subsequently reinforced parental confidence and efficacy (Amirtahmaseb et al., 2018). In the current study, mothers in the experimental group practiced exercises such as gratitude journaling and identifying personal strengths, which likely contributed to a more positive self-perception and greater perceived control in their parenting role.

The significant effects observed on psychological empowerment can also be interpreted in light of previous findings. Mousavi Asl and Parouei reported that positive psychotherapy interventions significantly enhanced participants' sense of coherence, psychological well-being, and resilience—key components of psychological empowerment (Mousavi Asl & Parouei, 2021). In our study, subscales of empowerment such as sense of meaning, autonomy, impact, and participation all showed measurable

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increases, supporting the notion that structured, positivity-oriented interventions can help mothers shift from a reactive to a proactive psychological stance. These results are consistent with the findings of Kasaei Esfahani et al., who showed that group-based positive psychotherapy significantly reduced parenting stress by enhancing participants' perceived psychological resources (Kasaei Esfahani, 2019).

The enhancement of assertiveness among mothers in the experimental group is particularly noteworthy. Assertiveness is often underrepresented in traditional parenting programs, despite its relevance for effective communication and stress management. In this study, mothers practiced active constructive responding and communication skills that empowered them to express needs and boundaries clearly. The findings support those of Aslani et al., who found that positive parenting training significantly improved the quality of parent-child interactions by fostering emotional expressiveness and assertiveness (Aslani et al., 2016). The present results also resonate with the outcomes reported by Yanik and Budak, who demonstrated that women receiving positive psychotherapy-based training experienced enhanced self-efficacy and reduced stigma, suggesting that psychological affirmation and assertiveness training may be especially beneficial for women in caregiving roles (Yanik & Budak, 2022).

Another key explanation for the observed changes lies in the structure and content of the intervention, which systematically encouraged reflection, emotional processing, and goal setting. Each session provided mothers with tools to identify and utilize personal strengths, reinterpret stressful experiences, and cultivate positive emotions. This aligns with the findings of Mirdrikond et al., who reported that positive psychotherapy interventions significantly improved psychological flexibility and self-efficacy in women with chronic pain (Mirdrikond, 2019). Just as these women restructured their emotional responses to pain, the mothers in our study likely reframed their responses to the challenges associated with raising a child with learning disabilities.

Further evidence for the effectiveness of strength-based parenting programs comes from digital interventions. David et al. showed that online coaching in emotional regulation strategies based on positive parenting principles led to improved parental emotion regulation and decreased behavioral issues in children (David et al., 2017). Although the current study was delivered face-to-face, the structure mirrors the strengths-focused and cognitive reframing strategies used in digital platforms, suggesting that the mechanism of change is robust across delivery formats.

The present findings also echo those of Khansari et al., who compared different parenting programs and found that both the Healthy Human Theory and the Triple P approach reduced parenting stress and improved mothers' psychological capital (Khansari et al., 2023). Similarly, Wolfenden et al. observed improvements in parenting behavior and emotional outcomes in a case series involving parents with psychosis who underwent the Triple P program (Wolfenden et al., 2022). These studies, along with ours, provide further validation of the Triple P and other positive parenting models as adaptable, effective frameworks for various at-risk parent populations.

Moreover, this research contributes to the existing literature on culturally sensitive applications of positive psychology. As shown by Hamidi et al., parenting styles in the Iranian context significantly influence psychological well-being and hardiness in children (Hamidi & Ansari, 2016). Interventions such as the one applied in this study not only address psychological deficits but also integrate cultural values around family, emotional expression, and personal growth. The ability of such interventions to accommodate and respect cultural nuances enhances their effectiveness and acceptability.

From a developmental perspective, the link between improved parenting skills and child outcomes should not be underestimated. Llorca et al. confirmed that parenting quality directly affects peer relationships, academic self-efficacy, and academic achievement in children (Llorca et al., 2017). Therefore, by equipping mothers with greater psychological tools, this study indirectly supports child development, especially in vulnerable populations such as those with learning disorders.

Finally, the study findings suggest a broader implication for psychological capital, a construct encompassing self-efficacy, optimism, hope, and resilience. Research by Nasiri Takami et al. demonstrated that positive psychotherapy interventions significantly enhanced adolescents' psychological capital, suggesting its malleability and relevance across age groups (Nasiri Takami et al., 2020). The present study confirms that similar psychological growth is possible in parents, reinforcing the intergenerational benefits of such interventions.

Despite its promising results, the current study has several limitations. The sample size was relatively small and drawn from a single geographical location, which may limit the generalizability of the findings. Additionally, the

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intervention was implemented over a short duration with no follow-up phase to examine long-term sustainability. The reliance on self-report measures, while common in psychological research, may have introduced social desirability bias, particularly given the sensitive context of parenting a child with a learning disability. Finally, the lack of qualitative data may have limited insights into participants' lived experiences and the subjective meaning they derived from the intervention.

Future studies should consider employing larger, more diverse samples to enhance external validity and explore potential moderating variables such as education level, socio-economic status, or severity of the child's learning disability. Longitudinal designs would allow researchers to assess the durability of intervention effects over time and detect delayed outcomes. Incorporating qualitative methods such as interviews or open-ended journaling could provide a richer understanding of how mothers internalize and apply the concepts of positive psychology in their parenting practices. Furthermore, comparative studies testing different parenting models could shed light on the specific mechanisms that account for change in self-efficacy, empowerment, and assertiveness.

Practitioners working with parents of children with learning disabilities are encouraged to integrate positive psychology-based modules into their psychoeducational and counseling programs. Emphasizing strengths, gratitude, and assertive communication may yield more sustainable and empowering outcomes than problem-focused approaches alone. Mental health professionals should also consider culturally adapting these programs to increase their resonance and relevance. Training practitioners in these models can further ensure consistent, effective delivery and maximize benefits for both mothers and their children.

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

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

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this 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 study and participated in the research with informed consent.

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E-ISSN: 2980-9681