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Comparison of The Effectiveness of Intensive Short-term Dynamic Psychotherapy (ISTDP) and Schema Therapy on Mothers of 5-6-year-old Children with Separation Anxiety

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Abstract

Background: One of the most common anxiety disorders among children is separation anxiety disorder.

Objectives: The present study aimed to compare the effectiveness of Intensive Short-term Dynamic Psychotherapy (ISTDP) and Schema Therapy on mothers of 5 to 6-year-old children with separation anxiety.

Methods: The study was a quasi-experimental research with pre-test, post-test, follow-up, and control groups. The statistical population was all mothers of 5-6-year-old children with separation anxiety in Shahin Shahr, Isfahan, in 2023. Of these, 45 people were selected by purposive sampling based on two standard deviations above the average of separation anxiety in the Spence Children's Anxiety Scale parent version and other research inclusion criteria. They were randomly assigned to two experimental and one control group (n=15 each). One experimental group received ten sessions of 90-minute Schema Therapy weekly. The second experimental group also received ten sessions of 90 minutes of ISTDP weekly, and the control group received no intervention. The research instruments included the Spence Children's Anxiety Scale parent version, which the mothers completed in three stages: pre-test, post-test, and 3-month follow-up. Data were analyzed using repeated variance measures, mixed design, and Bonferroni's post-hoc test.

Results: The results showed that both treatments improved the children's Separation anxiety. However, the effectiveness of ISTDP on mothers has been more effective in enhancing the children's separation anxiety ($P<0.05$). The efficacy of both treatments has been stable.

Conclusion: Both treatments, especially ISTDP on mothers, can be used to improve the children's separation anxiety.

Keywords: Anxiety, Child, Schema therapy, Separation

1. Background

Anxiety disorders are one of the most common mental and emotional disorders among children and have significant adverse effects on academic performance, peer relationships, and family functioning of children (1). The main feature of separation anxiety disorder is the fear or extreme anxiety about separation from attachment symbols or the prediction of separation (2). Although separation anxiety is predictable in children who enter school for the first time, the diagnosis of this disorder arises when anxiety is excessive and disproportionate to the level of transformation and separation from the attachment person (3). Separation anxiety disorder is a type of mental disorder in which a person becomes very anxious due to separation from home or from people who have an emotional attachment. This disorder can cause severe disorders in different aspects of life (e.g., academic or social performance) (4). Studies showed that the positive behavior of parents reduces children's anxiety (5).

Considering that the family is the first and most durable factor that is known as the constructor and foundation of the child's personality and subsequent behaviors, and according to Chorepita, Brown, and Barlow (6), the root of many personality deviations and mental illnesses should be sought in the early family development. In this way, parents, especially mothers, are the most crucial assistants to psychotherapists; as Landreth says: "Educating parents (especially the mother) is the only way to improve children's treatment (7). Meanwhile, Piaget and Bowlby believe that the parents' actions create and develop models within the individual's cognitive organization called schemas. These schemas act as lenses in the individual's life that shape the interpretation, selection, and evaluation of the individual's experiences (8). The origins of these schemas are the fundamental emotional needs (including five areas: secure attachment to others (such as feeling safe, stable, and accepted), autonomy, competition and sense of identity, freedom of expression of needs and emotions, play and spontaneity, reasonable limitations and self-control, early life experiences (failure to satisfy basic needs, over-gratification and identification with improper behavior of parents) and child's emotional temperament (the child's set of temperaments that are innate and differentiating) (9). Improper parent-child communication and constant painful experiences with caregivers and

other important people during childhood and adolescence can lead to inefficient schema and behavioral problems (10).

On the other hand, McCarthy and Lumley found that unresolved issues of parents and their emotional abuse during their children's childhood were most closely related to their children's early maladaptive schemas (11). Schoppe-Sullivan et al. (12) suggest allowing mothers to talk about their past experiences in their treatment can help these mothers cope with their past experiences and lead to a better understanding of their emotional relationships and their children. The primary goal of schema therapy is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schema and coping styles (13). According to Askari et. al (14), Schema therapy effectively reduces children's behavioral problems. According to the research by Rezaei, Mojtabaei, and Shomali (15), schema therapy reduces mothers' anxiety as well.

On the other hand, the mother's uncomfortable feelings and conflicts overshadow her relationship with her child. According to mother's psychological view, a person with unprocessed and unconscious emotions from early life cannot distinguish the past from the present (16). Whenever a stimulus occurs, the person feels a reactive emotion that triggers anxiety. Emotion, anxiety, and defense form the triangle of conflict (17), which is also true for children. This means that in any interactive relationship, both partners play a role in the emergence and continuity of problems. In other words, conflict arises when a subject refers to the mother's repressed emotions and thus activates the mother's defenses. Then, the mother's problem-solving and problem-management style will be the same as how she does with her painful feelings (18). Defenses automatically and unconsciously distract aspects of reality and emotions that cause anxiety. We cannot adapt to the response because defenses prevent the truth from being seen correctly. As a result, we fail to achieve our goals and experience more negative emotions (19). Therefore, in the interactive relationship, the mother's psychological defenses in solving the problem will be unable or not accepted by the children. For a person to feel their emotions deeply, they must be able to observe them. This creates anxiety that needs to be adjusted and reduced. Then, they will notice their defenses and observe the suffering they cause so that, with the therapist's help, they can put them aside, experience the emotions behind them, and finally adopt more adaptive responses to solve problems (17). This treatment focuses on behavioral issues, the corresponding emotions, and challenges with defenses that prevent real emotions from touching. The challenge and neutralization of defenses is the only path to genuine emotions. Research has shown that experience, touch, and awareness of repressed emotions can cause emotional growth (20). According to the study of Pasbani Ardabili, Borjali & Pezeshk (21), intensive short-term dynamic psychotherapy (ISTDP) improves the conflicting relationship between mother and child. On the other hand, a study by Taghavi et al. (22) showed that ISTDP effectively reduces women's anxiety. In addition, according to the study by Rezaei et al. (15), ISTDP reduces maternal anxiety.

2. Objectives

Finally, in explaining the comparison of ISTDP with schema therapy in this research, it can be said that these two therapies have differences in the area of focus on the past and parent-child relationship: In ISTDP, it is sufficient to recognize and deal with automatic thoughts and how people feel and behave. However, in schema therapy, changing the pattern and thinking with cognitive techniques is also essential. The ISTDP emphasizes defense mechanisms and believes that whenever a stimulus concerning internal conflict occurs, a person feels a reactive emotion that triggers anxiety and excites the anxiety of defenses. However, schema therapists emphasize coping styles and unmet emotional needs. The ISTDP emphasizes experiencing past repressed emotions so that people can establish more effective ways of communicating with the outside world. However, schema therapy emphasizes behavioral techniques, visualizing present and future relationships, and playing a constructive role.

Considering the important role of mothers in children's psychological status and the fact that there is no research comparing the effectiveness of ISTDP and schema therapy on separation anxiety of children and considering the importance of choosing appropriate treatment for these people, the question is whether the effectiveness of ISTDP and schema therapy on separation anxiety in children aged 5-6 years is different?

3. Methods

The present study was semi-experimental research with a pre-test, post-test, follow-up design, and control group. The study population included all

mothers of children aged 5-6 years with separation anxiety in Shahin Shahr in 2023. The study sample included 45 mothers of children aged 5 to 6 years with separation anxiety in Shahin Shahr in 2023 that were purposefully selected based on two standard deviations above the mean of separation anxiety of the Spence Child Anxiety Questionnaire of the parents. The research sample size was estimated to be 45 based on previous studies considering the maximum standard deviation of 10 and α=0.05 and test power of 95%. At first, the Spence Child Anxiety Questionnaire was completed by mothers of 300 children aged 5 to 6 years in Shahin Shahr. Among them, 45 participants were selected based on two standard deviations above the mean of separation anxiety Spence Child Anxiety Questionnaire, parent form, and other inclusion criteria, and were randomly assigned to two experimental and one control group. (23). In this study, an experimental group received ten sessions of 90-minute schema therapy weekly, and the second experimental group received ten sessions of 90 minutes of ISTDP weekly. However, the control group received no intervention. Before and after treatment and at the time of follow-up, the Spence Child Anxiety Questionnaire (Parent's Form 24) was completed by mothers.

Inclusion criteria included a diagnosis of separation anxiety based on two standard deviations above the mean of separation anxiety Spence Child Anxiety Questionnaire, having a 5-6 year of age child, no use of psychiatric drugs by the child and mother, no substance use by mother, no diagnosis of other psychological disorders in mother and child, and no diagnosis of personality disorders in mother at the same time. The exclusion criteria were an absence of more than two treatment sessions and receiving other pharmacological and psychological treatments. Due to ethical considerations before the implementation of the project, participants were reminded that information received from each member remains completely confidential, and each member can opt out of the training course at any time. In this research, the results were only made available to the executor for the confidentiality of the information. In the present study, the Ethical Approval of IR. IAU. SHK. REC.1402.024 is obtained.

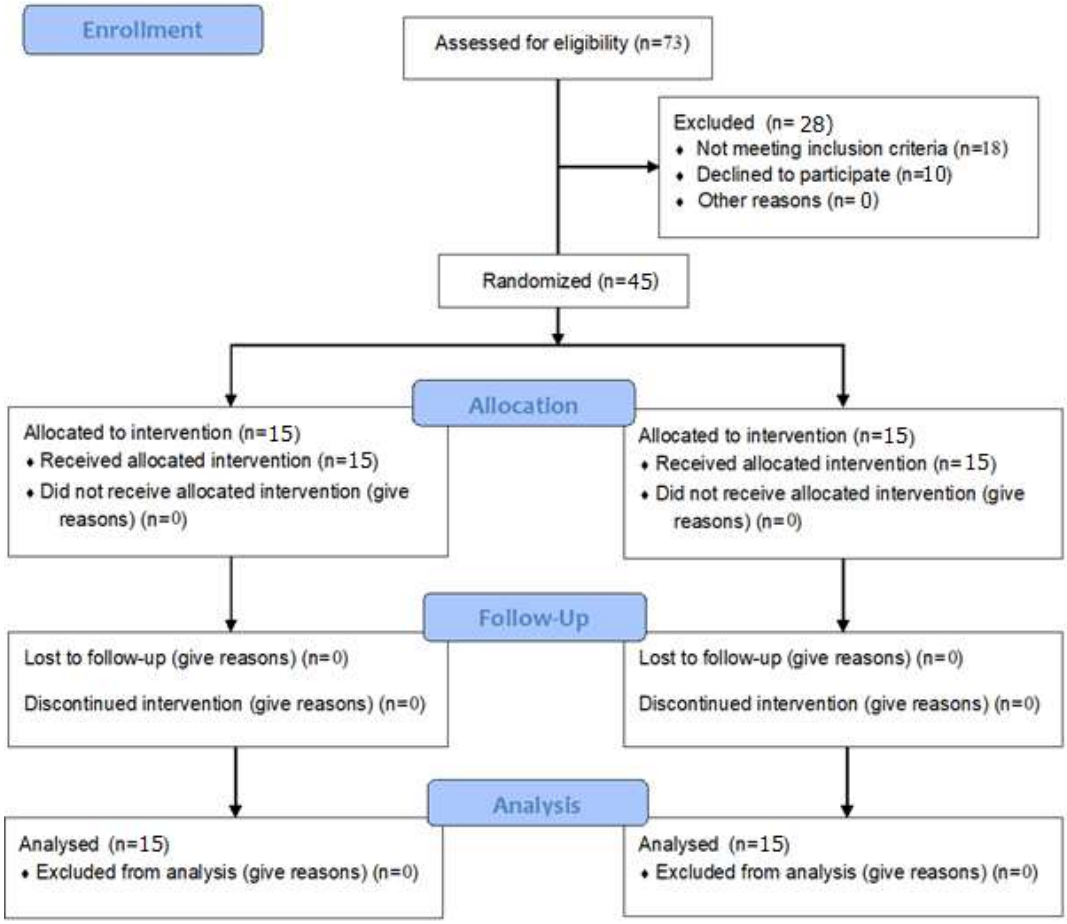

Figure 1. Flowchart consort

Spence Parent Form Child Anxiety Scale

The questionnaire was developed by Spence (24) to assess anxiety symptoms in the general population in the range of 3 to 17 years. (25). The scale consists of 38 items, with questions answered on a Likert scale (never, sometimes, most often, always), and the answers are scored from 0 (never) to 3 (always) (25). The method of calculating the component of separation anxiety is based on the sum of the following questions: 5, 8, 11, 14, 38, 15. The validity and reliability of this scale were evaluated by Naata et.al (25). They reported the differential validity of the scales at the optimal level. The rate of inter-parent-child agreement in the anxiety group ranged from 0.41-0.66, and in the control group was 0.23-0.60. According to the research by Natta et al. (25), Cronbach's alpha and Spearman-Brown correlation coefficient for the separation anxiety group were 0.76 and 0.91, respectively, and for the control group (normal), it was as follows: 0.74 and 0.90. The internal consistency coefficient for subscales was significant in both normal and anxiety groups and was excellent for most subscales.

Schema therapy

The protocol of Schema Therapy by Young et al. (26) was conducted in 10 sessions of 90 minutes per week, held individually by the researcher (Table 1).

Intensive Short-term dynamic psychotherapy (ISTDP)

The protocol of ISTDP based on the Davanloo method (27) consists of 7 stages (28), which were held in 10 sessions of 90 minutes and weekly and individually by the researcher (Table 2).

Table 1. Schema therapy protocol by Young et al. (2003)

Session	Session content
First	Developing a good relationship, assessing clients for Schema Therapy by focusing on personal history, explaining the Schema model in straightforward language, explaining how early maladaptive schemas are formed, characteristics of early maladaptive schemas, developmental roots, and its areas, schema functions and maladaptive coping styles and responses, explaining the importance and purpose of schema therapy and motivating treatment.
Second	Training the client about schema and defining schema therapy, conceptualizing his problem according to the schema-based approach and collecting all the information obtained in the measurement stage, identifying the affected areas of schema related to clients, reviewing the objective evidence confirming and rejecting the schemas based on their past and current life evidence.
Third	Teaching two techniques of cognitive schema therapy, including a schema validity test and a new definition of evidence confirming the schema.
Fourth	Training in coping styles and practicing two other cognitive techniques, including evaluating the advantages and disadvantages of the individual's coping styles, establishing a dialogue between the schema and the healthy aspect, and learning the answers to the healthy element.
Fifth	Training in coping styles and practicing two other cognitive techniques, including evaluating the advantages and disadvantages of the individual's coping styles, establishing a dialogue between the schema and the healthy aspect, and learning the answers to the healthy element.
Sixth	Presenting the logic of using experimental techniques, mental illustration of the current and childhood painful experiences of the clients, conceptualizing the mental image in the form of schemas, executing imaginary dialogues (with the person who created the childhood schema and who reinforces the schemas in the current life), strengthening the concept of "healthy adult" in the minds of the clients, identifying unfulfilled emotional needs, fighting against schemas at the emotional level, and applying the technique of expressing traumatic memories.
Seventh	Providing opportunities for clients to identify their feelings for their parents and their unmet needs, helping them outsource the emotions blocked by the traumatic event, and providing support (open-parenting technique) and the assignment to write letters to parents.
Eighth	Finding new ways to communicate and abandon coping styles of avoidance and overcompensation, developing a comprehensive list of problematic behaviors, setting priorities for change, and identifying treatment targets.
Ninth	Mental imagery of problematic situations and confronting the most problematic behavior, practicing healthy behaviors through mental imagery and role-playing and doing tasks related to new behavioral patterns, and reviewing the advantages and disadvantages of unhealthy and healthy behaviors.
Tenth	Overcoming barriers to behavior change, motivating change, summarizing and drawing conclusions, and implementing post-tests.

***It should be noted that in this treatment method, homework is also given in addition to reviewing the session and exercises of the previous session**

Table 2. Intensive short dynamic psychotherapy protocol

Session	Content
Step 1: Examine the individual's problems, Primary ability to respond to treatment	Investigate the cause of referral, determine the concentration, assess the individual's ability to respond, push to touch emotions and resistance, and focus on their feelings in transmission, identify and work on all three components of the conflict triangle (defense, feeling, anxiety), and examine the other problems in life.
Step 2: Push for more specific responses and experience emotions	In the second phase of the dynamic sequence, the person vaguely states the disorder's symptoms and condition. Here, the therapist begins by demanding a more detailed and objective explanation. The therapist's effort is to make a person experience emotion on all three levels (cognitive, behavioral, and physiological).
Step 3: Challenge and familiarize the authorities with their defenses	In this stage, the therapist enters the investigation and defense analysis phase through the challenge with the individual. Because this method aims to create the ability to experience emotions at its maximum, all defenses against the experience of emotion are identified and challenged to be neutralized. Assessing the capacity for adjustment and the level of conscious tolerance of anxiety is one of the goals of this stage.
Stage 4: Transmission Resistance	At this stage, with increasing intra-psychological tension, conflicting forms of transitional emotions between clients and therapists are inescapable. The part of the patient's personality characterized by defense systems reacts to the therapist's challenge with anger. In contrast, another part of the patient's personality, which focuses on self-determination and relief from problems, responds to the therapist's relentless effort to help. The therapist focuses on the primarily nonverbal transfer symptoms.
Stage 5: Direct Unconscious Acquisition	At this stage, focusing on defenses and identifying, illuminating, and challenging them leads to a movement of intense and complex transitional emotions in the client. The pressure and challenge persist until the subconscious signals that emotions and impulses are approaching the surface. Instead of focusing on defenses, touching, and directly experiencing emotions in transition, the therapist focuses on the transition.
Stage 6: Systematic Transmission Analysis	From this point on, according to the information obtained from the subject, the focus is constantly on the side of the present situation (present) and also on connecting it with the transition side in the person's triangle (past, present, and transition) and analysis and interpretation of the transition is performed.
Step 7: Explore the Unconscious Dynamic	In the seventh stage, due to the dominance of the treatment treaty, traumatic events are the cause of anxiety, and unconscious feelings of anger, sorrow, and guilt are exposed and experienced. The therapist helps the person look at the similarities and differences between their defensive style in their daily life and how they relate to the therapist. Evidence of the Covenant between the Two Points is Revealed.

The data were analyzed using SPSS (version 24), and the results were analyzed at the descriptive level using mean, median, standard deviation, and variance and at the inferential level by repeated measures ANOVA, mixed design, and Bonferroni post-hoc test.

4. Results

The mean (SD) age of the children in the experimental group was 5.7 (1.4), and the control group's was 5.2 (1.2). In addition, the minimum and maximum age in both experimental and control groups were 5 and 6 years. The mean age of the mothers in the experimental group was 38.6 (11.2), and the mean age in the control group was 37.9 (10.8).

Repeated measure analysis of variance was used to investigate the significant difference between separation anxiety scores in experimental and control groups.

The results of the Kolmogorov-Smirnov test in the variables of the study confirmed the normality of the data. The assumption of homogeneity of variance of Lunn in the experimental and control groups shows the equality of variances of the research variables in the groups in the pre-test, post-test, and follow-up stages. In addition, the decrepit spherical test results show that the covariance matrix is incompatible between groups, and the lack of realization of this hypothesis and Greenhouse conservative test should be used (Table 3).

The results of repeated measures analysis of variance among the studied groups showed that the effect between subjects (groups) was significant, and this effect means that at least one of the groups differs from each other in the variable of separation anxiety. The within-subject effect (time) was also significant for the research variables, meaning that at least one of the mean variables was associated with change from pre-test to follow-up (Table 4).

The results of Table 5 indicate that the analysisof variance for intra-group factor (time) is significant between groups. These results mean that considering the group effect, time alone is significant. The time and the group are also meaningful. Bonferroni post-hoc test was used for pairwise comparison of groups. The results of Table 6 illustrate that separation anxiety in both schema therapy and dynamic psychotherapy groups is lower than the control group in the post-test stage (P<0.01). Moreover, comparing the two experimental groups revealed that the scores of separation anxiety in the two groups of schema therapy and dynamic psychotherapy had a significant difference from each other (P<0.01). In this way, dynamic psychotherapy has more effect on reducing separation anxiety than schema therapy. Changes in the experimental group over time in Table 7 display that the variables of separation anxiety in both schema therapy and dynamic psychotherapy were significant in the post-test compared to the pre-test (P<0.01). In addition, there

was a significant difference in both in the follow-up phase compared to the pre-test (P<0.01).

Table 3. Results of normal distribution of scores and test of homogeneity of variances

Variables	Groups	K-S			Leven			Mauchly		
		Df	Value	*P*-value	Df	Value	*P*-value	Df	Value	*P*-value
Separation Anxiety	Schema therapy	15	0.721	0.51	45	1.66	0.36	3.19	0.89	0.20
	ISTDP	15	1.120	0.16						
	Control	15	0.781	0.51						

Table 4. Results of Multivariate Analysis of Variance on the Post-test Mean of Separation Anxiety Scores

Test	Value	DF Hypothesis	Df error	F	*P*-value	Eta
Pillai's Effect	0.69	2	41	65.78	0.001	0.69
Wilkes Lambda	0.04	2	41	65.78	0.001	0.69
The Hotelling Effect	20.99	2	41	65.78	0.001	0.69
Roy's largest root	20.99	2	41	65.78	0.001	0.69

Table 5. Analysis of variance with repeated measurement for comparison of pre-test, post-test, and follow-up of separation anxiety in experimental and control groups

Variable	Source	SS	Df	MS	F	*P*-value	Eta
Separation anxiety	Time	168.31	1.82	92.34	259.46	0.001	0.86
	Time*Group	76.44	3.6	20.97	58.92	0.001	0.73
	Group	172.31	2	86.15	204.56	0.001	0.90

Table 6. Bonferroni post-hoc test results for comparison of separation anxiety

Variable	Group	Group	Mean Difference	*P*-value
Separation anxiety	Schema therapy	ISTDP	0.77	0.001
		Control	-1.91	0.001
	ISTDP	Control	-2.68	0.001

Table 7. Bonferroni post-hoc test results of between-subject effects on separation anxiety in experimental groups

Variable	Group	Time		Mean Diff.	Std. Error	*P*-value
Separation anxiety	Schema therapy	Pre-test	Post-test	2.87	2.51	0.001
		Post-test	Follow-up	0.20	1.23	0.445
	ISTDP	Pre-test	Post-test	4.13	2.51	0.001
		Post-test	Follow-up	-0.13	1.23	0.589

However, no significant difference was observed in the follow-up phase compared to the post-test (P<0.01), which means that the effects of both treatments last.

5. Discussion

This study aimed to compare the effectiveness of ISTDP and maternal schema therapy on separation anxiety of 5-6-year-old children. The obtained findings showed that the implementation of both ISTDP and schema therapy in mothers significantly reduced children's separation anxiety. This effect is stable, and the effectiveness has been maintained after the follow-up period. A comparison of treatments showed that ISTDP was more effective in reducing separation anxiety in children than schema therapy.

The present study showed that ISTDP of mothers can lead to the reduction of separation anxiety in children. This finding is consistent with the results of studies conducted by Rezaei et al. (15), Taghavi et al. (22), Ardabili et al. (21), Kenny et al. In the resulting explanation, it can be said that in this therapy, the therapist is active and empathetically tries to understand the inner psychological world of the mother and how to use maladaptive defense mechanisms and attachment patterns. Using this method, the mother can understand her psychological states, and she discovers the repetitive ways and dysfunctional mechanisms of coping with her anxiety that can affect the child and tries to change them. Being understood and noticed makes her feel comprehensive, connected, and lively in the therapeutic environment, and by creating a conscious therapeutic alliance, she understands and acts on inefficient ways of controlling anxiety. In another explanation, it is noteworthy that using transition, which is very important in short-term treatments, to discover the anxiety of these mothers about separation and their chronic problems in courage and expressing their anger and fear of punishment in interpersonal relationships with the therapist. With the guidance of the therapist, mothers use relationship therapy as an opportunity to understand and better test their fears and realize that they are

not necessarily always being evaluated by criticism, rejection, and punishment.

On the other hand, one of the therapeutic goals of this approach is to emphasize rebuilding and releasing inefficient defense mechanisms. Therefore, recognizing defense, i.e., raising patient awareness of unconscious processes, is the first important part of achieving this therapeutic goal. Continuous increase in insight is the way it educates mothers to identify their defense patterns. In this therapy, the therapist shifts gently between confronting mothers with emotions gradually, encouraging them not to defend or avoid the process, and helping them cope with the anxieties that the exposure creates. As a result, it can be concluded that adjustment and reduction of anxiety during this process is a priority and, along with gradual exposure to inhibitory emotions that can cause anxiety, reduces maternal anxiety (30). Another explanation for the effectiveness of this method in reducing symptoms and dysfunctional defense mechanisms is the use of ways such as encouraging and reassuring, focusing on detail, and stubborn focus on emotion, which leads to reduced anxiety and less use of maladaptive defense mechanisms.

Now, considering that mothers have encountered their emotions during psychodynamic sessions and have learned more logical mechanisms to cope with their feelings and experiences, this has increased their psychological function (17), and thus, mothers have been able to adopt a better and more rational problem-solving method with respect to conflicts concerning their children and to resolve disputes based on rational principles and with more tranquility. Examine and resolve. From another perspective, it can be said that this treatment has caused emotional exhaustion and provides more psychological peace for mothers, which in turn has had a positive effect on better communication with the outside world and with their child and has also reduced separation anxiety of their children and, naturally, this effect is sustainable.

Furthermore, the present study showed that maternal schema therapy is effective in reducing separation anxiety in children. This finding is consistent with the results of the studies performed by Rezaei et al. (15), Askari et al. (14), and Peters et al. (31).

In explaining this finding, it can be said that according to the research by Askari et al. (14), mothers who can think flexibly reconstruct their thinking frame and accept challenging situations or stressful events and thus communicate with others easily and with the least anxiety. Conversely, mothers who lack cognitive flexibility are more likely to face stressful situations and use them to cope with stressful situations. Communication skills are poor, and they also experience anxiety, which can affect their children's anxiety. Mothers with early maladaptive schemas are at risk of having children with behavioral and anxiety problems.

Schema therapy emphasizes maladaptive schemas formed in childhood and maladaptive coping styles to explain how they affect processing and dealing with life events, and also by emphasizing replacing more adaptive and newer cognitive patterns instead of dysfunctional thinking styles in cognitive techniques, it provides an opportunity to improve the early dysfunctional schemas associated with anxiety. Schema therapy also helps mothers plan and implement consistent behavioral patterns instead of incompatible and dysfunctional coping responses (32).

Therefore, paying attention to the maladaptive schemas of mothers in the treatment of behavioral and anxiety problems of children is of particular importance, and Schema therapy can increase the stable family function, especially mothers and their children, through improving the mothers' schemas.

Finally, the results of this study showed the effectiveness of ISTDP of mothers compared to schema therapy in reducing children's separation anxiety. In explaining this finding, it can be said that dynamic psychotherapy focuses on arousing suppressed emotions in transferring and experiencing deep emotions, and the focus of this therapy is on mothers' anxiety and its continuous regulation during therapy sessions. This point is one of the general principles of dynamic therapy. Experiencing and expressing deep impulses and feelings creates conflict and causes anxiety, and the person suppresses the emotions and avoids seeing and touching them to avoid experiencing anxiety. Anxiety occurs when conflicting emotions are aroused, and anxiety signals that the defense system is breaking down, and the person feels vulnerable. When the mother shows anxiety, the therapist should be sensitive to this situation and try to be as close to what she is experiencing as possible to make her feel less alone. Therefore, the treatment by identifying and emphasizing the distinctive physical symptoms of emotions, emphasizing the components of actual emotional experience, and also identifying the physical pathways of anxiety helps the person to recognize the pathological dynamics forces and causes of the disorder to identify anxiety associated with conflicting emotions that cause emotional conflicts. This process leads to a reduction of maternal anxiety and the possibility of expressing suppressed emotions (33), and this will have a

positive effect on the children.

The current study also had limitations. First, the selected sample was only mothers of children aged 5 to 6 years with separation anxiety disorder; therefore, generalizing the results to children with other anxiety, psychological, and behavioral disorders should be cautious. Additionally, caution should be taken when generalizing the results to children of different ages in other regions of Iran. Considering the ability and efficiency of the two methods of ISTDP and maternal schema therapy, concise term and ISTDP in the context of the dependent variable of the research, it is recommended that these approaches, especially ISTDP, be used to control children's separation anxiety. It is also suggested to conduct similar studies on children with other anxiety, behavioral, and psychological disorders as well as children of different ages in other regions of Iran, to compare the results of those studies with the results of this study.

6. Conclusion

In general, the results of this study showed that both ISTDP and maternal schema therapy, especially ISTDP, had a lasting effect on improving children's separation anxiety and can be used in counseling centers and education organizations for the treatment and education of mothers.

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Conflicts of interest

No conflict of interest was reported by the authors.

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