Int. J. School. Health. 2025; 12(4)

Published online 2025 October.

Original Article

Increasing the Parenting Sense of Competence in Mothers of Bullying School-aged Boys through Behavioral Parent Training (BPT): A Quasi-Experimental Study

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Received: April 07, 2025; **Revised:** May 08, 2025; **Accepted:** May 25, 2025

Abstract

Background: Behavioral issues, including bullying, often arise during early childhood. Mothers play a critical role in shaping their children's psychological and social development. This study aimed to evaluate the impact of behavioral parent training (BPT) on improving the parenting sense of competence among mothers of school-aged boys who engage in bullying.
Methods: This quantitative, quasi-experimental pre-test/post-test design with a control group and a three-month follow-up. The study population included mothers of bullying boys aged 10–12 who attended Razi Psychological Services Clinic, affiliated with the Department of Education in Karaj, Alborz Province, Iran in 2024. The study participants were selected through convenience sampling technique. A total of 30 mothers were randomly allocated to intervention and control groups using the permuted block method. The intervention group participated in an eight-week BPT program, with one-hour sessions held weekly, whereas the control group did not receive any intervention during the study period. Data were collected using the Parenting Sense of Competence Scale (PSCS) and analyzed with repeated measures ANOVA and Bonferroni post-hoc tests in SPSS version 26.
Results: The analysis revealed significant differences in parenting competence between the intervention and control groups at both the post-test and follow-up stages, favoring the intervention group. Specifically, mothers in the intervention group showed improved parenting competence scores (pre-test: 2.40±2.58; post-test: 3±2.96) compared with the control group (pre-test: 2.80±1.14; post-test: 2.66±1.44). Additionally, significant differences were observed across the pre-test, post-test, and follow-up phases (P=0.02).
Conclusions: The findings suggested that BPT effectively enhances mothers' sense of parenting competence, fostering positive changes in parenting behaviors and approaches.

Keywords: Parenting, Parent-Child Relations, Bullying, Sons, Mothers

How to Cite: Hassani M, Khodabakhshi-Koolaee A, Jafary A. Increasing the Parenting Sense of Competence in Mothers of Bullying School-aged Boys through Behavioral Parent Training (BPT): A Quasi-Experimental Study. Int. J. School. Health. 2025;12(4):2-10. doi: 10.30476/intjsh.2025.106562.1506.

1. Introduction

Childhood behavioral problems often diverge from typical developmental paths (1). Bullying, which can appear as early as preschool or kindergarten, is frequently underestimated by parents, who may see it as harmless mischief. Many believe that young children at this stage lack full awareness of the impact of their behavior, including involvement in bullying (2, 3). Nonetheless, bullying is a widespread issue among school-aged youth, characterized by three main elements: (1) deliberate intent to harm, (2) repeated and sustained actions, and (3) occurring in contexts where there is an imbalance of power (3). As children mature and interact more in social settings, their exposure to aggressive behaviors increases, and many come to view bullying as an acceptable conflict resolution strategy (4).

Globally, bullying is recognized as a major and persistent public health problem affecting children and adolescents (5). A comprehensive meta-analysis revealed that about 35% of adolescents are involved in bullying, whether as perpetrators, victims, or both (6). Additionally, recent research have found that between 5–7% of adolescents can be classified as bully-victims, 3–12% as bullies, and 13–20% have reported being bullied in the past six months (7). The rise of cyberbullying has further intensified concerns, impacting roughly 15% of those who bully and 23% of victims (8). The negative outcomes for victims are severe and often enduring (9). Victims commonly suffer from increased depression and

anxiety, a higher risk of suicidal thoughts and self-harm, poorer academic outcomes, and a greater tendency toward substance use and externalizing behaviors (10). Early intervention is crucial to lessen these harmful effects, starting within the family which is the child's primary social environment. Parenting style is a key factor influencing children's involvement in bullying (2). It is therefore essential to understand what contributes to differences in perceptions of bullying between children and their mothers to enable earlier detection of bullying involvement (11). Research also suggested that bullying prevention programs tend to be more effective for boys, likely reflecting the higher rates of bullying among them. Globally, bullying is more prevalent among boys than girls (12). Children's behavioral issues significantly contribute to increased parental stress and depression (13). In addition to external pressures like social and economic factors, parental stress is shaped by elements such as parents' own physical and mental health, child temperament, and parental responses to their child's behavior (14).

To address these challenges, various parenting programs have been developed to equip parents with better knowledge, skills, and attitudes regarding child development (15). Evidence showed that these interventions, particularly parent training programs, can significantly reduce children's problematic behaviors and their long-term consequences (16). Behavioral interventions have thus gained wide acceptance (17). They have been shown to enhance parent-child relationships, boost parents' competence and satisfaction, promote positive parenting practices, and improve maternal mental health (18). Parent management training (PMT) is an evidence-based intervention for addressing disruptive behaviors in children. It equips parents with strategies to manage their child's behavior effectively and to strengthen the parent–child relationship by emphasizing positive involvement, reinforcing appropriate behaviors, and improving communication (19).

Among these, behavioral parent training (BPT) stands out as one of the most effective interventions for preventing and addressing children's behavioral issues. Based on solid behavioral psychology research, BPT aims to prevent inappropriate behaviors, encourage positive social skills, and strengthen the parent-child bond. Teaching behavioral skills to children also plays a significant role in addressing behavior problems. BPT is fundamentally structured around psychoeducational training for parents (20, 21). While originally designed to help children with attention deficit hyperactivity disorder (ADHD) (22), BPT has also been successfully adapted for other contexts, including reducing disruptive behaviors in children with autism, improving their adaptive skills, lowering parental stress, and enhancing parents' sense of competence (23-24).

Behavioral parent training (BPT) teaches parents to provide clear and effective instructions, reinforces desirable behaviors through positive strategies, and minimizes attention to minor disruptive actions while applying non-punitive consequences when appropriate (21). Bullying behaviors, whether at home or more commonly at school, lead to academic, social, and disciplinary challenges for the child who bullies. Mothers of children displaying bullying behaviors often experience significant stress as a result (25). Although BPT has demonstrated efficacy across diverse populations, its application to parents of children who engage in bullying has not been systematically examined. Considering that BPT tailored to parents of bullying boys could help them better understand and manage their child's behavioral and social challenges while boosting their parenting confidence, this study saught to assess the effectiveness of BPT in enhancing parenting competence among mothers of boys who engage in bullying.

2. Methods

2.1. Design

This applied study adopted a quantitative, quasi-experimental pre-test/post-test design with a control group and a three-month follow-up.

2.2. Selection and Description of Participants

The study participants were all mothers of bullying school-aged boys (10 to 12 years old) who visited Razi Psychological Services Clinic affiliated with the Department of Education in Karaj, Alborz Province, Iran in 2024. The participants were selected using convenience sampling technique. The Illinois Bullying Scale was used to identify bullying students. Mothers visiting the clinic were asked to complete the Parenting Sense of

Competence (PSOC) questionnaire. Those with lower parenting competence scores were randomly assigned to two groups of 15 participants, as the intervention and the control group, using the permuted block technique, totaling 30 participants (Figure 1).

2.3. Sample Size Determination

The sample size was estimated based on previous research (24-25). Parent training for the bullying boy was determined (Intervention group: pre-test: 51.85±9.30, post-test: 41.60±9.02; Control group: pre-test: 55±7.62, post-test: 52.45±13.43) (25), and for BPT for ADHD (Intervention group: pre-test: 23.18±8.73, post-test: 21.85±9.26; Control group: pre-test: 21.34±7.57, post-test: 20.41±8.53) (24), with the estimation of the minimum required sample size of 30.

The inclusion criteria were: (1) a minimum high school diploma for better comprehension of the instructions provided in sessions, (2) having a son identified as a bully (based on the Illinois Bullying Scale), (3) an age range of 30 to 55 years, (4) voluntary participation in the sessions, and (5) no diagnosed psychological disorders (as assessed by the clinic psychiatrist). The exclusion criteria were: (1) simultaneous participation in similar psychological programs, (2) single mothers, and (3) absence in more than two intervention sessions.

2.4. Data Collection and Measurements

2.4.1. Illinois Bullying Scale (IBS)

To identify students who demonstrate bullying behaviors, the Illinois Bullying Scale (IBS) was used. Originally developed by Espelage and Holt (26), this instrument assesses bullying across three domains: bullying itself, fighting, and victimization. It comprises 18 items divided among these three subscales, with each item rated on a five-point Likert scale from 1 (Never) to 5 (Five times or more). The total possible score ranges from 18 to 90, with scores between 44 and 90 suggesting the presence of bullying behavior. Higher total scores indicate more frequent engagement in bullying. The original version reported a Cronbach's alpha of 0.80, reflecting good reliability (26). In this study, the reliability of the scale was recalculated, yielding a Cronbach's alpha of 0.73.

2.4.2. Parenting Sense of Competence (PSOC) Scale

The Parenting Sense of Competence Scale (PSOC) measures parents' perceived competence across two dimensions: satisfaction and efficacy. The satisfaction subscale includes nine items, with scores ranging from 9 to 54, while the efficacy subscale has seven items, scored between 7 and 42. Each item is evaluated on a six-point Likert scale (1=Strongly disagree to 6=Strongly agree).

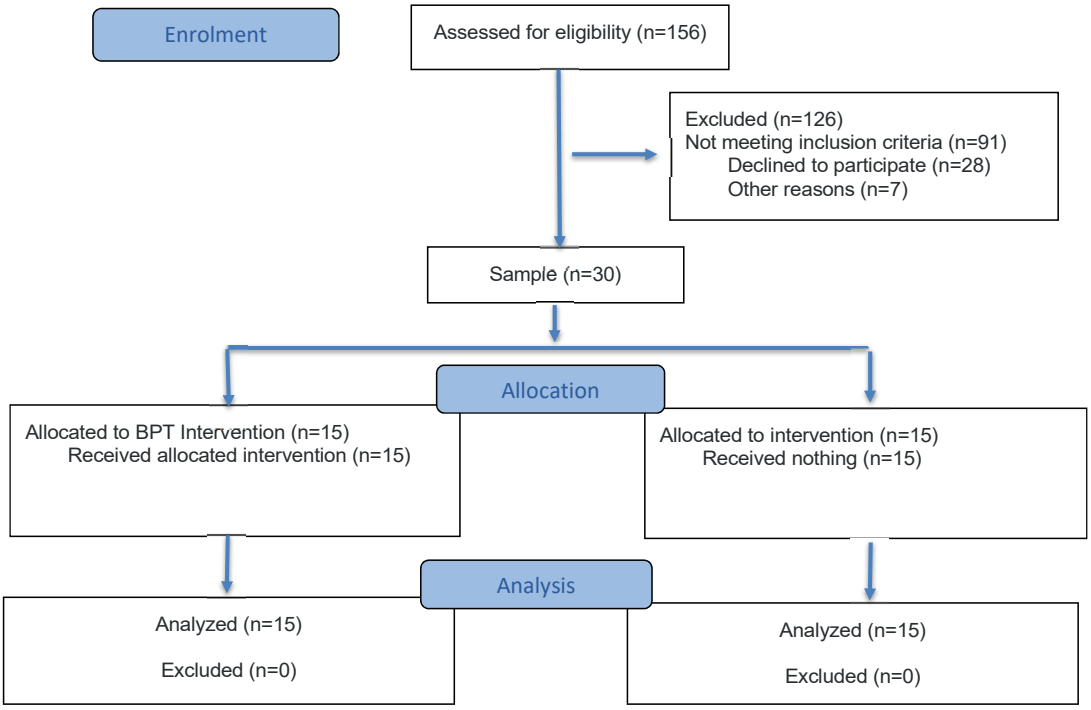

Figure 1: The figure shows the CONSORT flow diagram of the study.

Higher scores reflect greater perceived parenting competence. Total scores between 70 and 96 are considered high competence, scores of 51 to 69 represent moderate competence, and scores from 16 to 50 indicate low competence. Previous study reported reliability coefficients of 0.75 for the satisfaction subscale and 0.76 for the efficacy subscale (27). In this study, after translating the scale into Persian, its content validity was assessed, resulting in a Content Validity Ratio (CVR) of 0.70 and a Content Validity Index (CVI) of 0.86. Additionally, the overall reliability was recalculated, and Cronbach's alpha for the full scale was found to be 0.83.

2.5. Procedure

After meeting the requirements, the study was conducted at Razi Public Psychological Services Clinic, affiliated with the Department of Education in Karaj, Alborz Province, Iran in 2024. First, the objectives of the study and treatment procedures were explained to the participants. The Parenting Sense of Competence (PSOC) questionnaire was then administered to mothers of children identified as bullies. Based on the results, mothers with lower parenting competence scores were selected, and 30 participants were randomly assigned to either the intervention (BPT) or control group, with 15 participants in each group. The BPT program consisted of eight weekly sessions, each lasting one hour. Intervention sessions were conducted weekly in the mornings (10:00–12:00) at Razi Counseling Center, Karaj, Iran, free of charge and scheduled according to the mothers' preferences. The program was facilitated by a PhD candidate in family counseling with 16 years of experience in providing family and child counseling services. During the intervention period, the control group did not receive BPT but was provided with individual counseling sessions, informational pamphlets on managing children's learning difficulties, and other standard services from the center. Upon completion of the intervention, post-test assessments were conducted one week after the final session. A follow-up assessment was conducted three months later, during which the PSOC questionnaire was re-administered to both groups. In adherence to ethical research principles, following the completion of the study, six BPT sessions were subsequently held for the participants in the control group. The BPT treatment protocol (Table 1) was developed after reviewing existing educational programs, research studies, and relevant literature on the subject (21, 28, 29).

2.6. Data Analysis

The data were first processed using descriptive statistics, including mean, standard deviation, frequency, tables, and charts. Then, given the quasi-experimental design of the study, inferential statistical tests were used. The statistical tests for between-group analysis (chi square and T-test). In addition, the Kolmogorov-Smirnov test was applied to check the normality of the data, Levene's test for homogeneity of variances. Finally, repeated measures ANOVA and Bonferroni post hoc test were used to examine the hypotheses. Data analysis was conducted using SPSS version 26, with a significance level of $P<0.05$.

Table 1: Behavioral Parent Training (BPT) intervention protocol

Session	Session Goal	Session Content
1	Psychoeducation for mothers to understand bullying behaviors and their characteristics	Assessing the extent of bullying behaviors in children, providing information on harmful and abusive behaviors exhibited by bullies
2	Awareness of the importance of improving the parent-child relationship	Promoting prosocial behavior, supporting the parent-child relationship, and strengthening positive behaviors in the child
3	Training on coping with disruptive behavior	Waiting for 5 seconds when the child exhibits harmful behaviors to give them a chance to think. Praising appropriate behaviors and punishing inappropriate behaviors. Reassessing the extent of outward behaviors
4	Extinction	Gradually weakening a conditioned response, leading to a reduction or disappearance of problematic behavior
5	Time-out	Using the time-out technique to gradually reduce bullying and aggressive behaviors in the child. Mothers were taught that the time-out should not be scary or distressing for the child
6	Problematic Positive Reinforcement	Avoiding reinforcement of problematic behaviors in children, disregarding minor problematic behaviors rather than engaging in arguments with the child
7	Instructional Behavioral Skills Training	Teaching appropriate behavioral and communication skills to children, including active listening (e.g., describing, reflecting, and restating)
8	Social Learning and Behavioral Management Training	Providing educational instructions on social learning rules, anti-bullying strategies, and maintaining social discipline

3. Results

The study participants comprised all mothers of bullying school-aged boys (10 to 12 years old) who visited Razi Psychological Services Clinic affiliated with the Department of Education in Karaj, Alborz Province, Iran in 2024. The participants were selected using convenience sampling technique.

Eligible participants were mothers aged 30–55 years, with at least a high school education, a son identified as a bully, and no diagnosed psychological disorders. Exclusions applied to those enrolled in similar programs, single mothers, or those missing more than two sessions. No significant demographic differences were observed between groups (Table 2).

There were no statistically significant differences between the intervention and control groups regarding child or maternal demographics. The mean age of children in the intervention group was 11.02 years (SD=1.06), compared with 11.90 years (SD=1.01) in the control group (P=0.300). The mean age of mothers was 45.01 years (SD=4.01) in the intervention group and 43.20 years (SD=6.33) in the control group (P=0.460).

For the number of children, 40% of mothers in the intervention group and 46.6% in the control group had one child (P=0.490). Regarding educational attainment, 66.7% of mothers in the intervention group and 73.4% in the control group held a high school diploma (P=0.390). Most participants in both groups were housewives—76% in the intervention group and 74% in the control group (P=0.910). These results indicated that the two groups were demographically comparable at the start of the study.

Table 3 presents the descriptive statistics for parenting competence variables (parenting satisfaction and parenting efficacy) in the pre-test, post-test, and follow-up stages for both the

Table 2: Comparison of demographic characteristics in the intervention and control groups

Variable	Intervention (M±SD / n%)	Control (M±SD / n%)	P value
Child's Age (years)	11.02±1.06	11.9±1.01	0.300
Mother's Age (years)	45.01±4.01	43.20±6.33	0.460
Number of children			0.490
One	6 (40%)	7 (46.6%)	
Two	9 (60%)	8 (53.4%)	
Education			0.390
High School Diploma	10 (66.7%)	11 (73.4%)	
Undergraduate	5 (33.3%)	4 (26.6%)	
Occupation			0.910
Housewife	11 (76%)	12 (74%)	
Employed	4 (24%)	3 (26%)	

Continuous variables are presented as M±SD; Categorical variables are presented as n (%). P values were calculated using **t**-tests for continuous variables and χ^2 tests for categorical variables; M: Mean; SD: Standard Deviation

Table 3: Parenting competence in intervention and control groups across pre-, post-, and follow-up assessments

Variable	Phase	Intervention (Mean±SD)	Control (Mean±SD)	P (between groups)
Parenting Satisfaction	Pre-test	28.66±3.17	27.33±2.12	0.281
	Post-test	39.20±1.85	26.26±2.18	0.020
	Follow-up	38.73±1.70	23.06±2.10	0.023
	P (within)	0.018	0.831	--
Parenting Efficacy	Pre-test	25.40±2.58	24.80±1.14	0.401
	Post-test	36.10±2.96	25.66±1.44	0.008
	Follow-up	35.30±2.46	24.40±1.29	0.031
	P (within)	0.012	0.859	--
Parenting Competence (Total)	Pre-test	54.06±4.13	50.13±2.74	0.308
	Post-test	75.26±3.12	52.60±3.66	0.012
	Follow-up	74.06±3.15	50.53±2.61	0.020
	P (within)	0.003	0.725	--

SD: Standard Deviation

Table 4: Mean score comparison between intervention and control groups using Bonferroni Test

Group	Variable	Phase 1	Phase 2	Mean Difference (A-B)	SE	P
Intervention Group	Parenting Satisfaction	Pre-test	Post-test	9.64	0.59	0.015
		Pre-test	Follow-up	10.07	1.47	0.018
		Post-test	Follow-up	0.47	0.15	0.82
	Parenting Efficacy	Pre-test	Post-test	7.28	0.67	0.011
		Pre-test	Follow-up	9.9	0.12	0.004
		Post-test	Follow-up	0.8	0.5	0.61
	Parenting Competence (Total)	Pre-test	Post-test	16.06	0.90	0.002
		Pre-test	Follow-up	20	0.98	0.016
		Post-test	Follow-up	1.2	0.03	0.501
Control Group	Parenting Satisfaction	Pre-test	Post-test	-0.93	-0.06	0.91
		Pre-test	Follow-up	2.27	0.02	0.38
		Post-test	Follow-up	3.2	0.08	0.33
	Parenting Efficacy	Pre-test	Post-test	-0.86	-0.3	0.54
		Pre-test	Follow-up	0.4	0.15	0.74
		Post-test	Follow-up	1.26	0.15	0.53
	Parenting Competence (Total)	Pre-test	Post-test	-2.47	0.92	0.83
		Pre-test	Follow-up	-0.4	0.13	0.84
		Post-test	Follow-up	2.07	1.05	0.69

SE: Standard Error

BPT group and the control group. Aaccording to our results, the mean scores for the BPT group increased in the post-test and follow-up phases compared with the pre-test, whereas the control group showed minimal differences in both variables across the stages. Nevertheless, assessing the statistical significance of this increase requires testing the research hypotheses, as presented in the following sections. In Addition, Table 3 indicates that the effects of group, time, and the interaction between time and group are significant (P=0.02). The impact of BPT on the intervention group, compared with the control group, has led to an increase in parenting competence. Additionally, the significant effects of time and the time-group interaction suggested significant differences between the pre-test, post-test, and follow-up phases. Table 4 presents the results of the Bonferroni post-hoc test, which compares parenting competence and its dimensions across different evaluation phases.

The data in Table 4 indicates that the mean scores of all variables and their dimensions show a significant difference between the control group and the BPT group (P<0.05). Thus, the BPT intervention had a positive and significant impact on enhancing parenting competence among mothers of bullying children. As a result, the research hypothesis stating that BPT is effective in improving parenting competence and its subscales in mothers of boys with bullying behavior is retained.

4. Discussion

The findings from this study indicated that behavioral parent training (BPT) has a significant positive impact on enhancing parenting competence. Parenting programs are designed to mitigate and eliminate disruptive behaviors in children while fostering positive social behaviors. A study on parent management training demonstrated its effectiveness in reducing children's disruptive behaviors (19). Similarly, BPT has been associated with improvements in parent-child interaction quality, the development of social behaviors, the acquisition of effective parenting skills such as discipline and structure, and a reduction in parental stress (21).

Initially, the mothers who participated in this study reported low parenting sense of competence due to their children's bullying behavior, which resulted in challenges in exerting control and frequent complaints from school authorities and other parents. However, following the BPT intervention, these mothers exhibited an increase in parenting competence. BPT follows a structured psychoeducational approach, providing a step-by-step framework that includes understanding bullying behaviors,

recognizing their impact on children, improving mother-child interactions, and implementing effective behavioral management strategies (20, 21). Previous research demonstrated the effectiveness of BPT in reducing externalizing behavioral problems in children aged 2 to 12 years (22). Children's behaviors are strongly influenced by their parents, and over time, families may develop coercive interaction patterns that can become cyclical (28). Coercive family interactions happen when children's maladaptive and aggressive behaviors are reinforced through parental reactions (25). BPT effectively disrupts these negative cycles, restoring parents' sense of competence and self-efficacy (29, 30). Specifically, parenting programs tailored for children who exhibit bullying behaviors can enhance parental awareness of bullying, improve communication skills, and foster a supportive home environment (31, 32). The psychoeducational nature of BPT helps parents recognize bullying behaviors and acquire strategies to reduce disruptive tendencies in their children. Furthermore, the findings from this study suggested that BPT has a lasting impact, as evidenced by the three-month follow-up, which confirmed the stability of the therapeutic effects of this intervention.

4.1. Limitations

This study was limited by its small sample size and its focus solely on mothers of boys who engage in bullying in Karaj, Alborz Province, Iran. Additionally, the quasi-experimental design and the use of convenience sampling may restrict the generalizability of the findings.

5. Conclusions

The present study demonstrated that the BPT program effectively enhances the parenting competence of mothers with boys who engage in bullying behaviors. BPT prioritizes parent-child interaction and provides parents with the skills necessary to strengthen their coaching and supervision abilities. This training approach employs a robust feedback system, making it a valuable tool for improving parenting competence and serving as a preventive intervention for bullying behaviors in children and adolescents. Behavioral Parent Training (BPT) enhances parent-child interactions, equips parents with strategies for managing disruptive behaviors, and fosters empathy, active listening, and constructive communication. Group-based programs in schools—through lectures, discussions, and films—offer cost-effective prevention and intervention, especially for bullying. Subsidizing family education supports children's well-being, while training parents, educators, and counselors improves implementation. Future research should examine BPT's impact on parenting stress, resilience, guilt, shame, and overall well-being, with emphasis on involving fathers alongside mothers.

Acknowledgement

This article was extracted from the PhD dissertation of Mr. Massoud Hassani in the field of Family Counseling at the Islamic Azad University, Science and Research Branch of Tehran, Iran. Also, the authors would like to appreciate the participants who cooperated with them.

Authors' Contribution

Massoud Hassani: Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work. Anahita Khodabakhshi-Koolaee: Substantial contributions to the conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and reviewing it critically for important intellectual content. Asghar Jafary: Design of the work and interpretation of data; drafting the work. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

Conflict of Interests: None declared.

Funding: None.

Ethical Approval

The Ethics Review Board of Islamic Azad University, Science and Research Branch of Tehran, Iran approved the present study with the code of IR.IAU.SRB.REC.1403.127. Also, written informed consent was ontained from the particpants and they were reassured of the confidentiality of their information.

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