



The Effect of Psycho-educational Program on Enhancing Attachment and Psychological Wellbeing among Adolescents' Parents

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Abstract

Background: Psycho- Educational Program is an important strategy for empowering adolescents' parents with essential knowledge, skills, and strategies for better coping. Adolescents' parents' preparation is a crucial aspect for providing safe shelter to pass adolescents safely and smoothly. **Aim:** This study aimed to evaluate the effect psycho- educational program on enhancing attachment and psychological wellbeing among adolescents' parents. **Design:** A quasi-experimental research design was used to conduct the current study. **Setting:** This study was conducted at El Marg governmental preparatory schools. **Subject:** A convenient sample of 202 adolescents' parents. **Three tools were utilized** 1) Socio-demographic interview sheet, 2) Revised inventory of parent adolescent attachment and 3) psychological wellbeing scale. **Results:** The results showed that there was a high statistically significant enhancement in adolescents' parent attachment and psychological wellbeing for study group observed at post psycho - educational program implementation compared to pre-psycho-educational program. There was strong positive relation between total the levels of attachment and of the studied adolescents' parent in study group and their levels of psychological wellbeing. **Conclusions:** The findings confirmed psycho- educational program enhanced attachment and psychological wellbeing among adolescents' parents, as parents who participate in psycho- education program had better outcomes on their posttest, and there was significant positive relation between parent attachment and psychological wellbeing at post implementing of psycho- educational program. **Recommendations:** Periodical assessment of adolescents' parents' attachment and psychological wellbeing should be done regularly for early detection and develop training programs to improve their attachment levels and enhance their psychological wellbeing.

Key words: Adolescents' parents, Attachment, Psychological wellbeing, Psycho-educational program

Introduction

Nowadays there are an increasing number of countries and organizations that have highlighted the importance of parent adolescents' attachment on promoting parents' psychological wellbeing and mental health. The World Health Organization (WHO) launched many initiatives to emphasize the need for universal mental health and recommended new guidelines on how to promote adolescents' parent's psychological wellbeing and mental health (World Health Organization, 2024).

Parent adolescents' attachment refers to the emotional bond parents develop with their adolescents during the process of raising them. This bond profoundly influences the individuals' physical and mental health. Adolescence is a stage of complex, increase risks as it is documented as "storm and stress" Rapid changes in physical and emotional development inevitably lead to conflicts between adolescents and authority figures. Adolescence presents an attachment dilemma that is, maintaining connection with parents while exploring new social roles away



from the family and developing attachment relationships with romantic partners and peers (**Barrow & Thomas, 2022; Davis, 2024**).

Parenting transition to adolescents can require from parents to adjust to their role and psychological wellbeing inspires parents for better adaptation and positive psychological outcomes during adolescence. Ryff illustrated that psychological wellbeing is more than the absence of disease, so he suggested that psychological wellbeing refers to what a person needs for wellbeing. The concept of happiness and psychological wellbeing of each person is different and unique. Happiness is the main purpose of life for everyone (**Babnik, Benko, & von Humboldt, 2022**).

The psychological wellbeing of adolescents' parents is a vital aspect because parents' welfare has implications not only for the parents themselves but also for adolescents' development, fertility, and the overall health of society. The concept of having adolescents have a negative impact on the psychological wellbeing of parents is rapidly emerging as an accepted social "fact" among social scientists. Adults with adolescents at home report that they are less happy and less satisfied with their life than other groups. Parents also appear to worry more and experience higher levels of anxiety and depression (**Nomaguchi & Milkie, 2020**).

According to the United Nations International Children's Emergency Fund (UNICEF), investing in parents' mental health and wellbeing is crucial for ensuring positive and holistic development of adolescents. In addition to that, one goal of UNICEF is striving to equip parents with the tools and knowledge they need to practice positive parenting methods to give their children the best start in life." The parent psycho-education program provides a mechanism for parents to learn positive parenting strategies, techniques, and attitudes from sources outside their own nurture. Parenting education can be used as a preventive intervention at the three levels of prevention (primary level, secondary level, and tertiary level) (**Austin et al., 2022; UNICEF, 2023**).

Psychiatric mental health nurses have a key role in the enhancement of the quality of parent-adolescent attachment through empowering the adolescents' parents with the basic knowledge, information, skills, and strategies that promote secure parent-adolescent attachment. Psychiatric mental health nursing can carry many nursing roles, for example, health educator, teacher, mother surrogate, care provider, advocator, researcher, and counselor. Each role will be selected based on nursing assessment and adolescents' parents and adolescents needs (**Maloney-Newton, Hickey, & Brant 2023**).

Significance of the study:

The World Health Organization estimates that approximately one in five adolescents under the age of 18 experience some form of developmental, emotional, or behavioral problem, and one in eight experiences a mental disorder. One of the major factors that cause adolescents psychological distress is low parent attachment and parent support (**Tan, et al. 2023; World Health Organization, 2024**).

In Egypt according to **Mosaad, et al., (2022)** showed that more than one quarter (26%) of the adolescents studied were emotionally detached or low attached to their father. In addition to, their study revealed that more than one fifth of them (22%) were emotionally detached or low attached to their mothers. As well as, in Egypt adolescents about 18 million which represent 18% from total population and 16% are suffer from psychological distress (**Salam, 2020**). The researcher point of view it is a time to stop transmission of insecure attachment through generation and Egypt has limited studies about parent - adolescent attachment. Many benefits will return form apply parent psycho - education guidelines such as promote adolescents' psychological wellbeing and adolescents adjustment and exacerbation of certain health problems among adolescent.

Aim of the study

This study aimed to evaluate the effect of psycho- educational program on enhancing attachment and psychological wellbeing among adolescents' parents.

The aim was achieved through answering the following research questions:

1. Assess attachment levels among adolescents' parents at pre and post psycho- educational program implementation.
2. Assess psychological wellbeing among adolescents' parents at pre and post psycho- educational program implementation.
3. Design and implement psycho- educational program for enhancing attachment and psychological wellbeing among adolescents' parents.
4. Evaluate the effect of psycho- educational program on enhancing attachment and psychological wellbeing among adolescents' parents post program.

Research Hypothesis:

H1. Psycho- educational program will enhance attachment and psychological wellbeing among adolescents' parents.

H2. The significant relation between parent attachment and psychological wellbeing will be positively post implementing of psycho- educational program.

SUBJECTS AND METHODS

Research design: A quasi-experimental research design was used to conduct the current study.

Setting of the Study: This study was conducted at El Marg governmental preparatory schools.

Subject: A convenient sample of 202 adolescents' parents was used for the current study and the participants were divided into 101 parents for the study group and 101 parents for the control group.

Data collection tools:

Data was collected by using the following tools:

1- Socio-demographic interview sheet:

This questionnaire was designed by the researcher after reviewing national and international related literature. The aim of the sheet is to assess characteristics of the study participants, and it consists of two parts.

Part (1) Parents socio demographic data include (age, sex, residence, educational level, employment, income, and number of children).

Part (2) Adolescents characteristics include (age, gender, rank between siblings and scholastic level as parents perceived).

2- Revised of Inventory of Parent Adolescent Attachment(R-IPA) (Armsden and Greenberg, 1987).

The inventory was designed by Armsden and Greenberg (1987) to assess parents' attachment toward their adolescents. R-IPA scale consists of 30 items. The inventory items are divided into three subscales (parent quality of communication 12 items), (parent mutual trust 10 items), and (extent of anger and alienation 8 items). The R-IPA scale is a self-report questionnaire with three –points Likert scale responses: Never = 1, sometimes =2, and always = 3).

The total scoring system of R-IPA scale:

Low attached	30
Medium attached	31:60
High attached	61:90

3th Tool: Psychological wellbeing designed by (Ryff, 1989)

Psychological wellbeing scale developed by Ryff, (1989) to assess parents' psychological wellbeing. Psychological wellbeing scale consists of 42 items. These items are divided into six subscales parents [autonomy 7 items), (environment master autonomy 7 items), (personal growth autonomy 7 items), (positive relation with others autonomy 7 items), (purpose in life autonomy 7 items), and (parents self-acceptance 7 items)]. Psychological wellbeing scale is a self-report questionnaire with three –points Likert scale responses: No =1, sometimes = 2, and Yes =3.

The total scoring system of psychological wellbeing scale:

Poor psychological wellbeing	42
Average psychological wellbeing	43:84
Good psychological wellbeing	85:126

Tools Validity and Reliability

Five professional experts from the faculty of nursing at British University in Egypt with different academic hierarchies or categories. To determine clarity, relevance, and completeness of the study tools. Cronbach's alpha reliability was used to assess the reliability of all study tools. The Cronbach's alpha reliability for Revised of inventory of parent adolescent attachment tool was .995 and psychological wellbeing scale was .985.

Operational Design

The operational design included preparatory phase, pilot study, field work, ethical consideration, and limitation of the study.

Pilot Study

A pilot study was conducted on 10% (20 adolescents' parents) of the total sample parents. The aims of the pilot study were to: check the validity and applicability of the tools, ensure the clarity of the assessment tools, check the feasibility of the study, such as the plan of data collection and time needed to complete the questionnaire and predict for any barriers or obstacles and those parents were excluded from the study sample.

Ethical consideration:

Before starting the data collection, an official permission from the Dean of the Faculty of Nursing and vice dean of postgraduate studies, Helwan University, to the Central System for Package and Statistics to take approval and all study tools were stamped from vice dean of post graduate studies. Then approval from Cairo Directorate of Education After that directed to the general manager of El Marg Education. In addition to that, approval from the director of the department of Security in the directorate was taken to facilitate schools' entry. The subjects were informed about voluntary participation in the study and had the right to withdraw at any time without giving any argumentation or rational. Furthermore, to ensure the anonymity of the participants, the researcher does not request them to sign any tools.

Fieldwork

The actual field work started within semester two of the academic year 2023- 2024 from the middle of March 2024 to the end of August 2024. The researcher divided the study group into 5 subgroups (group 1, 2, 3, 4, 5). This classification was applied to easily control the group and to be more effective. The researcher conducted the sessions of the program for adolescent's parents 2 days per week (Tuesday and Wednesday) and met parents in the schoolroom during ordinary school hours.

Table of Meetings schedule of the researcher with the study groups

Day	Group Number	Time
Tuesday	G1	9:00 am to10:00 am
	G2	10:30 am to 11:30 am
	G3	12:00 am to13:00 pm
Wednesday	G4	9:00 am to10:00 am
	G5	10:30 am to 11:30 am

Parents who had problems in physical attendance contacted them and sent missed sessions recorded through WhatsApp. Each sub-group attended 12 sessions; these sessions were scheduled as 1 session for each subgroup per week, and the total number of sessions was 12 sessions for a duration of 17 weeks. The study took around 5 months



for assessment and implementation of the psychoeducational program. Some sessions were moved, canceled, and delayed due to Eid al-Fitr vacation, Eid al-Adha, final exams, and high school exams. The average time for each session was about 50-70 minutes.

Phases of Psycho educational program:

The program construction conducted in four phases:

Assessment phase, planning phase, implementation phase, and evaluation phase.

I- Assessment and data collection (First phase)

This phase started with review of the current, recent, national, international related literature in various aspects of the research problem was done at this phase using textbooks, articles, and magazine.

II- Planning (Phase two)

Based on the results obtained from the initial assessment tools and review of literature, the program content was developed by the researcher in the form of a booklet which was revised and approved by the supervisors to determine its content, applicability and appropriateness. The booklet covered essential knowledge of parent adolescent attachment and psychological wellbeing. The program booklet was developed to be as guide and reference for adolescents' parents in the future. The psycho educational program was conducted through lectures, demonstrations, group discussion, using data shows, pictures, audio sessions, and handouts.

III- Implementation phase (Phase three)

This phase started by implementing the psycho- educational program for enhancing attachment and psychological wellbeing among adolescents' parents. The program was implemented in the form of theoretical and practical sessions. Program implementation was conducted based on sessions plan using different educational methods and media in addition to use of guiding program booklet specifically designed based on adolescents' parent's needs.

Objectives of the program

General Objectives

The general objectives of the program for this study was to evaluate the effect of psycho- educational program on enhancing attachment and psychological wellbeing among adolescents' parents.

Specific Objectives

- Obtain an overview about parent adolescent's attachment (definition and its importance).
- Provide a general overview about adolescent's period.
- Empower adolescents' parents with required knowledge and skills to build secure attachment.
- Promote psychological wellbeing of adolescents' parents.

Content of Psycho-educational program sessions

The time allocated for achieving the program objectives was about (60) hours divided into (12) sessions to be covered in an introductory and acquaintance session and pre data collection session then (4) theoretical sessions, (7) practical sessions and (1) post data collection session.

The content of psycho-educational program sessions was presented in the following table

Serial of sessions	Content of sessions
-	An acquaintance session
Theoretical part	
Session 1	An overview about adolescents' parent's attachment
Session 2	An overview about adolescence
Session 3	Attachment dimensions
Session 4	Psychological wellbeing
The practical part	
Session 5	Communication skills
Session 6	Active listening skills
Session 7	Building trust relationship
Session 8	Parent alienation or isolation
Session 9	Expression of feeling
Session 10	Problem solving Skills
Session 11	Improving parent psychological wellbeing
Session 12	Overall feedback about program

III- Evaluation phase (Phase four)

After program implementation the post test was carried out to assess (parent attachment and psychological wellbeing) by using the same tools of the pre-test. This helped to evaluate the effect of implemented program.

III. Administrative Design:

The ethical committee of Helwan University's Faculty of Nursing approved the study. An official letter was sent from the Faculty of Nursing, Helwan University, to Central Agency for Public Mobilization and Statistics. After validating the protocol and data collection tools, program content, the director of Central System for Package and Statistics at Cairo agreed and signed the official letter and transferred me to Cairo Directorate the education after their approval. After that researcher directed El Marg Educational Administration and the following agreement was obtained from the General Manager of El Marg Education Department and security of the Directorate.

After that, the researcher obtained official permission to enter El Marg preparatory schools and the letter was signed by both the general manager of El Marg Education Department, and the security of the directorate

VI. Statistical Design:

Recorded data were analyzed using the statistical package for social science, version 21.0. Quantitative data were expressed as mean = standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were done:

- **Chi-square (X^2) test** of significance was utilized to compare proportions between two qualitative parameters.
- **Person correlation coefficient (r)** test was used to assess the degree of association between two sets of variables
- Coefficient interval was set at 95% and the margin of error accepted was set at 5%. So, the P- value was considered significant as the following
- Probability (P - value).
 - P- value < 0.05 was considered significant.
 - P- value < 0.001 was considered as highly significant.
 - P- value > .05 was considered insignificant

Results

Table (1): Distribution parents for study group and control group according to socio- demographic (n=202).

Socio- demographic items	Study group (n=101)		Control group (n=101).	
	N	%	N	%
Parent age in years:				
25- ≤ 35	26	25.7	17	16.8
35- ≤ 45	57	56.4	59	58.5
>45	18	17.8	25	24.8
Mean ± SD	39.76 ± 5.68		42 ±6.65	
Sex:				
Male	20	19.8	38	37.6
Female	81	80.2	63	62.4
Area of residence:				
Urban	84	83.2	92	91.1
Rural	17	16.8	9	8.9
Parents' educational levels:				
Cannot read and write.	2	2.0	3	3.0
Can read and write.	5	5.0	8	7.9
Primary Education	4	4.0	8	7.9
Preparatory Education	11	10.9	8	7.9
High School Education	43	42.6	39	38.9
University Education	25	24.8	33	32.7
Postgraduate	11	10.9	2	2.0
Employment status:				
Employee	65	64.4	67	66.3
Unemployed/ housewife	35	34.7	33	32.7
Retired	1	1.0	1	1.0
Family income as parents reported:				
Not enough	50	49.5	48	47.5
Enough	43	42.6	47	56.5
Enough and save	8	7.9	6	5.9
Number of children:				
1	1	1.0	0	0
2	18	17.8	19	17.8
3	41	40.6	44	43.6
4	32	31.7	33	32.7
More	9	8.9	5	5.0

Table (1) illustrates that the Mean ± SD of parent age of the control group is 42±6.65 for control group compared with 39.76 ± 5.68 for study group. In addition to, 80.2 % of the study sample are females compared with 63% in control group.

Table (2): Distribution of adolescents' characteristics for study group and control group (n=202).

Adolescents' characteristics items	Study group (n=101)		Control group(n=101)	
	N	%	N	%
Adolescent age in years:				
11- ≤ 13	65	64.4	46	45.5
13-17	36	35.6	55	54.5
Mean ± SD	12.88 ± 1.28		13.50 ± 1.5	
Sex:				
Male	46	45.5	57	56.4
Female	53	52.5	44	43.6
Adolescent rank between siblings:				
First	54	53.5	40	39.6
Second	23	22.8	32	31.7
Third	18	17.8	25	24.8
More	6	5.9	4	4.0
Adolescents scholastic level as parents reported:				
Poor	21	20.8	12	11.9
Moderate	46	45.5	35	34.7
Good	34	33.7	54	53.5

Table (2) shows that the **Mean ± SD** for adolescents of the study group is 13.50 ± 1.5 compared with 12.88 ± 1.28 for the study group. In addition to, 52.5 % of the study parents has female adolescents compared with 43.6 % in control group.

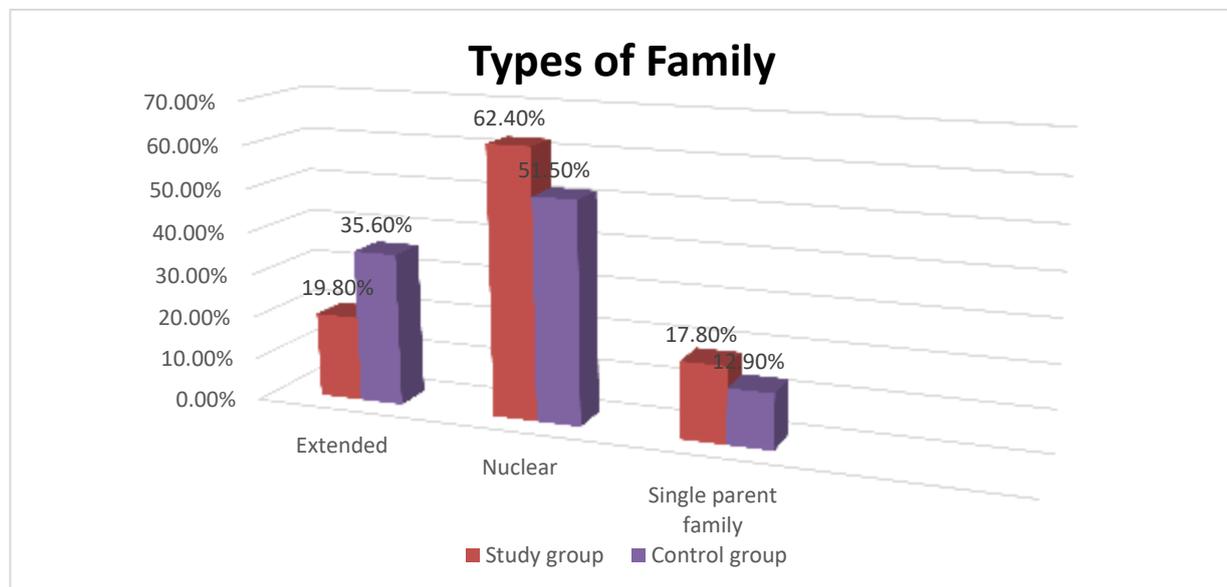


Figure (1): Distribution of types of family to adolescents' parents for study group and control group (n=202).

Fig (1) illustrates that 62.60% of the study group has nuclear family compared with 51.50% for control group. In addition to that, 35.6 % of the control group has an extended family compared with 19.80% of the study group.

Table (3): Comparison between total levels of adolescents' parent's attachment at (pre and post) program implementation (n=202).

Adolescents' parent's attachment levels		Study group (n=101)		Control group		Chi-square	
		N	%	N	%	X ²	P-value
Low attachment (30)	Pre	43	42.6	42	41.6	58.6 6	.000** HS
	Post	14	13.9	41	40.6		
Medium attachment (31-60)	Pre	38	37.6	37	36.6		
	Post	35	34.7	37	36.6		
High attachment (61-90)	Pre	20	19.8	22	21.8		
	Post	52	51.5	23	22.8		
Mean ± SD	Pre	1.61± .73		1.69 ±.77			
	Post	2.47±.60		1.82 ±.77			
% of improvement		62.13 %					

(**) Highly statistically significant at p-value ≤ 0.01 (*) Statistically significant.at p-value ≤ 0.05.

Table (3): shows that there is a highly statistical significance difference between pre and post program regarding to total relationship among study group at p value < 0.000** mean ± 1.61± .73 Preprogram with increase to 2.47±.60 for study group compared with 1.69 ±.77 for control group at preprogram and 1.82 ±.77 post program with percentage of improvement 62.13 %.

Table (4): Comparison between total levels of adolescents' parent's psychological wellbeing at (pre and post) program implementation (n=202).

Psychological wellbeing		Study Group (n= 101)		Control Group (n= 101)		Chi – square	
		N	%	N	%	X ²	P- value
Poor psychological wellbeing (42)	Pre	35	34.7	37	36.6	70.442	.000** HS
	post	13	6.4	35	34.7		
Average psychological wellbeing (43-84)	Pre	43	42.6	43	42.6		
	post	51	50.5	45	44.6		
Good psychological wellbeing (85-126)	Pre	23	22.8	21	20.8		
	post	37	36.6	21	20.8		
Mean ± SD	Pre	1.88 ±.75		1.84 ±.74			
	post	2.237 ±.66		1.86 ±.73			
% of improvement		54.55%					

(**) Highly statistically significant at p-value ≤ 0.01 (*) Statistically significant.at p-value ≤ 0.05.

Table (4): Displays that there is a highly statistical significance difference between pre and post program regarding to total psychological wellbeing among study group at p value< 0.000** mean ± SD 1.88± .75 with increase to 2.237±.66 for study group compared with 1.84 ±.74 at preprogram and 1.86 ±.73 post program for control group & percentage of improvement 54.55 %.

Table (5) Relation between total attachment and total psychological wellbeing at pre & post implementation of the program (n=202)

Total Attachment		Total psychological wellbeing												Chi-square	
		Study Group (n = 101)						Control Group (n = 101)							
		Poor		Average		Good		Poor		Average		Good			
		N	%	N	%	N	%	N	%	N	%	N	%		
Pre	Low	31	30.6	10	9.9	2	1.9	15	14.8	19	18.8	9	8.8	20.468	.000** HS
	Medium	15	14.8	18	17.8	5	4.4	16	15.8	16	15.8	6	5.8		
	High	4	3.9	7	6.9	9	8.8	10	9.8	5	4.8	5	4.8		
Post	Low	3	2.9	2	1.9	9	8.8	15	14.8	20	19.8	7	6.8	26.42	.000** HS
	Medium	14	13.8	0	0	21	20.6	12	11.8	12	11.8	12	11.8		
	High	2	1.9	12	11.8	38	37.6	14	13.8	7	3.4	2	1.9		

(**) Highly statistically significant at p-value ≤ 0.01 (*) Statistically significant at p-value ≤ 0.05

Table (5) shows that there is a highly statistically significant relation regarding total attachment and total psychological wellbeing at pre & post implementation of the program.

Table (6): The correlation between total attachment and total psychological wellbeing at pre & post implementation of the psycho educational program for study and control group (n=202)

Total Revised inventory of attachment		Total Psychological wellbeing	
		Study group (n = 101)	Control group (n = 101)
Pre	R	.468**	.478**
	P value	.000**	.000**
Post	R	.20	.567**
	P value	.000**	.000**

(**) Highly statistically significant at p-value ≤ 0.01 (*) Statistically significant at p-value ≤ 0.05

Table (6) explains that there is a highly statistically significant positive correlation between total parents' attachment score and total psychological wellbeing at preprogram where r for study group was = (.46) and p = (.000) compared with r = (.47) and p = (.000) for control group. As well as there was a highly statistically significant positive correlation between total parents' attachment score and total psychological wellbeing at post program where r for study group was = (.20) and p = (.000) compared with r = (.47) (.56) at p = (.000) for control group.



Discussion

The current study showed that regarding to age of adolescents' parents more than half of both groups (study and control group) their age were from 35- ≤ 45 years old with mean ± SD 42 ± 6.65, 39.76 ± 5.68 respectively. This could be due to the marriage age among Egyptians being between 25 to 27 years for adolescents' parents. The current study results clarified that most of the study sample were female compared with nearly two-thirds for the control group. This may be due to the nature of mothers, as they were willing to participate in the psycho-educational program. In addition to that, mothers are in the first line of contact with their adolescents and spend most of their time with them. As a result of that mother's touch or face, many adolescents' challenges. Furthermore, mothers were willing to engage in any psychoeducational program to improve their relationships with their adolescents. On the other side, some Egyptian fathers refused to participate and said they haven't time to participate due to the routine time of daily life requirements, responsibilities, and apologies

The current study illustrated that most of the parents studied were from urban areas. This may be due to the choice of setting of the study, as the study was conducted in El Marg, Cairo, and this is considered an urban area. The findings of this study revealed that nearly half of the study group had a high school education compared with more than one third for the control group. This may be due to the nature and perspective of Egyptian urbanisms, as they care about education. Furthermore, the current study reveals that more than half of adolescents' parents in the study and control groups were employed. This may be due to the complexity of life and the presence of world financial inflation that causes an increase in all Egyptian services.

The current study presented that more than half of the study group had an inadequate income compared with nearly half of the control group. This may be due to a global rise in all prices of services for parents and low salaries compared with inflation in all services that parents got and other economic restraints, food, residence, sports, education, etc. family, the present study showed that more than half of both groups had a nuclear family type. It could be due to their age, and most parents are married, autonomous, and sure they can live independently from their parents. The current study illustrated that the adolescent age of the study sample was more than half of both groups (control and study group); their adolescent age was from 11 to ≤ 13 years old with a mean ± SD of 13.50 ± 12.88 ± 1.28, respectively. This may be due to the normal age of school students entering primary schools. 6 years or 7 years plus 6 years in primary schools, and this normal age mean of preparatory schools, and this age is the peak of parents' distress and conflict as adolescents pass through massive hormonal, physical, social, and emotional changes.

The present study revealed that more than half of the study sample were female adolescents compared with less than half for the control group. This may be due to anxiety of parents about their girls, and they are open to gaining more information about their adolescence for better and maximum benefits. As well as regarding the adolescent rank between siblings, the present study showed that more than half of the study group had their first adolescent compared with nearly half of the control group. This may be due to first parents having limited skills and knowledge about parenting roles, and parents were eager to learn and acquire needed skills.

Concerning the comparison between total attachment at (pre and post) program implementation, this study illustrated that there was a highly statistically significant difference between pre and post program regarding total attachment among study groups, as parents after the psycho-educational program, their attachment levels enhanced. This may be due to improved parent knowledge about the importance of secure parent-adolescent attachment and maintaining a healthy relationship with their adolescents. This finding reflects the effect of the psychoeducational training program in empowering adolescent parents with attachment skills that are needed to enhance attachment with adolescents. This finding of this study was matched with **Ingoldsby (2010)**, who studied "Review of interventions to improve family engagement and retention in parent and child mental health programs." Results showed that parenting programs had considerable potential to improve the mental health and wellbeing of parents and children, improve family relationships, and benefit the community at large.



This result agreed with **Ozturk, Moretti, & Barone (2019)**, who studied "Addressing parental stress and adolescents' behavioral problems through an attachment-based program: An intervention study" and found that parents completing the connect program reported significant reductions in their adolescents' externalizing behavior problems; reductions in adolescents' problem behavior led to a reduction in parents' stress levels, specifically stress related to the quality of interactions they have with their children. Over the past decade, evidence has accumulated supporting the effectiveness of an attachment-based program for parents, Connect, in reducing behavioral and emotional problems.

This result was in the same line with **Gubbels, der Put, and Assink (2019)**, who studied "The Effectiveness of Parent Training Programs for Child Maltreatment and Their Components: A Meta-Analysis" and reported the effectiveness of training programs. These results indicated that improving parental personal skills, improving problem-solving skills, and stimulating children's prosocial behavior should not be the focus of parental training programs for preventing and reducing child maltreatment. This also holds for practicing new skills by rehearsal and giving direct feedback in program sessions.

The present study displayed that there was a highly statistically significant difference between total psychological wellbeing at (pre- and post-) program implementation among the study group, as parents after the psychoeducational program had their psychological wellbeing levels enhanced. This may be the studied adolescents' parents gaining in-depth knowledge about how to improve their psychological wellbeing and their mental health. This finding reflects the effect of the psycho-educational program in empowering adolescents' parents with the essential skills that are needed to enhance parents' psychological wellbeing. This result was in the same line with **Tomfohr-Madsen et al. (2020)**. "Improved child mental health following brief relationship enhancement and co-parenting interventions during the transition to parenthood" and reported parent-child communication quality and co-parenting quality were both found to predict parent psychological wellbeing

This result was in the same line with **Skowron et al. (2024)**, who studied "Randomized trial of parent-child interaction therapy improves child-welfare parents' behavior, self-regulation, and self-perceptions." They reported significant parent-child interaction therapy effects emerged on increased positive parenting, reduced negative parenting and disruptive child behavior, gains in parent inhibitory control on the stop-signal task, gains in parent-reported emotion regulation, and positive, affirming self-perceptions, relative to the control group. Consequently, these study results accept the first that psychoeducational programs enhanced attachment and psychology among adolescents' parents.

The current study showed that there was a highly statistically significant relation between total attachment and psychological wellbeing. This may be due to the presence of open communication and high quality of communication and trust and decreased alienation, which leads to positive mental health and psychological health for parents and reflects the effect of the psychoeducational training program in empowering adolescents' parents with the essential skills that are needed to enhance parents' and adolescents' attachment and psychological wellbeing.

This result agreed with **Marrero-Quevedo et al. (2019)**, who studied "adult attachment and psychological wellbeing: The mediating role of personality" and revealed direct effects of attachment orientations on psychological wellbeing subscales (autonomy, environmental mastery, positive relationship with others, personal growth, and self-acceptance).

This result agreed with **Kim et al. (2020)**, who studied "Typology of parent-child ties within families: Associations with psychological wellbeing" and reported that better quality of parent-child relationships was related to better psychological wellbeing of parents. Parents seem to be happiest when they can maintain homogeneous, harmonious patterns of relationships with their adolescents.

The current study revealed that there was a highly statistically significant positive correlation between total parents' attachment score and total psychological wellbeing at pre- and post-program. This may be due to when

parents were securely attached to their adolescents; this promotes open communication, mutual trust, and decreased alienation, which translates to good psychology and welfare. On the other hand, parents with low' adolescent attachment tend to have poor or toxic family communication and weak or lost trust relationships, and this leads to domestic violence that negatively affects parents' psychological wellbeing.

This study result was in the same line with **Moradi et al., (2024)** who studied "The Mediating Role of Emotional Regulation in the Relationship between Attachment styles and psychological wellbeing" the results displayed that secure attachment style has a significant positive correlation with parents' psychological wellbeing. Anxious and avoidant attachment styles have a significant negative correlation with parents' psychological wellbeing. Also, this study result was parallel with **Nomaguchi, & Milkie, (2020)**. who studied " Parenthood and well-being: A decade in review " and reported higher levels of loneliness and depression are also observed among mothers who lack excellent parent-child relationships and poorer parent-child relationship quality was linked with diminished wellbeing and health for both mothers and fathers.

Furthermore, the result of this study was matching with **Marrero-Quevedo, Blanco-Hernández, & Hernández-Cabrera, (2019)** who studied "adult attachment and psychological wellbeing: The mediating role of personality" and revealed direct effects of attachment orientations on psychological wellbeing dimensions, as well as indirect effects through personality characteristics. These findings could have significant practical implications in the promotion of wellbeing. As well as, this study was matched with **Al-Smadi, Banat, & Sarhan, (2024)** who studied " Family climate and its relationship to psychological resilience among counseling students in Jordan" the results shown that there was a positive correlation relationship with statistical significance between family atmosphere as a whole and the methods of confronting psychological stress.

The results of this study were congruent with **Glatz, et al., (2024)** "A systematic review of parental self-efficacy among parents of school-age children and adolescents" and reported that parents with higher levels of psychological wellbeing were related to positive outcomes in three domains: the parent-child relationship, parent mental health, and child development (e.g., better behavioral adolescent outcomes). These results of current study accept the second hypothesis that was significant positive relation between adolescents' parent's attachment and psychological wellbeing among adolescents' parents at post psycho- education program.

Conclusion

On the light of the current study results, it can be concluded that:

Based on the results of the present study, the findings confirmed the effectiveness of the role of the psychoeducational training program (theoretical and practical) on enhancing attachment and psychological wellbeing among adolescents' parents. Parents who participated in the psycho-educational program had higher scores on their posttest. As well as there was a highly statistically significant positive correlation between total parents' attachment levels and total psychological wellbeing among the study sample at post-implementation of the psycho-educational program.

Recommendations

On the basis of the present study findings, the following recommendations can be suggested:

- Periodical assessment of adolescents' parent's attachment and psychological wellbeing should be done regularly for early detection and develop training programs to improve their attachment levels and enhance their psychological wellbeing
- Designing and implementing an awareness program for adolescents to increase their awareness about adolescent's stages, attachment & psychological wellbeing.
- Establishing counseling room inside the schools to provide health education sessions and provide psychological, social, and spiritual services and support for parents and their adolescents.
- Potentiating the role of mass media in raising public awareness about the adolescent period and how to pass this stage safely.

**In nursing education:**

- Training program for nurses about the importance of parent- adolescent attachment and its implications.

In nursing practice:

- Periodic health screening for adolescents' parents provides an opportunity to teach them with essential knowledge and skills, e.g., maintaining an up-to-date handout, flyer, or brochure for promoting parents' knowledge.

For organization:

- Hotline, maintain the availability of confidential services that encourage parents to ask questions.
- Access to medical care and services and counseling must be appropriate and accessible to parents who are experiencing psychological distress.
- Training programs for health care providers on a regular basis so that they can provide competent service for parents and their adolescents.
- Provide easily accessible and credentialed websites on a national and international basis to empower parents and adolescents.

In future research:

- It is recommended that continued research must be conducted on attachment and psychological wellbeing among adolescents' parents as the current study revealed there was positive impact on enhancing attachment and psychological wellbeing among adolescents' parents.
- Replicate this study on a larger study sample and in different Egypt governorates.
- Pay enough attention to the mental health or psychological needs of adolescents' parents and provide educational programs that help in alleviating some of this difficulty.
- It is necessary for parenting education and needs for including parenting program into regular secondary school curriculum, which means that parenting program must be implemented regularly to meet the demands of adolescents for parenting program.
- Provide adequate and effective educational programs enough adolescent-care skill and information need to be included.
- Incorporate a practical problem-solving approach, teachers can empower young adolescents to resolve conflicts with parents in more effective ways, and thereby enhance family relationships.

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