

Effectiveness of Group Counseling Based on the Reality Therapy on Resilience and Psychological Well-Being of Mothers with an Intellectual Disabled Child

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Abstract

Background: The birth of a child with mental retardation can put a lot of mentally pressure on people around her, especially on mother. Therefore, the purpose of this study was to investigate the effectiveness of group counseling based on the reality therapy on the resilience and psychological well-being of mothers with an intellectual disabled child.

Materials and Methods: The research was quasi-experimental with pretest-posttest design and control group. Forty mothers with an intellectual disabled child who their children were studying at the exceptional schools of Kermanshah city in 2017; selected by simple random sampling and assigned into two intervention (n=20), and control groups (n=20). The intervention group received group training in 10 sessions of 60 minutes (one session every week). The research tools include Conner and Davidson Resilience (2003), and Reef Psychological Well-Being (1980). Data were analyzed by SPSS software (version 21), and multivariate analysis of covariance.

Results: The mean of mothers' resilience in the intervention group was 74.41 ± 8.33 in post-test; in the control group, 45.41 ± 16.84 in post-test. The mean of the psychological well-being of mothers in the intervention group was 72.5 ± 83.3 in post-test; in the control group, these values were 34.12 ± 7.47 in post-test, respectively. The results of the independent t-test showed that there is a significant difference between two groups in terms of resilience and psychological well-being ($p < 0.001$).

Conclusion: According to the results, the mothers under the group training based on the reality therapy had a significant improvement in increasing the level of resilience and psychological well-being compared to the control group.

Key Words: Intellectual disabled child, Mothers, Reality therapy, Resilience.

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1- INTRODUCTION

In the current era, the problems caused by illnesses and disabilities, such as intellectual disability, are among the most acute problems of human societies (1). More than two percent of each society is considered of intellectual disabled children (2). The birth and presence of a child with intellectual disability in any family can lead to tension, frustration and discomfort as an undesirable and difficult event. Parents with intellectual disabled children are more likely to encounter social, economic and emotional problems which often have a restrictive and destructive nature (3). Meanwhile, the mothers have more responsibilities for children due to the traditional roles of care, and thus face more psychological problems (4, 5). One of the issues raised in the psychology of the family with special needs children is the experience of stress beyond the normal following awareness of the child's disability, therefore the issue considered in the last years is the issue of resilience (6).

Resilience includes dynamic processes that produce positive conformance with important and negative events (7), and has been known as a factor for successful compatibility with changes and resistance ability against the problems (8). Resilience is defined as the ability to resist against the stress and return to normal balance after experiencing stressful factors (9). Since increasing the resilience can improve quality of life, mothers with higher levels of resilience can face better with life problems and show more flexibility confront with them (10). Other components requiring attention in parents include children with mental disabilities, their health and their psychological well-being (11, 12). Diner et al. (13) believe that psychological well-being is what people know it as the satisfaction sense and is a hierarchical and multidimensional concept that consists of both cognitive and emotional aspects. The component of life

satisfaction, cognitive aspect and components of affective affection and the absence of emotional feelings are the emotional dimension of it (14). The researches have shown that individuals with a higher psychological well-being level, are more compatible with problems more than those who do not have this advantage (15, 16). One of the common therapy interventions in describing humans and determining behavioral laws and how to achieve satisfaction, happiness and success is the reality therapy (17) that uses pragmatic methods such as teaching, verifying, wit, exposing, asking, role-playing, feedback on effective counseling and implementing special methods to make changes (18). The reality therapy is based on the principle that we choose our own behaviors and are responsible for our lives and what we act, feel and think. In this approach, individuals are encouraged to control their behavior and make a better choice in their lives (19).

The most important strength of the reality therapy is its application to mental health as a preventive factor and to emphasize the strengths rather than eliminate the weaknesses. The philosophical basis of this approach, emphasizes on the personal responsibility and human interest (20). Researches have shown the effectiveness of the reality therapy on a variety of problems, such as increasing the hardiness of mothers with blind children (21), women's resilience (22), and the resilience of mothers with cancer children (23). According to the researches, and given that these mothers can deal with painful feelings about the child's conditions and patiently respond to their children's special needs, it is an especial need providing the family education services and counseling and treatment of mothers with an intellectual disabled child (24, 25). Therefore, we aimed to determine the effectiveness of group counseling based on the reality therapy on the resilience and

cognitive well-being of mothers with an intellectual disabled child.

2- MATERIALS AND METHODS

2-1. Study design and population

The method of this study was experimental with pretest-posttest design and control group. The statistical population consisted of all mothers with an intellectual disabled child whose children were studying in the exceptional schools of Kermanshah city, Iran, in the academic year 2017-2018.

2-2. Methods

The research sample consisted of 40 mothers (based on similar studies) with an intellectual disabled child, who was selected by simple random sampling. The questionnaires were implemented to all mothers of the school and 40 of them were selected and were randomly assigned to experiment and control groups (each group with 20 ones). The criteria for entering the research include agreeing to participate in the study according to the plan, obtaining a minimum score in the research questionnaires and having reading and writing literacy. The exit criteria also included the simultaneously company in the same education, having a chronic physical or mental illness.

2-3. Measuring Tools: Validity and Reliability

Data were collected from a personal data form (including age and education information), Conner and Davidson resilience scale (2003)(26), and Reef psychological well-being (1980)(27).

2-3-1. Conner and Davidson Resilience scale

This scale was provided by Connor and Davidson (26). This scale has 25 items that are scored on Likert scale between zero (completely false), and four (always true). To get the total score of the questionnaire, the sum of the points of all the questions

will be gathered. This score will be from 0 to 100. The higher the score, the greater the resilience of the respondent will be, and vice versa. The cut-off point for this questionnaire is score 50. This scale has been standardized in Iran (28). Cronbach's alpha in the study was obtained 0.94.

2-3-2. Psychological Well-Being scale

In this research, it was used a short form of Reef psychological well-being scale, which designed in 1980. This questionnaire is designed to evaluate six aspects of psychological well-being. The original form has 120 questions (27). The short form of psychological well-being questionnaire has 18 questions and includes six aspects (independence, control of the environment, personal development, positive relationship with others, purposefulness in life, self-acceptance).

In this questionnaire, the answer to each of 18 questions is determined on a six-level spectrum (from totally opposite to totally agree). People in this questionnaire get the score between 18 and 108. The short form correlation of reef psychological well-being questionnaire with the main scale has been changed from 0.07 to 0.89 (27). In the another research (29), Cronbach's alpha method was used to calculate the reliability, with a total reliability coefficient of 0.73. In the present study, the total reliability coefficient was 0.77 and for the components, 0.72, 0.75, 0.74, 0.76, 0.80 and 0.79, respectively.

2-4. Intervention

The Reality Therapy Interventions Program, based on Glaser's Selection Theory (1980), translated by Sahebi (30) was arranged including 10 sessions (one session per week), and 60 minutes for the experiment group. The content of the program by sessions is shown in **Table.1**. At first, the research assistant of Kermanshah Medical Sciences University was granted permission and with referring

to the exceptional education of Kermanshah city, an agreement and an introduction letter was reached for the Special Education Organization of Kermanshah city. Then, the mothers with an intellectual disabled child at exceptional children's schools, who had the conditions for entry into the study, 40 ones were

selected randomly and were assigned to the intervention and control groups. The training sessions for intervention group, was conducted by a psychologist (**Table.1**). After one month, the participants from both groups completed the questionnaire again.

Table-1: The contents of the training sessions based on Glaser's Selection Theory (30)

Session	Purpose	Content
First	Emotional communication and initial assessment	Introduction of group members, introducing the purposes of forming meetings, expressing group rules, emphasizing a good relationship with the clients.
Second	Identifying the current problem	Investigate the demands of members, discussing about the general behavior, focus on current behavior, and determine the individual's intent.
Third	Identifying the actions taken related to the problem	Examining examples of current members' behavior without judging and blaming or criticizing, reviewing behaviors in desirable world and comparing the desirable world or the real world.
Forth	Evaluating current practices and behaviors or value judgments about behavior	Not assuming the victim of previous failures, analyzing individual behavior and how current life flows, expressing the concept of choice theory.
Fifth	Understanding the Needs and Importance of Responsible Behavior in Reality Therapy and its Effect on Anxiety	Planning for responsible behavior with an emphasis on internal control, maintaining control of life with self-emphasizing, recognizing the needs of survival, love and belonging sense, the power and value of freedom and pleasure and the need for their effective implementation.
Sixth	Studying the alternative choices	Examining the possible alternatives to fill out what the members want to get out of their life, satisfying the basic needs based on realistic images, increasing the sense of responsibility of choices close to the world of quality.
Seventh	Designing programs that help solve the problem	Assistance in developing realistic plans and encouraging the test of alternatives, starting with simple commitments, and using them as a basis in later stages. Using techniques such as role play, rational discussions, confrontation, changing the negative thoughts to positive ones, verbal shock, meditation, and questioning.
Eighth	Commitment from clients to promote and follow the plan	The argument about the fact that every decision in this world has certain consequences and the negative and unavoidable consequences of behaviors, the commitment to realistic plans and how to act in a different way to achieve what they want to do, members value the importance of their relationship and their involvement.
Ninth	Development of a structure to evaluate the implementation of the program	Refusing the excuses, value judgments for schemes that the client has not act to them, refusing the punishment (due to damage to good relationships and unsuccessful identity).
Tenth	Summing up and final conclusion	Brief summary of previous meetings by members of the group, reviewing assignments and feedbacks, final conclusions.

2-6. Ethical consideration

Participating in the research was voluntarily and it was received a written

consent from participants for participating in the study.

2-7. Data Analyses

The results were analysis with descriptive statistics (mean and standard deviation), and compared pre-test and post-test mothers' resilience and psychological well-being by (independent t-test) using SPSS software (version 21.0).

3- RESULTS

The mean ages of the intervention and control groups were 41.5 ± 39.52 and 41.5 ± 76.21 years old, respectively. The level of education was from high school to master degree (**Table.2**). There was no significant relationship between demographic variables (age and level of education) with post-test, resiliency scores and

psychological well-being in experimental and control groups ($P > 0.05$) (**Table.3**). Descriptive statistics indices include the mean and standard deviation for both intervention and control groups in both pre-test and post-test positions (**Table.4**). Based on results independent t-test, the mean resiliency scores and psychological well-being in experimental and control groups were similar before intervention, but 2 months after the intervention the differences were statistically significant between the experimental and control groups in resiliency scores and psychological well-being ($P < 0.001$) (**Table.4**).

Table-2: Demographic characteristics in participants

Group	Intervention group	Control group	P-value
Age of Mothers, year	41.5 ± 39.52	41.5 ± 76.21	0.14
Maternal educational degree / number (%)			
Under Diploma	8(40%)	6(30%)	0.35
Diploma	7(35%)	10(50%)	0.41
Master Degree	5(25%)	4(20%)	0.27

Table-3: The relationship between demographic characteristics with Resilience and Psychological well-being

Demographic Characteristics	Groups	Variables	P-value
Age of Mothers	Intervention	Resilience	0.994
		Psychological well-being	0.469
	Control	Resilience	0.308
		Psychological well-being	0.985
Educational Degree	Intervention	Resilience	0.233
		Psychological well-being	0.521
	Control	Resilience	0.851
		Psychological well-being	0.915

Table-4: Descriptive statistics and independent t-test indices of pre-test and post-test scores of Resilience and Psychological well-being and its components in experiment and control groups

Media literacy domains	Groups	Pre-test	Post-test	P-value
Resilience	Intervention	41.42 ± 15.27	74.41 ± 8.33	0.001
	Control	24.46 ± 17.15	45.41 ± 16.84	0.08
	T-test	0.08	0.001	
Psychological well-being	Intervention	38 ± 6.41	72.83 ± 5.3	0.001
	Control	37.58 ± 6.57	34.12 ± 7.47	0.05
	T-test	0.34	0.001	

4- DISCUSSION

The purpose of this study was to investigate the effectiveness of group counseling based on the reality therapy on the resilience and psychological well-being of mothers with an intellectual disabled child. The results of the first objective of study showed that group counseling based on the reality therapy was effective in reducing the resilience of mothers with an intellectual disabled child. That is, the experiment group under the group counseling of reality therapy showed a significant increase in resilience in the post-test phase while there was no change in the control group which had no intervention on them; therefore, the first goal based on the effect of group counseling based on the reality therapy on the resilience of mothers with an intellectual disabled child is confirmed. This finding is in line with the results according to previous studies researches (23, 31-35).

Various studies have indicated that mothers with an intellectual disabled child show more psychological distress compared with the mothers with normal children (36). Meikaeilei et al. (37) also found that psychological resilience, life satisfaction and mental health of parents with an intellectual disabled child were lower than the mothers with normal children and with increasing psychological survival, life satisfaction and mental health can be increased. In the above explanation, it can be stated that since the group counseling of the reality health can lead to a proper thinking and individuals can learn to understand their unreasonable assessments, naturally empower people to face up to the challenges ahead, fight on the hardships and move on with the flow of life; in other words, their resilience will be increased. Learning can be the source of change, including the change in attitudes and beliefs which in turn increases the resilience (32).

In fact, the resilience can be defined as coming out of hard conditions or modifying it. Resilience is the ability of people to stay healthy, stand and tolerate in difficult and high-risk situations, which not only helps to overcome these difficult situations, but also make them stronger in this regard (23). Bibler et al. (38) used the approach of the choice theory / the reality therapy to determine its effectiveness in relieving women and men who lost their children. The research showed that, at least temporarily, it is possible to improve the feelings of these individuals with the approach of choice theory / the reality therapy. In the reality therapy, accepting the responsibility of behavior is very important; according to Glaser, human perceptions of reality make their behavior, actions, thoughts and feelings, not reality itself. The reality therapy is based on three principles: acceptance of reality, judgment about being true or not being true of a behavior, acceptance of the responsibility of actions and behavior (18).

The acceptance of the responsibility for behavior based on the reality theory of mothers with an intellectual disabled child can be subjective so that they accept this fact whose child has been suffered from an intellectual disability and adapted themselves to such unfavorable conditions. What the reality therapy sessions have brought to these mothers is the acceptance of this principle that their perception of reality (having an intellectual disabled child) has reduced their resilience. Therefore, in the regards of changing their attitudes during the reality therapy sessions, it was expected that they could abandon their negative thoughts and feelings and it would be easier for them to cope with this problem and regain their resilience by accepting a better reality. In the regards of the second objective, the results of the study showed that group counseling based on the reality therapy is effective on the mothers with an

intellectual disabled child. This means that the experiment group, which was under the group counseling of reality therapy, showed a significant increase in the mean of psychological well-being in the post-test. However, there was no change in the control group, which had no intervention. Therefore, the mean difference between two groups in the post-test psychological well-being expresses the positive effect of group counseling based on the reality therapy on the increasing the psychological well-being. Therefore, the second hypothesis based on the effect of group counseling on the reality therapy of the psychological well-being in the mothers with an intellectual disabled child, is confirmed. This finding is in line with the results of the researches done by Bayati et al.(33), and Kaboudi et al. (34).

In the above explanation, it can be said that the group counseling with a reality therapy approach has been able to help mothers with an intellectual disabled child to correct their thoughts and change her view to the others and the surrounding environment, which in turn leads to goodness, positive thinking and, consequently, an increase in their psychological well-being.

This approach is in fact a combination of existential beliefs and behavioral techniques in which emphasis is placed on the sense of control over personal life and the acceptance of responsibility and is the components of psychological well-being and personality variables. In fact, psychological well-being is a hierarchical and multidimensional concept that consists of both cognitive and emotional aspects. Studies show that the mothers with an intellectual disabled child have a higher negative emotional load than other mothers, and that their adoption is lower and child abandonment occurs more often in them (36). Benefiting an intellectual disabled child from a responsive mother safety can be important in promoting his

mental health. Since there is a mutually exclusive relationship between intellectual disabled children and their families, therefore, the warmer the relationship is, the more likely it is that children become more stable, more controllable and more relaxed. One of the reasons for the effectiveness of the group methods of the reality therapy training is their educational infrastructure.

Since both cognitive aspects and behavioral dimensions are emphasized in these practices. In this approach, at first, people's knowledge of homework and responsibilities is changed, and then they are presented cognitive and behavioral training in order to experience new behavior and knowledge simultaneously (39). The use of choice theory as an intervention that can increase internal control and responsibility and individuals can effectively meet their needs so that does not harm the needs of others, it can not only reduce compatibility issues, but also has a widespread impact on different aspects of life and can improve the quality of life. Belief in the source of control increases the acceptance and maintenance of well-being during helplessness and generally improves the individuals' quality of life (40).

Among the limitations of the present study, the lack of follow-up meetings to ensure the sustainability of the changes created by the training was due to time limitation. The limited research community in mothers of the study increases the need for caution in the generalizability of the findings. Another limitation of this study is not to use the other psychological interventions for comparison. It is suggested that research be applied to other family members, including fathers. In this regard, it is suggested that other educational methods be used to improve the resilience and psychological well-being and compare them with the results of this research.

5- CONCLUSION

According to the findings of the present study, a group counseling based on reality therapy was effective on improving the resilience and psychological well-being of mothers with an intellectual disabled child. Therefore, it can be taken effective measures to improve the resilience and psychological well-being, and in general, the mental health of the parents with an intellectual disabled child with organizing the educational classes and discussion and counseling sessions with these parents by experienced counselors and psychologists.

6- CONFLICT OF INTEREST: None.

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8- REFERENCES

1. Shaqaqi F, Kakojujbari A, Salami F. The family education effect on psychological health of parents with educable mentally retarded children. *Journal of Behavioral Sciences*. 2009;58-69.
2. Warner KE, Meisner M, Denning LA. *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*: National Academies Press; 2014.
3. Khamis V. Psychological distress among parents of children with mental retardation in the United Arab Emirates. *Social Science & Medicine*. 2007;64(4):850-7.
4. Ghasempour A, Akbari E, Taghipour M, Azimi Z, Refaghat E. Comparison of psychological well-being and coping styles in mothers of deaf and normally-hearing children. *Auditory and Vestibular Research*. 2017;21(4):51-9.
5. Reshadat S, Saeidi S, Zangeneh A, Ziapour A, Choobtashani M, Saeidi F. A Study of Children's Geographic Access to Health Services (Health Centers and Clinical Laboratories) in Kermanshah City. *International Journal of Pediatrics*. 2018;6(2): 7241-51.
6. Hadizad T, Sajedi F, Movallali G, Rezasoltani P. Effectiveness of Resiliency Training in Improving Mother-Child Relationship in Mothers of Children With Mental Retardation. *Iranian Rehabilitation Journal*. 2016;14(3):171-8.
7. Nilforooshan P, SA AMA. *Family pathology, classification and assessment*. Isfahan: University of Isfahan publication. 2014.
8. Ahern NR, Norris AE. Examining factors that increase and decrease stress in adolescent community college students. *Journal of pediatric nursing*. 2011;26(6):530-40.
9. Werner EE. What can we learn about resilience from large-scale longitudinal studies? *Handbook of resilience in children*: Springer; 2013: 87-102.
10. Roof RA, Bocarnea MC, Winston BE. The spiritual engagement instrument. *Asian Journal of Business Ethics*. 2017;6(2):215-32.
11. Herring S, Gray K, Taffe J, Tonge B, Sweeney D, Einfeld S. Behaviour and emotional problems in toddlers with pervasive developmental disorders and developmental delay: associations with parental mental health and family functioning. *Journal of Intellectual Disability Research*. 2006;50(12):874-82.
12. Reshadat S, Zangeneh A, Saeidi S, Ziapour A, Saeidi F, Choobtashani M. A Study of the Application of GIS in 0-14-Year-Old Children's Access to Pharmacies (A Case Study of Kermanshah, West of Iran). *International Journal of Pediatrics*. 2018 (In Press).
13. Diener E, Oishi S, Lucas RE. Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual review of psychology*. 2003;54(1):403-25.
14. Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional

learning: A meta-analysis of school based universal interventions. *Child development*. 2011;82(1):405-32.

15. Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: Application of the PERMA framework. *The journal of positive psychology*. 2015;10(3):262-71.

16. Ziapour A, Kianipour N. A Study of Health-Related Quality of Life Among Students at Kermanshah University of Medical Sciences: The Role of Demographic Variables. *Journal of Clinical and Diagnostic Research*. 2017;11(10): JC01 - JC04.

17. Jones LC, Parish TS. Ritalin Vs. Choice Theory and Reality Therapy. *International journal of reality therapy*. 2005;25(1): 301-9.

18. Corey G. *Theory and practice of counseling and psychotherapy*: Nelson Education; 2015.

19. Glasser W. *Warning: Psychiatry can be hazardous to your mental health*: HarperCollins Publishers; 2003.

20. Yenne B. *Operation Long Jump: Stalin, Roosevelt, Churchill, and the Greatest Assassination Plot in History*: Regnery Publishing; 2015.

21. Haidarabadi ZG. Effectiveness of Reality Therapy Education to Increase Happiness and Hardiness of Mothers Who Have Blind Child. *Kuwait Chapter of the Arabian Journal of Business and Management Review*. 2014;3(10):293-99.

22. Bari NS, Bahrainian SA, Azargoon H, Abedi H, Aghae F. The effectiveness of reality therapy on resiliency of divorced Women in Neyshabour City of Iran. *Intl. Res. J. Appl. Basic. Sci*. 2013; 6 (2): 160-64.

23. Shameli R, Hasani F. The effectiveness of reality therapy on resilience in mothers with children afflicted by cancer. *Thought and Behavior in Clinical Psychology*. 2017; 11(43): 77-88.

24. Boulet SL, Boyle CA, Schieve LA. Health care use and health and functional impact of developmental disabilities among US children, 1997-2005. *Archives of*

pediatrics and adolescent medicine. 2009;163(1):19-26.

25. Mohammadi M, Esfandnia A, Rezaei S, Ziapour A. Performance evaluation of hospitals under supervision of kermanshah medical sciences using pabonlasoty diagram of a five-year period (2008-2012). *Life Science Journal*. 2014;11 (1.):77-81.

26. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*. 2003;18(2):76-82.

27. Ryff CD, Singer B. Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and psychosomatics*. 1996;65(1):14-23.

28. Besharat MA. Psychometric properties of Persian form of resonance. *Journal of Psychological Sciences*. 2008;2(5):71-83.

29. Daad S. *Medieval Persian Texts and Modern Contexts: Mohammad Qazvini and the Modern Reception of Chahār Maqāle (The Four Discourses)*: University of Washington; 2012.

30. Glasser W. *Choice Theory*, 1980; (translation, Sahebi A, 2013, Tehran, Publish Saye Sokhan.

31. Ebadi P, Bahari F, Mirzaei HR. The effectiveness of reality therapy on the hope of breast cancer patients. 2013.

32. Nazari B, Bakhshi S, Kaboudi M, Dehghan F, Ziapour A, Montazeri N. A comparison of quality of life, anxiety and depression in children with cancer and healthy children, Kermanshah-Iran. *International Journal of Pediatrics*. 2017;5(7):5305-14.

33. Bayati A, Abbasi P, Bashiri H, Dehghan F, Yazdanbakhsh K. the effectiveness of acceptance and commitment therapy on psychological well-being in women with ms. *iiob journal*. 2017;8(1):82-6.

34. Kaboudi M, Abbasi P, Heidarisharaf P, Dehghan F, Ziapour A. The Effectiveness of Resilience Training on the Condition of Coping and Stress of Mothers with Children with Leukemia. *International Journal of Pediatrics*. 2018(In Press).

35. Kaboudi M, Dehghan F, Ziapour A. The effect of acceptance and commitment therapy on the mental health of women patients with type II diabetes. *Annals of Tropical Medicine and Public Health*. 2017;10(6):1709.
36. Neece C, Baker B. Predicting maternal parenting stress in middle childhood: The roles of child intellectual status, behaviour problems and social skills. *Journal of Intellectual Disability Research*. 2008;52(12):1114-28.
37. Meikaeilei N, Ganji M, talebi jm. A comparison of resiliency, marital satisfaction and mental health in parents of children with learning disabilities and normal children. 2012.
38. Bibler LW. How could this happen? the death of a child. *International Journal of Choice Theory and Reality Therapy*. 2014;34(1):28.
39. Kuyken W, Byford S, Taylor RS, Watkins E, Holden E, White K, et al. Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of consulting and clinical psychology*. 2008;76(6):966.
40. Sommers-Flanagan J, Sommers-Flanagan R. *Counseling and psychotherapy theories in context and practice: Skills, strategies, and techniques*: John Wiley and Sons; 2015.