



Research Article

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Effects of group training treatment compliance and commitment on reduction of psychological inability (anxiety and depression) in mothers of slow-learner children

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ABSTRACT

Aim of this project is to analyze group training treatment compliance and commitment on reduction of psychological inability (anxiety and depression) of mothers having slow-learner children. The present research is experimental together with pre-test and post-test with a control group. Statistical society consisted of all mothers having slow-learner children in the city of Behbahan in the year 1394-95 and among them, 30 mothers were randomly chosen and they were placed in two different groups of test and control. Tools for measuring consisted of a questionnaire of anxiety and depression and the variance test along with SPSS software was used for analyzing the results. Findings showed that the differences between psychological distress (Anxiety and Depression) of tests in both groups of test and control are meaningful. Therefore, it can be said that there is a significant effect between treatment according to acceptance and commitment on the psychological inability and it can reduce the psychological difficulties of mothers having slow-learner children.

Key words: *Acceptance and commitment, psychological inability, slow-learner.*

INTRODUCTION

Family is the basis of man power and a path way for all the other social organizations, and the main structure of each society. Psychopathology and anomalies of the society, depends on the general conditions of the family. No social damages are done without family being involved that means family has effect on all the damages in the society. Therefore, no society can be healthy unless it consists of healthy families. Family is a system which has effect on the individuals and its members more than anything else and it forms its member's behavior. Most of the mental and behavioral anomalies of the family members are rooted in the family itself and at the same time most of improvements of men is from the family and many of the recent researches were conducted on the family (Yaghobloo, 1394). We accept that family plays an important role in bearing the disability effects of one of its members which is completely natural (Walsh, 2009).

Having a disabled child in the family such as slow-learners causes stress in the family members and this kind of stress brings about differences and dissatisfaction in the family (Mc Kenoki, Trasidel, Chang, Jarak and Shokrik, 2008). Different elements affect the quality of life of people and having a disabled child is one of these elements which is considered as one of the most difficult and disabling elements that causes important social and hygienic difficulties and brings down the quality of life of parents especially mothers who suffer a lot (Khaighnim, Sanderik, Esmail,

Hydar, and Alravi, 2012). Disorder in one of the members of the family affects the other members of the family too and therefore causes disorder in the functioning and behavior of the other members as well (Saberi, Bahramipour, Ghamrani and Yar Mohammadi, 1393). Existence of disabled children in the family takes effect on the behavior and ties with other members of the family and with the child and this effect, if not solved properly and logically, causes irreparable damages to the family especially the disabled child who has to suffer a great deal. The factor for acceptance or non-acceptance should in fact be the parents themselves and therefore reaction from parents against the disability of the child causes the child and the other members of the family to feel it and therefore this behavior can bring a favorable atmosphere for the child as well as for the other members of the family. In general, the child's family face many difficulties in the ground of maintaining, training and teaching these kind of children since the disabled child is different from the other children and these kinds of difficulties cause stress on the parents and in this case peace and unity of the family is disoriented and as a result their consistency is affected.

The necessity of taking care of the child is usually taken care of by the mother and since it is a stressful job, the main element for cause of stress and anxiety and in view of the differences between existing ideal and reality of the environment, there should be some proper measures to reduce the level of anxiety, stress and depression among the members of the family and cause an improvement in the social and family relationships and for this matter, many different treatments are being rendered in the psychological sciences (Dashti, 1394).

To cure depression and anxiety as the main elements of psychological distress, different methods of intervention are offered. One of these interferences is treatment compliance and commitment (Anderia and colleagues, 2014). Compliance and commitment are important replacements for avoidance according to the experiences that consist of active compliance and personal conscious events, especially when it causes psychological damages. In committed activity a person is encouraged to do his/her maximum activity and make an effort to reach the aim he/she has in mind. In this type of treatment, the main aim is production of mental flexibility, that means causing ability in practical choices from among the different options which are more suitable and not to just take an action to deviate from feelings, memories or leanings which are puzzling or in fact has been forced on the person. Treatment based on the acceptance and commitment has two parts - conscious mind and action, and it is present time experience which teaches people to accept their feelings and emotion and avoid experimental prevention, the present and now and to confront the daily challenges (Haiz and Estrohal, 2010).

Research shows that treatment compliance and commitment has an effect on the amount of passions and excitement cognition adjustment in the use of Shisheh or Reduction of pain in women who are suffering from chronic headache, social anxiety disorder treatment, on the abundance and intensity of signs of obsessive-compulsive disorder, or occupational stress and occupational burnout, in reduction of depression in patients suffering from diabetes, on anxiety and depression of the women suffering from M.S, social fear, disorder of social anxiety, chronic pain (Dashti, 1394). As mentioned before due to need for caretaking of the patients by mothers and its stressful conditions and existence of other elements causing social anxiety and also due to the differences between ideal and reality in this region, there should be reduction in anxiety levels, tension and depression and improvement especially in social and family relationships. Disabled children with slow-learner conditions are useful in terms of the parents' interaction with each other and also interaction of children with the slow-learner child. A child being slow-learner causes differences in the family and also affects the system outside the family and brings about more pressure on the members of the family, especially mothers (Shekohi Yekta, Behpezho, Ghobari, Benab, Zamani, and parand, 1387). If the family environment and caretaking of the child is not developed or changed, not only it is impossible to reach the result of treatment and training on the environment, but also many of the situations make them weaker than what is expected. Therefore, doing research on the role of family functioning to clearly understand the difficulties of slow-learner child is helpful and necessary. According to the mentioned descriptions and with regard to treatment commitment and acceptance which has presently been started in Iran, this research is trying to answer this question: "Does therapy of group teaching on compliance and commitment reduce the psychological inability (anxiety and depression) among the mothers of slow-learner children or not?"

2. Method of research:

Present research is a kind of semi test with the pre and posttest plan and a control group. Statistical society was all the mothers having slow-learner children in the city of Behbahan in the year 1394-95. Among these people 30 were chosen randomly and they were divided into two groups of test and control. Then to find out mothers with anxiety and depression, "BEK" questionnaires of anxiety and depression and clinical interviews were employed. Among these people, 41 persons had the ability to participate in the research and from them 30 were chosen randomly and they were again divided into two equal groups of 15 persons each (15 were located in treatment group based on the acceptance and commitment and 15 persons were placed in control group). Then the training classes based on acceptance and commitment were conducted in 10 sessions of two hours each session and each week 3 sessions for the test group. During this time, control groups did not conduct any kinds of test or treatment based on the acceptance and commitment. At the end of training sessions based on the acceptance and commitment on the test and control groups questionnaire of anxiety and depression of "BEK" was conducted to find out its scores after test stage. After the collection of data, with the use of "SPSS" software and variance analysis, they were evaluated.

1.2 Summary of content management based on commitment and acceptance:

First session: group familiarity and treatment relationship, familiarity of members with the project subject and performance of pre-test session.

Second session: Analysis of Autism and explanation of its signs and symptoms to mothers of these children.

Third session: Analysis of inner and outer world in the treatment based on the commitment and acceptance program, creation and development of attitude towards putting aside inefficient plans and recognition of the matter that control is important and not solution, and introduction of replacement for control "which means tendency".

Fourth session: Recognition of people's values, values specification, aims specification, functions specification, and specification of obstacles.

Fifth session: Analysis of value of each member in understanding previous concerns.

Sixth session: Realization of combination, separation and conduction of some practices for this disconnection.

Seventh session: Recognition of combination with concept and teaching ways of separating from it.

Eighth session: Mental awareness and emphasis on the present time.

Ninth session: Analysis of history of life and action with responsibility.

Tenth session: Summary of the sessions and holding of posttests.

2-2. Research tools:

"BEK" anxiety questionnaire:

BEK anxiety questionnaire consists of 21 articles and measures the intensity of anxiety in youth and adults. This scale is scored from 0 to 3 and maximum score is 63 which means intensive anxiety, score of 7-1 shows there is no anxiety or there is ordinary anxiety, score 8-15 shows there is a little or mild anxiety, 16-25 shows average anxiety and 26-36 shows intensive anxiety (Bek and colleagues, 1988, narrated by Bakhteyari, 1394). Stability of BEK anxiety questionnaire is presumed to be 0/75. Validity simultaneous, analyzes the diagnostic facilities and elements for this questionnaire as high efficiency tools for measuring the intensity of anxiety (Bakhteyari, 1394). Present research was used to analyze the general stability of the questionnaire from the Cronbach's alpha coefficient and the general Cronbach stability questionnaire which was evaluated as 0/85.

Depression questionnaire:

Depression questionnaire of Bek’s second edition (Dobson and Mohammad Khani, 2004) was used for measuring intensity of depression and conforms to the DSM-IV depression criteria. This questionnaire consists of 21 questions and each question consists of 4 answer choices with the scoring domain between 0-1-2-3 and the total of the scores should vary from 0 to 63, where higher scores show that the depression is very high. The cut-off point in the depression questionnaire of BEK is 13. Its weekly retesting stability is 0/93 and internal consistency through Cronbach’s alpha is 0/91 (Nazari, Ahmadian, 1391). Validity analysis of structure according to calculation method of convergent validity calculates the coordination coefficient of the scores from the second edition of Bek depression questionnaire scale which shows coordination of 0/873

(Dobson and Mohammad Khani, 2004).

1. Findings:

Table 1: Average and Error of inconsistency scale of the research in pre and posttest according to group separation

| Inconsistency | Stage | | | test | | Control | |
|---------------|-----------|-------|-------|-------|----|---------|----|
| | | | | M | SD | M | SD |
| anxiety | Pre test | 33/07 | 2/017 | 32/47 | | 1/125 | |
| | post test | 25/53 | 1/922 | 31/80 | | 1/320 | |
| Depression | Pre test | 25/40 | 1/242 | 25/33 | | 1/047 | |
| | Post test | 20/33 | 2/440 | 25/00 | | 1/195 | |

Analysis of pre assumptions of the research:

Table 2: Results of BEK’s test based on matrices homology variance-covariance

| Variable | Box's M | F | Sig |
|------------|---------|-------|-------|
| Anxiety | 1/013 | 0/332 | 0/802 |
| Depression | 6/334 | 1/948 | 0/120 |

According to data from Table 1, results from this test show that since the meaningful (significant) level obtained is greater than 0/05, the research data did not put the matrices homogeneity of the variance-covariance under question. And the assumption has been observed.

Table3. Results of the Loon test based on assumption equal to variances in the test of covariance analysis

| Dependent variable index | F | Df1 | Df2 | Sig |
|--------------------------|---|-----|-----|-----|
| | | | | |

| | | | | |
|------------|-------|---|----|-------|
| Anxiety | 1/380 | 1 | 28 | 0/250 |
| Depression | 1/452 | 1 | 28 | 0/250 |

Based on the data from table - 3 the "Loon test" shows that the meaningful (significant) level is greater than 0/05. So as there were no significant differences between the two groups - test and control based on Variance; this pretest for multi difference variance analysis was observed.

Table 4: Results of Kalmograp Smirnoph test for groups' normality

| Variance resources | KS | Sig |
|--------------------|-------|-------|
| Anxiety | 1/077 | 0/197 |
| Depression | 0/605 | 0/858 |

Results obtained from Table 4 Show that the amounts of "P" in the above test is higher than 0/05. Zero assumption in K.S test is data conformity of the explanation (which is normal here). The contrary assumption is non-conformity of the data from the mentioned explanation (here it is normal). Considering the amount of "P" and non-rejection of zero assumption, data explanation is according to standard explanations.

Table - 5: results of homogenization and regression of line slope assumption of covariance analysis

| Changes resources | SS | df | MM | F | Sig |
|-------------------|------------|----|--------|-------|-------|
| Group | 45/671 | 1 | 45/671 | 1/397 | 0/239 |
| Error | 197985/000 | 28 | 32/690 | - | - |
| total | 5064/166 | 30 | - | - | - |

Based on the results written in Table 5, the significant level of group effect is "sig=0/239" which is bigger than 0/05. Therefore, the regression theory of homogeneity has been accepted.

Analysis of research hypothesis:

Hypothesis 1: Group acceptance and commitment therapies are effective on the reduction of anxiety of mothers.

Table 6: Results of analysis on effects of covariance between anxiety variable subjects on pre test

| Changes resources | Total squares | Deg. of freedom | Ave. of squares | F | Significant level | Eta chi (square) |
|-------------------|---------------|-----------------|-----------------|---------|-------------------|------------------|
| Group | 294/453 | 1 | 294/453 | 108/081 | 0/001 | 0/759 |
| Error | 73/5588 | 1 | 2/724 | - | - | - |
| Total | 25024/000 | 17 | - | - | - | - |

Analysis of anxiety data in Table No. 6: Differences between averages of anxiety score tests in both groups of control and test are significant (meaningful) (sig= 0/001, F= 108/081). And therefore, treatment based on the acceptance and commitment has significant effects on the amount of anxiety tests and it could meaningfully (significantly) reduce the anxiety of slow-learner children.

Hypothesis 2: Group acceptance and commitment therapy is effective on the reduction of anxiety of the mothers.

Table 7: Result of analysis of covariance effects between the anxiety variable Tests during posttests.

| Changes resources | Squares total | Deg. Of Freedom | Squares average | F | Sig. level | Eta Chi(squares) |
|-------------------|---------------|-----------------|-----------------|--------|------------|------------------|
| Group | 163/944 | 1 | 163/944 | 43/245 | 0/001 | 0/616 |
| Error | 102/359 | 1 | 3/791 | - | - | - |
| Total | 15680/000 | 17 | - | - | - | - |

According to Analysis of anxiety data in Table 7, differences in the anxiety scores average of tests in both groups - control and test are significant (sig=0/001, F= 43/245). Therefore, treatment based on the acceptance and commitment has significant effect on the amount of anxiety tests and could effectively reduce anxiety of the slow-learner children's mothers.

4. Results:

The aim of this research is to analyze group test acceptance and commitment therapy on the reduction of psychological inability (anxiety and depression) among the mothers having slow-learner children. Findings show that the differences of psychological inability scores (anxiety and depression) tests in both groups of control and test are significant (meaningful). Therefore, the result show that treatment based on acceptance and commitment has significant effect on the psychological inability tests and it could significantly reduce the psychological problems of slow-learner children's mothers. Results of the present research are based on the effect of commitment and acceptance therapy on the anxiety and depression which have been compared with the results of the researches conducted by Zetal and Haiz (1999) and Lari and Bich (1990) and both researches confirmed effectiveness of the commitment and acceptance therapy. Zetal and Rinz (2003) also analyzed the method of commitment and acceptance therapy on 54 women having anxiety and results showed that there is reduction in the signs of depression in the group for commitment and acceptance therapy and this result has been compared with the results obtained by Forman, Herbert and Moitra (2009) who considered commitment and acceptance therapy as cognitive therapy on emergency patients is heterogeneous with average to intensive amount of anxiety and depression and their results show effectiveness of the commitment and acceptance therapy in relation to cognitive therapy. Romero and Orsilo (2007) also used pervasive anxiety disorder treatment which was reported as the sign of anxiety, depression, fear and avoidance and showed the intensity of clinical signs of anxiety disorder.

Peterson (2007) in a research on acceptance and treatment aimed at finding out the common treatment while centering attention on weak avoidance behavior as the element of damaging process on the disorder which showed that those who used acceptance and commitment treatment had lesser depression. (Peterson and Eifert, 2011), Bransteter, Wilson, Hildeh, Brand and Motch (2004) had divided people who were at the last stage of cancer and were compared in two groups of commitment and acceptance treatment and cognitive and behavioral therapy along with chemotherapy. According to the results obtained from this research, the researchers announced that people in

commitment and acceptance therapy showed much more favorable results than those people who were placed in cognitive and behavioral therapy. In a study by Rajabi and colleagues (2014, as mentioned by Dashti, 2015) with regard to effectiveness of group commitment and acceptance therapy on anxiety and depression among patients with M.S., the results show that the anxiety and depression scores in the post test and test group avoidance experiment in relation to the control group had been reduced significantly and this reduction had not changed dramatically during the month. Therefore, commitment and acceptance of group therapy is effective on the anxiety and depression therapy among women with M.S and the results obtained here coordinates with the research results.

Present research coordinates with the results obtained by Molavi and colleagues (2014). The effectiveness of therapy based on acceptance and commitment on the reduction of anxiety and depression among university students suffering from fear of crowds was analyzed. Results of the analysis showed that based on the treatment of acceptance and commitment, this problem has been reduced significantly. This research showed that psychological interference has been synchronized with the other interfering mechanisms. In a study conducted by Hor and colleagues (2013 mentioned by Dashti, 2015), the effects of therapy method based on acceptance and commitment therapy on the amount of depression were conducted with 30 diabetics (type 2) patients who were under the supervision of the charity organization in Esfahan. The result of the research confirmed that the therapy method based on acceptance and commitment was acceptable in reduction of depression in diabetic patients. Also, Effect of therapy at the time was persistence and it supported the research results. It can be mentioned that the acceptance and commitment therapy is a kind of behavior therapy which uses mind awareness skills, acceptance and cognitive faulting for increase in psychological flexibility. Cognitive flexibility consists of treatment for increase in the ability of consumers to create links with regard to their experiences at present time and according to whatever is possible at the time. At this time behavioral commitment together with separation and acceptance techniques and the discussion regarding the values and aims of individuals and necessity of value specification, all cause reduction in depression and anxiety in mothers who have mentally and physically slow children. This therapy emphasizes mainly on the individual's inclination on the internal experiences to help them to solve their problems and experience their irritating thoughts as an experience and thus realize their inefficient present plans and follow the programs which are more essential in their life. Here if you place yourselves as clientele who could experience present unpleasant internal events and they could separate them from the reactions, memories and thoughts which were not pleasant. In fact, the aim is to increase psychological flexibility of these people. These events cause significant reduction in the depression and anxiety of these mothers. We have taught these people how to put aside the annoying thoughts and support the self-viewing instead of self-understanding, accept internal events instead of control, clarify values and look into them. In this therapy, people will learn to accept their feelings and not to run away from them and their thinking should be considered more clearly (Dashti, 2015). In short, acceptance and commitment therapy tries to teach people to learn to experience thoughts and feelings and try not to stop them, people are encouraged with their aims and values, thereby reducing psychological difficulties of the slow-learner children's mothers and also cause reduction in evasion of their experiences and the final result is an increase hope in life, acceptance of these disadvantaged children and have better relationship with people around them and even reduction of depression difficulties and anxiety such as suicide, feeling guilty, etc.

Unwillingness on the part of some of participants in the research; lack of follow up in the project are among the limitations of the research especially in similar projects carried out in the other cities; and on projects with the fathers for comparison of the results and where the researchers use more sample capacity. In the event of effecting evaluation on the amount of treatment achieved, it is suggested that researchers use follow up in their future researches. Therefore, use of this interference therapy which means acceptance and commitment therapy have played an important role in psychological conditions and improvement in psychological insolvency for mothers of these kinds of children.

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