

The effectiveness of solution-focused therapy on emotion regulation and problem solving in adolescents

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Abstract

Introduction: The aim of this study is to assess how solution-focused therapy impacts the ability of adolescents aged 11-14 in Tehran to regulate their emotions and solve problems. Solution-focused therapy is a relatively new approach to treatment that is known for its simplicity, brief duration, and ability to provide fast solutions.

Method: The article follows a semi-experimental design known as pre-test-post-test with a control group. The research focuses on female students in District 16 of Tehran, and a total of 30 students were randomly selected from this population and divided into two groups: an experimental group and a control group. The experimental group received the solution-focused therapy protocol intervention. Data collection involved using emotion regulation questionnaires developed by Gratz and Romer (2004) and problem-solving questionnaires developed by Hepner and Petersen (1982). Descriptive statistics such as frequency, mean, and standard deviation were used to analyze the data, along with inferential methods such as covariance analysis.

Results: The research results indicate that solution-focused therapy has a positive impact on the emotional regulation and problem-solving abilities of adolescents. These findings suggest that the process of solution-focused therapy can be utilized as an effective educational approach to enhance emotional regulation and problem-solving skills in adolescents.

Discussion and conclusion: Short-term solution-focused therapy aims to identify pathways that lead to problem resolution, enabling clients to achieve optimal adaptation. Overall, solution-focused therapy has a notable impact on enhancing emotion regulation and problem-solving skills in adolescents.

Keywords: adaptation, adolescents, education, emotion regulation, focused therapy, problem solving, Solution- research, students

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Introduction:

Problem-solving skills encompass various steps, including identifying the problem, defining it, understanding it, setting relevant goals, generating alternative solutions, selecting the best option, implementing a plan, and evaluating its effectiveness (1). Setyani et al. conducted research focusing on enhancing problem-solving abilities in adolescent drug users through problem-solving therapy (PST). The objective of this study was to examine the impact of problem-solving therapy on problem-solving skills and the risk of relapse among teenage drug users. Data analysis involved using central indices, paired T-tests, and repeated measures ANOVA. Following the problem-solving treatment, the problem-solving ability of the participating adolescents demonstrated improvement (2).

Spoon and colleagues conducted a study investigating the processes and beliefs associated with creative problem-solving within the context of self-regulated learning among students. The research findings revealed that several individual predictor variables, such as participant age, mastery experiences, creative efficacy, task value, and outcome expectations, were significantly correlated with team outcomes. When all predictor variables were considered together, the model accounted for approximately 64% of the variance in team scores (3).

Emotion regulation encompasses a variety of conscious and unconscious cognitive and behavioral strategies employed to decrease, sustain, or enhance an emotion. It refers to the process of initiating, maintaining, adjusting, or altering the occurrence, intensity, or duration of emotions in relation to social, psychological, and physical factors (4).

In recent times, there has been a decline in the study of how people manage their emotions when interacting with others. This is particularly relevant in the field of education, where teachers are frequently faced with emotionally charged situations, both within themselves and with others. The high emotional demands of the job can be draining and may result in emotional exhaustion. Emotion regulation is now being considered as a component of the broader concept of emotional intelligence (5).

In a study, Lee et.al examined the risk factors for mental health issues following the COVID-19 outbreak. They also explored the potential role of social support and emotional intelligence in mediating the relationship between exposure to the pandemic and mental health issues. The results of a stepwise linear regression indicated that the strongest predictors of mental health issues were self-assessment of emotions, family relationships, and anxiety about COVID-19 on social media. Additionally, path analysis revealed that emotional intelligence partially mediated the relationship between exposure to the pandemic and mental health issues, while social support did not (6). In a study of an inner-city population, Crow et.al investigated the impact of attachment and difficulty regulating emotions on the relationship between childhood abuse and post-traumatic stress disorder (PTSD) in adulthood. The results showed that having a secure attachment can help protect against the negative effects of childhood abuse. Additionally, both problems with attachment and

difficulty regulating emotions were found to be strongly associated with PTSD in adulthood. In a study, Jiang and colleagues reported that while many studies have consistently demonstrated the significance of emotion regulation in human development, their findings revealed that the strategies of reappraisal and suppression had different effects on life satisfaction based on gender and levels of social stress (8).

To improve problem-solving, there are several effective therapeutic approaches. One such approach is solution-focused therapy, which can be particularly beneficial due to its short-term nature, emphasis on existing resources and abilities, and focus on solutions (9). This approach is commonly taught in clinical training programs (10).

Hsu et al conducted a study where they reviewed short-term solution-focused therapy (SFBT) for behavioral problems in children and adolescents. They analyzed the effectiveness of this treatment compared to control conditions, examined how family involvement in SFBT affects outcomes, and looked at the effects of SFBT on internalizing and externalizing behaviors. The findings suggest that SFBT is generally effective in addressing the behavioral problems of children and adolescents, particularly for externalizing behaviors rather than internalizing behaviors (11)

DeShazer and Berg created a therapy approach called solution-focused therapy, which was inspired by Erikson and the research conducted at the Institute for Psychical Research. Rather than dwelling on problems, DeShazer and Berg sought instances where the client was unaffected by the problem or when the problem didn't hinder the client's progress (12). This is one of the counseling and psychotherapy approaches within the post-modern framework, specifically referred to as "hopeful" counseling. In this form of counseling, language plays a crucial role, and experiences are shaped through interactions with language, culture, and psychological factors, which are closely interconnected (14).

It is crucial to note that there is a potential connection between emotion regulation and problem-solving variables. If individuals possess stronger emotion regulation skills in dealing with life matters, they are likely to be more proficient in problem solving. Additionally, solution-focused therapy may impact both emotion regulation and problem-solving abilities. Consequently, the objective of this research is to assess the effectiveness of solution-focused therapy in enhancing emotion regulation and problem-solving skills among adolescents.

Research Method:

The research design is semi-experimental, and pre-test, post-test with control group. The research included all female students aged 11 to 14 in Tehran during the fall of 2017. Two sampling methods were used for this research. The first method was a three-stage cluster sampling, which involved selecting districts and schools. Tehran was divided into five regions (north, south, east, west, and center), and the south region was randomly chosen along with Shahid Tahmasabi school within that region. The second method involved randomly assigning a total of 30 participants into

two groups: an experimental group and a control group, both consisting of 15 people. This sample size was determined based on the nature of the research, which was semi-experimental in nature. The questionnaires are difficulty in emotional regulation and Hepner and Petersen problem solving questionnaire.

The Gratz and Romer developed the Difficulty in Emotion Regulation Questionnaire. This questionnaire is a self-report measure designed to assess difficulties in emotional regulation more comprehensively than existing tools in the field. It consists of 36 items that not only evaluate emotional regulation but also examine difficulties in regulating emotions and the utilization of various emotion regulation strategies (15). Emotional regulation is defined as a broad category encompassing:

1. Awareness and understanding of emotions refers to recognizing and comprehending one's own emotional state.
2. Acceptance of emotions means embracing and acknowledging one's emotions without judgment or resistance.
3. The ability to control impulsive behaviors and align actions with desired goals, in order to accomplish personal objectives and meet situational demands, is defined by a set of 36 statements and 6 subscales. These subscales include:
 - a) Non-acceptance, which indicates the tendency to respond negatively to negative emotions or resist reacting to someone's distress.
 - b) Objectives, which represent difficulties in staying focused and completing tasks while experiencing negative emotions.
 - c) Impulse control difficulties, which manifest as persisting in certain behaviors when faced with negative emotions.
 - d) Lack of emotional awareness, which reflects a tendency to disregard or have limited recognition of one's own emotions.
 - e) Limited access to emotion regulation strategies, which stems from the belief that there are few effective approaches to managing emotions when feeling upset.
 - f) Lack of emotional transparency, which measures individuals' level of self-awareness and clarity regarding their emotions.

The response of each participant is assigned a value on a Likert scale ranging from one to five, where 1 represents "almost never," 2 represents "sometimes," 3 represents "almost half of the time," 4 represents "most of the time," and 5 represents "almost always." Higher scores on this scale indicate greater difficulties in the category of emotion regulation. Statements 24, 22, 20, 17, 10, 8, 7, 6, 2, 1, and 34 are reverse scored on this scale. When screening individuals, a cutoff score

of one is used, and if the score exceeds the average plus the standard deviation, it indicates a higher level of difficulty. (16)

The Hepner and Petersen problem-solving questionnaire consists of 35 items that assess the respondent's comprehension of their problem-solving behaviors. This questionnaire is specifically designed to measure how individuals respond to their daily problems. Hepner and Kraskop define problem solving as a combination of behavioral, cognitive, and emotional reactions that people express in order to adapt to both internal and external challenges. Additionally, Hepner proposed the presence of three structures within the problem-solving process as follows: the concept of feeling capable in solving problems, having personal control over emotions and behaviors, and the tendency to avoid certain styles are discussed in this context. Numerous studies and theoretical evidence have been presented regarding metacognitive factors, particularly self-evaluation, which is seen as an important component of effective problem-solving (19). This questionnaire consists of 35 questions using a 6-point Likert scale, ranging from a minimum score of 25 to a maximum score of 125, with an average score of 75. The cutoff score is determined by one standard deviation above the average. In this questionnaire, participants rated their agreement or disagreement on the Likert scale, which includes options such as completely agree, agree, slightly agree, slightly disagree, disagree, and completely disagree.

Table 1. Subscales of the problem-solving questionnaire

Subscale	Number of sentences	Scores ranges
Problem-solving confidence (PSC)	11	11-66
Approach-avoidance style (AA)	16	16-96
Personal control (PC)	5	5-30
Total score	22	32-192

The problem-solving questionnaire was created and tested using various groups of participants. It exhibits strong internal consistency, with alpha values ranging from 0.72 to 0.85 across different subscales: 0.72 for personal control (PC), 0.84 for approach-avoidance style (AA), 0.85 for confidence in solving problems (PSC), and 0.90 for the overall scale. The test's validity demonstrates that it effectively measures personality-related constructs, particularly the center of control. Additionally, the questionnaire's retest reliability, measured by the total score, falls between 0.83 and 0.89 within a two-week period, indicating its reliability as a tool for assessing problem-solving abilities. In the questionnaire assessing emotional regulation difficulties, the lowest and highest possible scores are 2 and 10 respectively. A score of 4 serves as the cutoff point.

After selecting the participants, they were given both emotion regulation and problem-solving questionnaires. Under supervision, all participants completed the questionnaires without any errors or omissions. Then, out of the total group, 30 individuals who scored lower than one standard deviation above the average of the remaining participants in terms of emotion regulation and problem-solving were randomly assigned to two groups: an experimental group and a control group, each consisting of 15 individuals. The experimental group received solution-focused therapy over the course of 9 sessions.

After choosing individuals who scored low in emotion regulation and problem-solving, they were divided into two groups: experimental and control. The experimental group took part in a solution-focused therapy program consisting of 9 sessions lasting 90 minutes each. Each session was divided into multiple parts. Initially, group members shared their feelings for a few minutes, followed by reviewing the tasks from the previous session and providing feedback based on the situation and personal preferences.

After reviewing assignments and giving feedback, we taught new skills and encouraged members to raise their concerns in a fair and clear manner. Throughout the meetings, we made efforts to discuss topics related to finding solutions and structured the conversations accordingly. Finally, we presented the assignments for the next session, which were meant to apply the training in everyday life and correct any mistakes in the learned skills. The control group did not receive any intervention during this time period. After the training sessions, which lasted approximately two months, both groups were tested again.

Summary of training sessions:

The initial session focuses on becoming acquainted and introducing each other, as well as grading questions and actively listening with empathy in unpleasant situations.

During the second session, the training revolves around formulating treatment goals, understanding needs and expectations, defining a healthy therapeutic relationship, and instilling hope.

In the third session, the emphasis is on identifying therapeutic potential, promoting autonomy, and encouraging the use of positive statements.

The fourth session centers around identifying effective behaviors, fostering a desirable future, and becoming familiar with grading techniques.

The fifth session involves evaluating progress in treatment, exploring personal and interpersonal perceptions, and utilizing the exception question technique.

During the sixth session, there is a review of the techniques covered in the previous session and the implementation of the miraculous question.

In the seventh session, the focus is on establishing a partnership to apply solution-focused principles and training on key-key techniques. The eighth session involves using solution-focused therapeutic tasks to modify behavior and continuing to reinforce the newly acquired behavior. The ninth session serves as a conclusion, summarizing the progress made, and announcing the date for the post-examination.

Findings:

Before utilizing the analysis of covariance test, it is necessary to assess the underlying assumptions. By confirming these assumptions, one can employ covariance analysis.

Table 2. The results of Levine's test to check the homogeneity of variance

	F	Degree of freedom 1	Degree of freedom 2	Significance level
Emotion regulation	1.661	1	28	0208
Problem-solving	0.368	1	28	0.549

Based on the information in table (2), the test for homogeneity of variances is not statistically significant at the $p<0.05$ level. As a result, we can conclude that there is a presumption of homogeneity of variances.

Table 3. Shapiro-Wilk test to check the normality of the distribution

	Group	Value	Degree of freedom	Significance level
Emotion regulation	Experiment	0.983	30	0.891
Problem-solving	Control	0.956	30	0.245

The normality of the distribution was assumed and verified using the Shapiro-Wilk test. According to the results presented in Table 3, the distribution was found to be normal.

Table 4. F test in order to check the homogeneity of the slope of the regression coefficients

	Total squares	Degree of freedom	Mean squares	F	Significance level
Emotion regulation	833.0	1	0.833	0.027	0.870
Problem-solving	5.633	1	5.633	0.742	0.396

Based on the information in table (4), we have obtained F and a significance level higher than 0.05, indicating that the assumption of equal regression coefficients is supported. As a result, we can proceed with covariance analysis.

Table 5. The results of Wilks's lambda significance test for the main effect of the group variable on the dependent variables

Test name	Value	f	Df hypothesis	Df error	Significance level	Eta square
Pillayi trace	0.808	56.688	2.000	27.00	0.000	0.808
Wilks's lambda	0.192	56.688	2.000	27.00	0.000	0.0808
hotelling's trace	4.199	56.688	2.000	27.00	0.000	0.808
Maximum root error	4.199	56.688	2.000	27.00	0.000	0.808

The findings in Table 5 indicate that the significance levels of all tests support the use of the analysis of covariance test. These results demonstrate a significant distinction among the groups being studied in relation to one of the dependent variables. Eta square reveals that the difference between the two groups concerning the dependent variables is statistically significant overall, accounting for 81% of the variance associated with the disparity between the groups. This implies that 81% of the variation in the difference between the two groups can be attributed to the interplay of the dependent variables. To determine which observed differences are significant, we conducted a covariance analysis for the dependent variable.

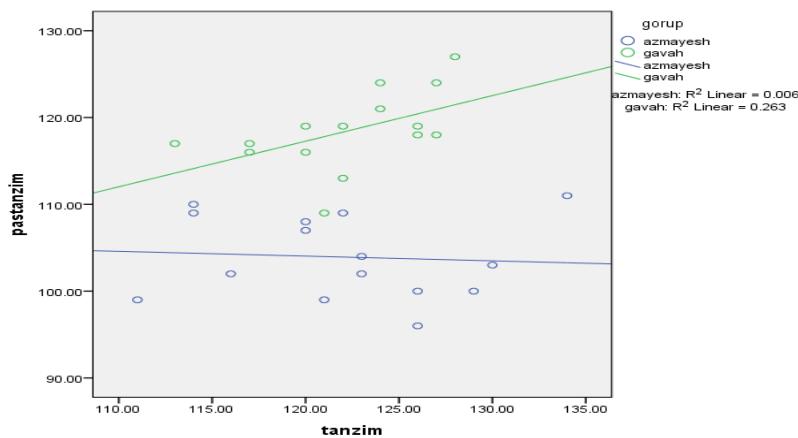


Diagram 1. Linearity test of pre-test and post-test relationship

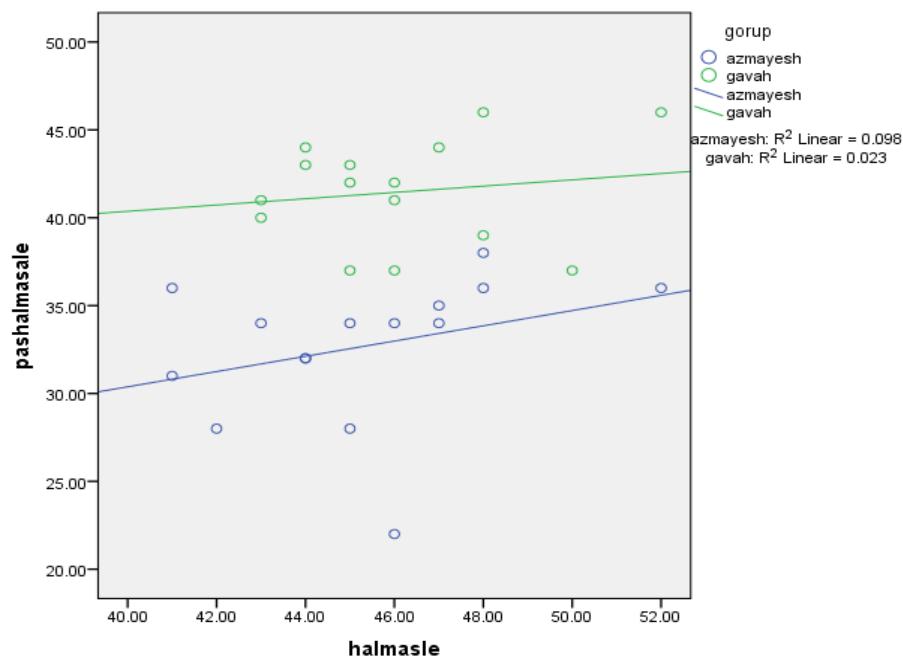


Diagram 2. Linearity test of pre-test and post-test relationship

Graphs 1 and 2 demonstrate the linear correlation between the pre-test and post-test scores in both the emotion regulation and problem-solving questionnaires.

Table 6. Multivariate covariance analysis test of emotion regulation and problem solving in two experimental and control groups

	Variable	Total square	Degree of freedom	Mean squares	F	Significance level	Eta square
Emotion regulation	Pretest	488.13	1	488.13	0.629	0.435	0.023
Problem solving		22.647	1	22.647	1.796	0.191	0.062
Emotion regulation	Group	1573.449	1	1573.449	73.35	0.000	0.731
Problem-solving		530.028	1	530.028	42.03	0.000	0.609
Emotion regulation	Error	579.178	27	21.451			
Problem-solving		340.0419	27	12.608			
Emotion regulation	Total	373140.00	30				
Problem-solving		42162.000	30				

Additionally, based on the information presented in Table 6, it can be concluded that the solution-focused therapy specifically targets the emotion regulation and problem-solving abilities of female adolescents aged 11-14. The statistical analysis reveals that the value of F for these variables is significant at a significance level of $\alpha = 0.05$. This indicates that the city of Tehran has an impact on the effectiveness of the treatment. Furthermore, the Eta value demonstrates 73% of the changes in emotion regulation and 61% of the changes in problem-solving skills among teenagers aged 11-14 in Tehran can be attributed to the implementation of solution-focused therapy.

Discussion and conclusion:

The findings of this study align with previous research (20) that found solution-focused therapy to be effective in reducing emotional and academic issues among students. Another study (21) demonstrated that solution-focused group counseling has a significant impact on adjustment. The results also indicate consistency in the excitement surrounding marital conflicts among individuals seeking counseling in Kerman. Furthermore, this research supports the approach of other studies (22) that suggest combining the main elements of solution-focused therapy, such as structural constellations and social systems theory, while focusing on non-economic problems, can enhance various aspects of social life. Additionally, it is consistent with research (23) suggesting that solution-focused thinking and valuing have predictive power for adult mindfulness during the Covid-19 pandemic.

Solution-focused therapy is an approach that focuses on exploring exceptions or instances when the client's problems are not present or are less severe. By highlighting these exceptions, it can inspire hope in the client and help them envision a better future. Instead of dwelling on the causes and duration of problems, which can often lead to feelings of helplessness, solution-focused therapy emphasizes discussing how the client wants things to be different and what actions they can take to make that happen (24).

By shifting the focus to desired outcomes and actionable steps, this approach helps clients believe that change is possible. It increases their sense of self-efficacy, or belief in their ability to effect change, and directs their attention towards identifying and implementing the necessary changes in their lives. This positive and forward-looking perspective can make the process of change feel more attainable and empower clients to take active steps towards their goals (25).

Short-term solution-focused therapy teaches clients how to set goals, make changes, and assess the positive outcomes of those changes. This approach enables clients to discuss their actions and the impact they have on their personal lives in future sessions (26). By focusing on the initial changes in the client's life, therapists specializing in short-term solution-focused therapy use questions that explore the effects of these changes. These questions help the client and therapist recognize the transformations that have taken place. The ultimate goal of short-term solution-focused therapy is to identify strategies that resolve problems and achieve optimal adaptation for the client.

Research limitations

Like all studies, this research had its limitations. The author encountered the following **limitations**:

- Attachment to parents and peers was measured using closed-ended questionnaires, which may have limited the range of responses. Using other methods, such as observation or interviews, could have yielded different results.
- The study population was limited to students, so care should be taken when generalizing the findings to other populations.
- The research was conducted only in Tehran, so caution should be exercised when applying the results to students in other cities.

Research application

Based on the research findings, the solution-focused therapy has proven to be effective. Therefore, it can be developed into an emotion regulation training system for schools, families, and other social institutions to utilize. Additionally, based on the current research findings, educational workshops focusing on problem-solving skills derived from solution-focused therapy should be conducted for students, enabling them to effectively address problems. The research outcomes regarding enhancing emotion regulation and problem-solving skills hold potential benefits for school counseling centers. Furthermore, the research findings can be valuable for schools as they complement the family's responsibilities in this area.

Conflict of interest

The authors of the article have no conflict of interest.

Ethical considerations

Written consent was obtained from the participants before starting the work. Before starting the work, the participants were informed about the subject and method of conducting the research. The private and personal information of the volunteers was protected, so that the questionnaires were coded and anonymous. Training was done after the research for the control group.

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