



Development of a package of reality-oriented acceptance and commitment therapy (RACT) and comparing its effectiveness with cognitive behavioral therapy (CBT) on procrastination, self-efficacy and academic competence of students with academic burnout

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<i>ARTICLE INFORMATION</i>	<i>ABSTRACT</i>
Article type Original research Pages: 87-91	Background and Aim: Several factors affect students' academic performance. Some of these factors improve academic performance and others weaken the performance of learners; Therefore, the aim of the present study was to determine the effectiveness of the realistic acceptance and commitment therapy package compared to cognitive behavioral therapy on procrastination and responsibility of teenage girls. Methods: The current research was semi-experimental with pre-test and post-test with a control group and a two-month follow-up; And the statistical population of the research was all secondary school girls of the 5th district of Isfahan in 1400, after screening with the academic burnout questionnaire, 45 adolescent girls were selected in an accessible way and in the experimental group of realistic acceptance and commitment therapy package (15 girls), the experimental group Cognitive behavioral therapy (15 girls) and control group (15 girls) were randomly replaced. The experimental group received the researcher-made realistic commitment and acceptance therapy package, and the experimental group received cognitive behavioral therapy for eight 90-minute sessions, and the control group did not receive any intervention; All three groups responded to Tuckman's procrastination questionnaire (1991) and California accountability (1951) in three phases: pre-test, post-test and follow-up. Data were analyzed using repeated measures mixed analysis of variance. Results: The results showed that the treatment package of acceptance and realistic commitment on the score of procrastination ($F=8.09, P=0.007$) and responsibility ($F=9.40, P=0.004$) and cognitive behavioral intervention on the score of procrastination ($F=5.51, P=0.024$) and responsibility ($F=9.11, P=0.005$) is effective and this effect was stable in the follow-up phase. Conclusion: The results of the research suggest evidence that the intervention of the researcher's realistic acceptance and commitment therapy package and cognitive behavioral therapy is a suitable method for increasing responsibility and reducing procrastination in teenagers.
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Introduction

Academic burnout refers to feeling tired due to academic demands, having a pessimistic attitude toward school, and feeling inadequate. People who have academic burnout usually experience symptoms such as lack of enthusiasm for course materials, inability to continue attending classes, not participating in class activities, sense of meaninglessness in-class activities, etc. also believes that academic burnout is a response and a negative reaction to acute and severe stress, which often causes people to feel emotional and physical fatigue due to high demands and beyond their ability (Mazzurelli, 2016).

One of the problems that can slowly turn academic life into a stressful problem for students and cause academic burnout is procrastination. A student's procrastination and delay in completing various academic tasks will cause the heavy volume of unfinished academic tasks to cause him academic anxiety. Delay in completing assignments and lack of practice in the field of learned material makes the student's self-efficacy weak and cause them lose the belief that he can complete the assignments and enter the next stage (Lopes & Nihai, 2020). Procrastination is one of the variables that manifests itself when facing challenges and difficulties, especially academic challenges.

Several factors can be effective in the occurrence and continuation of procrastination. Among these factors, we can mention self-impairment, fear of negative evaluation, anxiety, and personality traits, all of which have an inverse relationship with self-efficacy. Self-efficacy is an important component that is important in learning and showing effective reactions to assignment and evaluation situations. Its reduction can cause an interruption and even a drop in the student's academic competence. Self-efficacy is the main construct of Bandura's cognitive theory and refers to people's perception of their ability to do work and activities. Accordingly, people tend to engage in activities they feel confident in doing, and if they feel incompetent about doing an activity, they usually avoid doing it (Farely, 2020).

Academic competence, which is manifested in the student's skills and abilities in order to do the homework as well as possible and take on academic responsibilities, is considered one of the important factors of success in school and can increase the student's capacity to endure failures or possible obstacles. (Martin and Marsh, 2008).

Reality therapy is also a type of practical therapy based on the belief that if people consider their thoughts as a voluntary function, they have experienced selective control of thoughts, which in turn leads to control of emotions and behavior. Academic burnout can be reduced by developing a treatment package that combines the basic concepts of reality therapy and acceptance and commitment therapy. Among the psychological treatments recently proposed in the field of mental disorders is treatment based on acceptance and commitment. This method is part of the third wave of behavioral therapies and emerged after cognitive-behavioral therapy. Obviously, this approach accepts changing the function of thoughts and feelings instead of changing their form, content or frequency (Loma, Hayes and Wassler, 2008). In contrast to more traditional forms of cognitive behavioral therapy, clients are not forced to correct their thoughts and feelings in acceptance and commitment therapy. Instead, the goal is to help them change their own responses to their thoughts and feelings (Roland, 2010). On the other hand, reality therapy consists of four stages, which include the following. Examining the needs: what does the client want? Performance review: What has he done so far to achieve his goals? Self-evaluation: Has the work done so far been fruitful or not? Planning: What instructions or plans should he follow to achieve his goals? (Glasser, 2019).

Therefore, considering the importance of the problem of academic burnout and its negative role on the academic success of students, in this research, we will explain the effectiveness of acceptance and commitment therapy (ACT) and compare the effectiveness of this approach with CBT therapy. In addition, we will investigate whether the Realistic Acceptance and Commitment Therapy (RACT) will be effective on the variables of procrastination, academic competence, and academic self-efficacy and whether it will be more effective depending on procrastination, academic competence, and academic self-efficacy or CBT treatment.

Method

The current research was semi-experimental with pre-test and post-test with a control group and a two-month follow-up; And the statistical population of the research was all secondary school girls of the 5th district of Isfahan in 1400, after screening with the academic burnout questionnaire, 45 adolescent girls were selected in an accessible way and in the

experimental group of realistic acceptance and commitment therapy package (15 girls), the experimental group Cognitive behavioral therapy (15 girls) and control group (15 girls) were randomly replaced. The experimental group received the researcher-made realistic commitment and acceptance therapy package, and the experimental group received cognitive behavioral therapy for eight 90-minute sessions, and the control group did not receive any intervention; All three groups responded to Tuckman's procrastination questionnaire (1991) and California accountability (1951) in three phases: pre-test, post-test and follow-up. Data were analyzed using repeated measures mixed analysis of variance.

Research Tools

1. Tuckman's Procrastination Inventory (TPI): To test and measure procrastination, Tuckman's standard questionnaire (1991) is used. This questionnaire is a 16-item self-report scale. Getting a high score on this scale is a sign of high procrastination. Questionnaire scoring is by Likert method. To score this questionnaire, each statement is given a score in the following order: I completely agree: 4; I agree: 3; Disagree: 2 and strongly disagree: 1. People who score above 40 are people who have academic procrastination.

2. Academic Self-Efficacy Scale (ASES). In order to measure academic self-efficacy, it was made from the McIlroy and Bunting (2001) questionnaire, which includes 10 items and students respond to it based on a seven-point scale. To calculate the overall score of the questionnaire, the scores of all questionnaire items are added together. The score range of this questionnaire will be between 10 and 70. The higher the score obtained from this questionnaire, the higher the level of academic self-efficacy and vice versa.

3. Academic Competence Assessment Scale. This scale was created by Diperna and Elliott (1999) and is on a 5-point Likert scale from never = 1, rarely = 2, sometimes = 3, often = 4, to almost Always=5 measures two factors and has three versions: teacher, student, and student. The teacher's version is suitable for teachers of first to twelfth grade students, the student version is suitable for sixth to twelfth grade students, and the student version is suitable for second to fourth year students. The first factor is academic skills, which has 3 subscales. Reading/speaking ability with questions 1 to 11, math with questions 12 to 18, and critical thinking with the factor of academic enablers, which has 4 subscales. Interpersonal skills are measured by questions 48 to 56 and study skills by questions 57 to 67.

4. Realistic acceptance and commitment therapy sessions. The realistic acceptance and commitment therapy package was prepared based on the need-based inductive theme analysis method and interviews conducted with students and the matching of needs with acceptance and commitment therapy texts and reality therapy and finally obtaining expert agreement and confirming the initial executive validity.

5. Cognitive behavioral therapy. In this research, the expanded version of Moore and Garland's (2003) cognitive behavioral therapy plan was used, and the experimental group underwent eight 90-minute sessions.

Results

The intervention of acceptance therapy and realistic commitment on the score of procrastination ($F=8.09$, $P=0.007$) with an effect size of 0.17, academic self-efficacy ($F=9.87$, $P=0.003$) with an effect size of 0.20 and academic competence ($F=5.61$, $P=0.023$) with an effect size of 0.12 and cognitive behavioral intervention on procrastination score ($F=5.51$, $P=0.024$) with an effect size of 0.12, self-efficacy ($F=6.00$, $P=0.019$) with an effect size of 0.19 and academic competence ($F=8.18$, $P=0.007$) with an effect size of 0.17 have been effective. The group therapy of realistic acceptance and commitment (RACT) is superior to treatment (CBT) in academic self-efficacy and shows more effectiveness. On the contrary, the results showed no significant difference between the two groups of realistic acceptance and commitment therapy (RACT) and treatment (CBT) in procrastination and academic competence and both interventions had the same effect on academic competence.

Conclusion

The present study aimed to determine the effectiveness of the acceptance and commitment therapy package compared to cognitive behavioral therapy on procrastination, academic self-efficacy and academic competence of adolescent girls. The results of the first part of the research showed a significant difference between the groups of realistic acceptance and commitment therapy (RACT) and cognitive-behavioral therapy (CBT) and the control group in terms of procrastination. In other words, both realistic acceptance and commitment therapy (RACT) and cognitive-behavioral therapy (CBT) led to the reduction of procrastination in students with academic burnout. On the other hand, the results showed no significant difference between the treatment group based on realistic acceptance and commitment (RACT) and the cognitive-behavioral therapy group (CBT) for procrastination. These results mean that realistic acceptance and commitment therapy (RACT) and cognitive-behavioral therapy (CBT) have reduced procrastination in students with academic burnout. In addition, they have remained constant in the follow-up phase and there is no difference between these treatment methods in reducing students' procrastination.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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