



## Designing a model of family-oriented psychological strategies and evaluating its effectiveness on the spiritual vitality of secondary school students

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### ABSTRACT

**Background and Aim:** Spiritual vitality, a combination of the characteristics of spirituality and vitality, will play an effective educational role in the mental health of the individual and society. This research aimed to design a family-centered psychological strategies model and evaluate its effectiveness on students' spiritual vitality. **Methods:** The research was based on the type of mixed data of sequential exploratory type in two qualitative and quantitative parts using thematic analysis method based on prism model and quasi-experimental type of pre-test-post-test with a control group and follow-up stage. The studied population in the qualitative section 1) Sand analysis with a systematic review of theoretical foundations and empirical background 2) Participants include a) university professors; b) The experts of the office of Parents and teachers association and in the quantitative section were female students of the second year of high school and their parents in Tehran. The sample size was calculated as 18 students in the qualitative part using the theoretical saturation method and 90 students and their parents in the quantitative part according to Cochran's formula. The sampling method in the qualitative part of the non-probability method was a targeted chain type, and in the quantitative part, it was a targeted type. The measurement tool was used in the qualitative part of the systematic review of theoretical foundations and experimental background, and semi-structured interviews with professors and experts, and in the quantitative part, the spiritual vitality questionnaire of Afroz et al. (2019) was used. The method of data analysis was used in the qualitative part based on the thematic analysis method, and in the quantitative part, mixed analysis of variance test, Bonferroni post hoc test, and correlated t-test were used. **Results:** The results of the research showed: 1) family-centered psychological strategies including 10 strategies: cognitive game-making strategy, relaxation training, self-awareness strategy, communication strategy, problem-solving strategy, stress management strategy, coping strategy and conflict resolution strategy, anger control strategy, critical thinking strategy and time management strategy. 2) According to the calculated strategies, theoretical bases, and analysis of interviews, the conceptual model of family-centered psychological strategies was designed and based on the conceptual model, theoretical foundations, and according to the opinion of experts in this field by integrating the cognitive-behavioral approach and the life skills program, the operational plan of the model of family-centered psychological strategies was compiled and adjusted. 3) Its validity was reviewed and confirmed based on the opinion of 30 experts in this field according to Lincoln and Goba indices, and it indicated the validity and validity of the program. **Conclusion:** The results show that the family-centered psychological strategies intervention program increased the spiritual vitality of students and their parents, and these results were stable in the three-month follow-up, indicating that the psychological intervention program has the necessary reliability and validity.



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### Introduction

Today's man is facing many challenges in terms of the complexity of life, the extent and speed of changes. Challenges and crises such as health crisis, technological transformations and increasing psychological pressures, etc., each of these factors imposes problems on people's way of life and their social and individual behavior. One of the components of a healthy life is paying attention to spirituality and spiritual needs. Spirituality is a fundamental human dimension that grows and transforms in humans from childhood, and with the influence of the environment, it can flourish, or on the contrary, it can be interrupted or become vulnerable and traumatic (West, 2009).

The deep effects of spirituality on mental health, dealing with mental tensions and reducing disorders such as anxiety and depression have been confirmed in many studies, people with high spiritual vitality rarely experience disappointment and feeling weak. Spiritual vitality, which is a combination of the characteristics of spirituality and vitality, will play an effective educational role in the mental health of the individual and society (Qasmi Shahri & Tavakoli Khanki, 2020). Some studies reported a significant relationship between spiritual vitality, mental health, and increased meaning in life. A review of the research literature shows that spiritual vitality is a desirable, praiseworthy and stable intellectual happiness, whose pleasure is above sensual pleasures and does not reflect mere pleasure-seeking, and it causes dynamism, motivation, creativity, freshness, solidarity and perfection of man, this vitality affects man's ability to reason and think (Moin Mehr et al, 2023). Spiritual vitality can play an effective role in preventing and reducing mental disorders as well as related problems such as suicide, addiction, depression, anxiety, etc. Research evidence indicates that strengthening beliefs, religious beliefs at all stages of life is a preventive measure to reduce mental disorders (Yung, 2018).

In his study, Argyle introduced spiritual vitality as a shield against action and tension. Ghasemi Shahri and Tavakoli Khaniki (2020) research results confirm that people with a high sense of spiritual vitality enjoy more peace. Previous research results show that spirituality effectively reduces sadness and fear (Bong et al., 2016).

The World Health Organization has introduced spirituality as the fourth dimension of human

health. Spiritual vitality effectively controls feelings and emotions, maintains inner peace in stressful situations, raises awareness of the realities of the surrounding environment, and maintains external peace and inner positivity. In their study, Fallahi and Asadi (2016) found these results: spiritual vitality gives hope, increases meaning in life, and reduces the amount of worry and distress.

Numerous studies show that most behavioral problems and deviations of people have their roots in the family. Improper functions of the family may disrupt the behavior of its members so that the existence of inappropriate patterns in the family, incorrect relationships between parents and children in terms of affection and emotionality, discrete and unstable family relationships and lack of cohesion between family members leave destructive effects on the spirit of children and adolescents. In such an environment, children and adolescents become overly irritable, anxious, disturbed and self-blaming, and the causes for developing hostile and aggressive behavior patterns are provided to them (Nazari et al., 2011).

The family is assumed to be a system where each component's changes can affect the changes of other components. Therefore, the changes and developments of adolescence, which are serious and extensive in many cases, can also cause a family crisis, but the way family members respond to these changes can bring the family system back to balance and prevent its members from deviating. Understanding that the changes and transformations of adolescence and some newly formed behavioral characteristics in adolescence, as well as oppositions and arguments of adolescence, are natural characteristics of the development of this period and not caused by his disobedience, rebelliousness or unrestrainedness, can have a positive effect on the family's response to it (Masoodi et al., 2012). In their study, Ebrahimi and Janbozorgi (2008) reached these results: supporting the family against disintegration and maintaining it as a measure for human progress, civilization and material and spiritual excellence is necessary because the family is the cornerstone of the great human society and plays a fundamental role in the strength of social relations and the growth and excellence of individual members of society. The results of previous research confirm that the existence of

traumatic relationships between parents and their children, lack of understanding between family members, the collapse of family structure, feelings of insecurity, and divorce are factors that contribute to mental disorders and bring pathological consequences for parents and their children (Albasan et al., 2017).

In recent decades, the effectiveness of family-centered interventions in improving many problems of adolescents, including psychological problems, has been emphasized. Family-centered therapy engages with the family without blaming the parents and labeling them as dysfunctional families (Rawson et al., 2016). The family-centered intervention approach has recently attracted the attention of experts. This approach goes beyond integrating content about family-centered service in educational planning to involve family members in education and implementation. For this reason, nowadays, attention to health services and care related to growth has changed from a traditional child-centered model to a family-centered model. In this model, the ability of the family to deal with psychological pressures is discussed.

Family-centered educational intervention means providing information to the family about various issues or mental disorders and methods of prevention, coping and facing them. The main goal of family-centered educational interventions is to improve the attitude and change the behavior of family members. At the individual and family level, creating positive psychological states, increasing the level of tolerance, as well as knowing how to face and respond rationally and based on emotional relationships (Gasemzadeh Nesaji et al., 2010).

Family-centered intervention is a comprehensive program that includes training sessions for parents based on improving family relationships, establishing healthy and positive interaction in the family, examining communication barriers in the healthy upbringing of children. Based on the available evidence, this research is an attempt to answer the following question:

How is the design of the model of family-oriented psychological strategies and the evaluation of its effectiveness on the spiritual vitality of students?

### Method

In terms of the type of data, the research was of a sequential exploratory type in two qualitative

parts using the meta-composite thematic analysis method based on the prism model, and quantitatively, it was a semi-experimental type of pre-test-post-test with a control group and a follow-up stage. The studied community in the qualitative section 1) Sand analysis with a systematic review of theoretical foundations and empirical background 2) Participants include a) university professors; b) The experts of the office of parents and teachers association and in the quantitative section were female students of the second year of high school and their parents in Tehran. The sample size was calculated as 18 students in the qualitative part using the theoretical saturation method and 90 students and their parents in the quantitative part according to Cochran's formula. The sampling method in the qualitative part of the non-probability method was a targeted chain type and in the quantitative part it was a targeted type. The measurement tool was used in the qualitative part of the systematic review of theoretical foundations and experimental background and semi-structured interviews with professors and experts, and in the quantitative part, the spiritual vitality questionnaire of Afrooz et al. (2019) was used. The method of data analysis was used in the qualitative part based on thematic analysis method, in the codings (open coding, central coding, selective coding) the basic themes were transformed into organizing themes and the organizing themes into overarching themes, and in the quantitative part, mixed variance analysis test, Bonferroni post hoc test and correlated t test were used.

### Materials

**1. Questionnaire of spiritual vitality.** This questionnaire was created by Afrooz et al. (2019) and has 60 four-choice questions (totally agree score 3, agree score 2, disagree score 1, totally disagree score 0) and was used in two subscales (beliefs, feeling and behavior).

The reliability coefficient of the questionnaire was reported as 0.80 and 0.88 respectively by Momghani, Afrooz, Ghobari Bonab and Qasimzadeh (2019) and Dehdar et al. (2018) using Cronbach's alpha method. In order to determine the validity of the questionnaire, content validity was used. In terms of content validity, with the help of CVR and CVI forms and with the help of ten experts, including interviewees in the university and some subjects, the content of the questionnaire was examined in terms of additional questions or

correction of questions. The CVI form showed that all the questions in the questionnaire were in a good condition from the point of view of simplicity, clarity and relevance (the rate of this coefficient was higher than 0.79 for each of the questions); Considering that the CVR value for all questions was above 0.62, no question needed to be deleted, and its convergent validity and divergent validity were checked. In this research, reliability was calculated through Cronbach's alpha coefficient and composite reliability coefficient. The values of this coefficient for the spiritual vitality questionnaire were 0.82 and 0.84 above 0.7, which indicated the reliability of the measurement tool.

### Implementation

First, the theoretical framework and empirical background (researches, dissertations, articles...) focused on the model of family-centered psychological strategies through reliable scientific databases from 2000 to 2022, searching, identifying and removing articles that did not have the necessary quality, and relevant and appropriate articles, searching and extracting information from the articles, and in the process of data analysis, the coding method (open, central and selective) was used. Coding operation was done with Maxqda software and family psychological strategies were categorized, classified and named. In order to prepare the interview framework, professors and experts (experts) were selected in a targeted manner according to the entry and exit criteria in the research in a chain or referral network. First, a preliminary interview was conducted

with professors and experts and based on the findings, modifications were made in the framework of the interview. In this way, all the participants were interviewed with the same questions and in a similar situation. The interview was individual in 60 to 90 minutes and the interview with 18 professors and experts (experts) reached theoretical saturation and the interview was stopped and the interview process was recorded and stabilized. The text of the interview was reread and copied line by line. The content analysis of the interviews was done using the inductive thematic analysis method. Sources were studied line by line, content analysis, theme analysis and coding were done. After the initial coding of each phrase related to parents and children in the context of the family, the common codes were categorized in the form of organizing codings and finally the organizing codings with common features and common semantic connections were categorized in the form of overarching themes. In the next step, the sources were read and carefully reviewed several more times, and the obtained themes were revised. In this way, by combining both methods (theoretical foundations, empirical background and content analysis of interviews), the model of family-oriented psychological strategies (operational program) was designed and was implemented in 12 sessions of 90 minutes each.

### Results

In the following table, the stages of synthesis research to identify family-oriented psychological strategies are given:

Table 1. The stages of synthesis research to identify family-oriented psychological strategies

Stage	Sub-stage	Content
<b>first stage: Determining the geography of the research, determining the researches whose findings are supposed to be used.</b>	a) Determining search parameters such as publication date and type of research	<ol style="list-style-type: none"> <li>1. Researches: The articles resulting from all kinds of studies that have been published in prestigious domestic and foreign scientific research journals such as ISI and ISC.</li> <li>2. Geographical scope: domestic and foreign</li> <li>3. Time limit: all the available researches between 2000 to 2022</li> <li>4. Type of research: synthesis, review, qualitative and quantitative studies</li> <li>5. Type of documents: Articles related to family-oriented psychological strategies</li> <li>6. Language of researches: researches that have been printed and published in one of the two languages Persian and English.</li> </ol>
	b) Determining the selection	1. Related to the research question

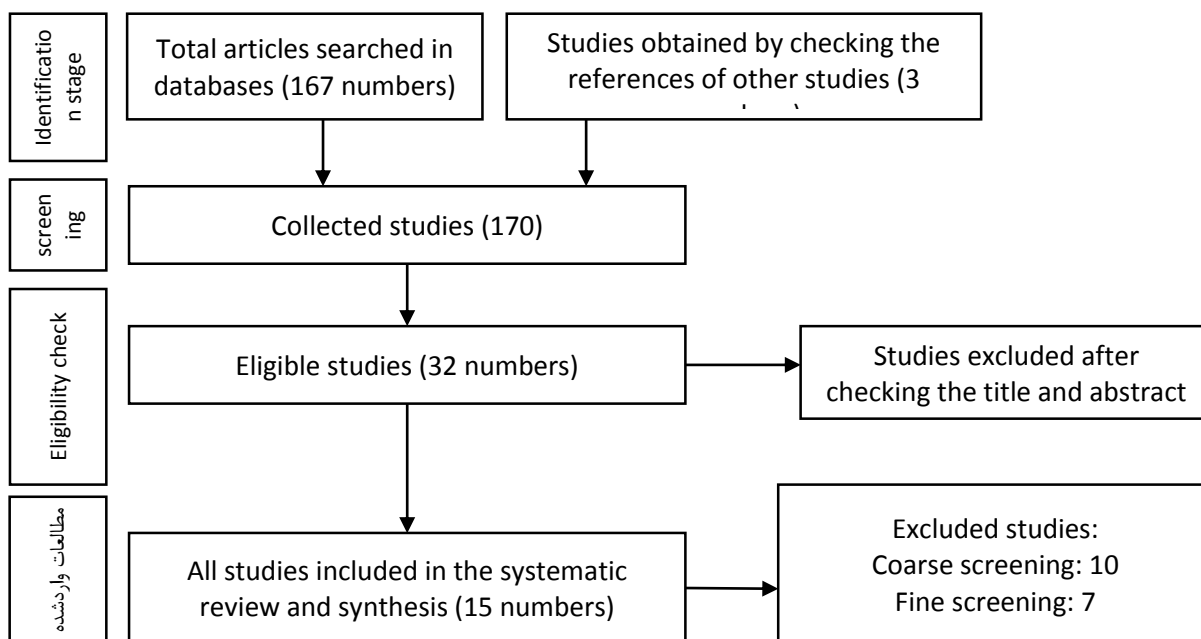
	criteria of the documents collected from the previous stage	2. The quality of the research in terms of the validity of the research tools used and the validity of the analysis methods used
	c) Determining the strategy for searching documents and databases	1. According to the theoretical sources, the important words "family psychological interventions, family psychological training, family psychological response, family rehabilitation, family-oriented psychological program, family psychological approach, family psychological enrichment, family psychological effectiveness, family psychological performance, family psychological role, family psychological characteristic and family-oriented psychological strategy" were considered. 2. Using internal and external databases Internal database: Iran Doc, SAD, Iran Medex, Iran Mag, Medilib, Iran Psych, Alam Net, Normex and Civilica External database: Web of Science, PubMed, Scopus, Embis, Corence, Google Scholar, Eric, Science Direct, ProQuest, Medline, ESA, Elsevier, Wiley Online Library, Springer, AAA, JStore and PsychInfo.
<b>Second stage: Systematic review of selected documents</b>	A) Coarse screening	The abstract of the documents was read and the documents of these studies were selected based on the two general criteria of "quality" and "relevance".
	b) Fine screening	The entire text of the articles is examined according to the two criteria of "quality" and "relevance" and among them the selected items enter the third step.
	C) Analysis	The articles are carefully studied several times, then they are analyzed in a physiological way, and their various parts are placed in the houses of the analysis table, which include the researcher, year, title, nature of the article, statistical population, sampling, measurement tool, analysis method, databases, keywords for searching, journal name, article language, country, article quality score, quality result. The correctness of the contents in the columns of the physiological analysis tables are verified several times by matching with the main article.
<b>third level Synthesis: Creating something new from separate elements</b>	In this step, two types of synthesis are performed in order: 1. Integrative synthesis: in fact, it is the opposite of hybrid synthesis research (Goff et al., 2012). Aggregate synthesis is like a physical change and combinatorial synthesis is like a chemical change in a reaction. In the first one, the findings of the selected researches are gathered together, like what we mostly see in meta-analysis of quantitative	The findings of the selected documents, which are related to the cultural factors of the research, are combined together. Then, with frequent and detailed re-readings, as well as comparing similar and contradictory findings (by coding with different colors), the classification of these data is done under larger themes.

researches.

2. Combined synthesis: the findings of others become data that is combined with other data and then recreated with a new identity.

At this stage, the restrictions applied in terms of time (internal and external), spatial (internal and external databases), nature of research (synthesis, review, qualitative and quantitative), and subject (keywords for search) are given,

then the coarse and fine screening process is carried out. The general characteristics of the selected studies based on the prism model for the final analysis are given in the chart below.



**Figure 1. The process of selecting articles based on Prisma guidelines**

As in the above figure, the selection process of the articles based on the prism model can be seen. After the screening, 15 articles were finally selected, and their quality was checked and analyzed.

The search results of all journals related to the field of family-oriented psychological strategies inside and outside the country show that between the years 1390 to 1401 inside and 2000 to 2022 abroad, only 15 articles with a meta-combination approach and without a meta-combination approach with the keywords combination of family psychological interventions/family psychological training/family psychological response/family department/family-centered psychological program/family psychological approach/psychological enrichment Family/psychological effectiveness of family/psychological function of family/ psychological

role of family/ psychological characteristic of family and family-oriented psychological strategy have been published in this field. The overall conformity of the reviewed articles with the criteria of the checklist report was estimated at 67%. The most quality deficiencies in the report of the method section of the articles were estimated at 51%. The most obvious shortcoming of the systematic review studies reports is related to the errors in the primary studies and the errors resulting from the combination of the results of these studies and not mentioning the biases.

Most of the found articles were related to the years 2017 to 2011 (67.4%) and also from 2018 to 2022 (66.8%), where there were 33.6% and 41.7% of psychology in the articles of counseling researchers. Of these articles, 10% were related to domestic articles, and 90% were related to foreign articles.

Finally, according to the results of the checklist of the quality of the articles based on the prism model in the field of family-oriented psychological strategy, it can be said that all the articles are either of good quality or of high quality because the percentage of quality for each item is either above 75% or between 50% and 75%, and if the percentage of quality obtained was less than 50%, we could say that the quality of the item in question is low. In the following, the results of the Kappa coefficient for agreement about the articles by two evaluators are given:

$$K = \frac{0.61 - 0.06}{1 - 0.06} = 0.64$$

According to the value of Kappa coefficient (0.64) obtained, it can be concluded that the result of the investigation of two evaluators is appropriate.

Analysis and synthesis (collective and combined)

The selected articles were analyzed at this stage based on the researcher, year, title, nature of the article, statistical population, sampling, measurement tool, analysis method, databases, journal name, country, article quality score, and quality result. Finally, the synthesis was done in order to identify family-oriented psychological strategies. In this regard, the articles'

physiological analysis was done to analyze the selected articles.

Analyzing the theme of family-oriented psychological strategy

In this research, thematic analysis was used to analyze the data in the qualitative part. The tools used in theme analysis include coding, software, theme format and theme network. In this research, different software are used for coding in thematic analysis, and MaxQda-V12 software was used.

coding

In the done codings (open, central and selective) basic themes become organizing themes and organizing themes become comprehensive themes. The study examined and coded the family-oriented psychological strategy in the theoretical foundations and research background.

The answers provided for each of the interview questions were coded by the researcher and two statisticians. The results of coding are given in the following table, which is the result of open, central and selective coding. It should be noted that the interview questions with professors and experts were based on the results of a systematic review in this field, and the questions were designed based on ten organizing themes in order to identify strategies, axes and techniques for designing the protocol.

**Table 2. Codes extracted from interviews with experts to identify family-oriented psychological strategies**

strategy (overarching themes)	axis (organizing topics)	axis (organizing topics)
<b>Cognitive restructuring strategy</b>	Familiarity with thoughts, feelings and behavior	Familiarity with thoughts, feelings and behavior
	Teaching the A-B-C behavior analysis model	Teaching the A-B-C behavior analysis model
	Definition of cognitive distortions	Definition of cognitive distortions
	Training to correct cognitive distortions	Training to correct cognitive distortions
<b>Relaxation strategy</b>	Progressive muscle relaxation training for 16 muscles	Progressive muscle relaxation training for 16 muscles
	Relaxation training without muscle	Relaxation training without muscle contraction

	contraction	
	Relaxation through symptom control	Relaxation through symptom control
<b>Self-awareness strategy</b>	Life skill training	Life skill training
	Cognition in the field of consciousness	Cognition in the field of consciousness
<b>Communication skill strategy</b>	Learning to communicate effectively with others	Learning to communicate effectively with others
	Teaching negotiation techniques in the family	Teaching negotiation techniques in the family
<b>Problem solving strategy</b>	Getting to know the concept of the problem	Getting to know the concept of the problem
	Teaching problem solving steps	Teaching problem solving steps
<b>Stress management strategy</b>	Getting to know the concept of stress management	Getting to know the concept of stress management
	Teaching stress coping styles	Teaching stress coping styles
<b>Conflict resolution strategy</b>	Familiarity with the concept of conflict	Familiarity with the concept of conflict
	Teaching conflict coping styles	Teaching conflict coping styles
<b>Anger control strategy</b>	Familiarity with the concept of anger	Familiarity with the concept of anger
	Teaching anger control styles	Teaching anger control styles
<b>Critical thinking strategy</b>	Getting to know the concept of critical thinking	Getting to know the concept of critical thinking
	Teaching critical thinking styles	Teaching critical thinking styles
<b>Time management strategy</b>	Familiarity with the concept of time management	Familiarity with the concept of time management
	Teaching time management styles	Teaching time management styles

It should be noted that after reaching the saturation limit (when no new categories or codes are obtained from text analysis or new interviews), they were categorized based on the

similarity of the codes and finally ten categories emerged from the qualitative data.

In the following, we will design the protocol based on the designed model and six steps:



**Table 3. Family-centered psychological strategic training program**

Session	Subject	Content
1	Introduction and introduction of the course	<p>Welcoming and getting to know the group members with each other</p> <p>An overview of the structure of the sessions: including review and review of the assignments of the previous 02 session, teaching techniques, doing class activities, providing homework</p> <p>Reviewing the rules and regulations of the course: attending the group on time, giving everyone a chance to speak, treating others respectfully, actively participating in the course, getting a commitment from them to attend the meetings and comply with the rules of the group, stating and explaining the principles of confidentiality and assuring the clients that their information is completely confidential and will not be leaked.</p> <p>Getting to know the goals of the course, the reason for holding meetings and explaining the problem, mutual discussion about common problems or problems, examining the necessity of teaching skills and their application in family life.</p> <p>Motivating and persuading participants to continue attending meetings (through watching animation)</p> <p>Answering the questions raised</p> <p>Educational aids: PowerPoint</p> <p>Activity</p> <p>Free discussion about the presented content,</p> <p>Conducting the pre-test</p> <p>Homework:</p> <p>Recording problems and prioritizing them from your point of view</p>
2	Cognitive restructuring	<p>Review and review the assignments of the previous session</p> <p>Intervention techniques: (with cognitive-behavioral approach)</p> <p>Familiarity with thoughts, feelings, behavior and the difference between them</p> <p>A-B-C behavior analysis model training: activating events (A), beliefs or thoughts (B), emotional consequences (C)</p> <p>Definition of cognitive distortions, types (spontaneous thoughts, schemas, etc.) and their consequences (all or nothing thinking - catastrophizing, neglect, etc.)</p> <p>Training to correct cognitive distortions using techniques: finding the schema through the vertical arrow, increasing positive self-talk about oneself, changing false social perceptions, logical analysis, opposition, alternative behaviors.</p> <p>Educational aids: PowerPoint</p> <p>Activity:</p> <p>Group discussion, giving examples from everyday life and discussing negative spontaneous thoughts and their consequences</p> <p>Evaluation of intervention results and homework:</p> <p>Write down ten of the worst life events using the A-B-C chain - identify negative spontaneous thoughts and write them on the A-B-C sheet</p>

Review and review the assignments of the previous session

Intervention techniques: (with behavioral approach)

Progressive muscle relaxation training of 16 muscles:

They include eyebrows, eyes and muscles around the eyes, jaw, lips, tongue, neck, shoulders, triceps, elbows, fingers, chest muscles, abdomen, waist, hips, legs, toes.

Sit in a quiet place, such as an armchair, so that no one or anything disturbs you during the execution of the technique, which will lead to the interruption of the exercise. Pay attention to signs of anxiety such as heart palpitations or depression and give a score from 0 to 10. Contract each of these muscles for 5 seconds and notice the tension you feel in that area... Now relax and hold it for 10 seconds and notice the relaxation you feel in that area. Now pay attention to the anxiety you feel and give it a score between zero and ten

Relaxation training without muscle contraction:

Sit in a quiet place, such as an armchair, so that no one or anything disturbs you during the execution of the technique, which will lead to the interruption of the exercise. Pay attention to signs of anxiety such as heart palpitations or heart palpitations. Breathe slowly and regularly and hold for two seconds. Try to feel more relaxed with every breath you take... let yourself go completely and pay attention to the above sixteen muscles and relax them one by one and pay attention to the resulting feeling of relaxation. Now pay attention to the anxiety you feel and give it a score between zero and ten. Do this exercise twice a day. If you have trouble relaxing a muscle, contract it briefly and relax it twice.

Relaxation through symptom control:

This stage is done with the aim of reducing the time required to reach the relaxation state. The exercise starts with relaxation technique without muscle contraction. Whenever a satisfactory relaxation state is established, execute the following recipe. Just before inhaling, the therapist says ((breathe in)) and just before exhaling, the therapist says ((relax, relax)). This sequence is repeated for 5 times. The client is then asked to perform this sequence without the use of verbal instructions. After a minute, the therapist says twice and several times ((breathe... relax, be calm)) and then the client continues this work alone for a few minutes.

This exercise can be performed twice in a session. You can ask the person in advance to estimate the time needed to reach relaxation and give feedback at the end.

Educational aids: PowerPoint

activities:

16 muscle progressive muscle relaxation exercises, relaxation without muscle contraction, relaxation through symptom control in class.

Evaluation of intervention results and homework:

1- Do the muscle relaxation exercise four times a day. 2- Perform the relaxation exercise without muscle contraction twice a day. 3- Practice relaxation through symptom control twice a day.

4

Self-awareness strategies

Review and review the assignments of the previous session  
 Intervention techniques: (with cognitive-behavioral approach and life skills)  
 Explanations about the importance of knowing one's abilities  
 Teaching the role of self-awareness and self-knowledge as a life skill  
 Teaching the role of self-awareness in self-evaluation, identifying strengths and weaknesses and creating a positive self-image  
 Teaching the role of self-awareness in self-esteem and a person's sense of worth  
 Teaching effective factors in increasing self-awareness and recognizing its obstacles  
 Avoiding negative self-talk and their role in feeling hopeless  
 Using ABC cognitive restructuring  
 Educational aids: PowerPoint  
 Activity:  
 The therapist asks family members to take a good look at each other and express their differences and similarities with others. After that, the therapist concludes that we all have similarities and differences with each other, but do these similarities and differences have anything to do with being good or bad? He summarizes that we are different not only in our appearance, but also in our opinions, interests, and tastes. Is there anything wrong with that? is it bad It's just different.  
 Evaluation of intervention results and homework:  
 1- describe themselves as they are at home and with friends and relatives and also describe themselves as they would like to be.  
 2-Describe and draw conclusions about their positive characteristics regarding general appearance, relationships, and abilities from their own and others' perspectives.  
 3- Write down their weaknesses and the things that can be done to correct them, and then describe how they feel about it.

5

Communication strategies:

Review and review the assignments of the previous session

Intervention techniques: (with cognitive-behavioral approaches and life skills)

Learning to communicate effectively with others

The purpose of teaching communication skills is to teach transparent communication and establish communication in a two-way manner so that the rules and views are expressed clearly and clearly instead of being vague and unclear. It is also tried to improve the quality of family members' relationship by facilitating supportive communication strategies (empathizing and trying to understand others' point of view). (Kim 2018)

To communicate effectively with others, you should pay attention to two strategies:

Teaching verbal response styles

In the field of teaching effective verbal response styles, people should first become aware of the types of verbal responses that they use in interacting with each other. You can show the list of styles to people and ask them to identify and determine their habitual styles. Then, people are asked to pay attention to the reaction of others to these verbal response styles. Certain styles that create undesirable responses in people should be considered as targets for change.

Teaching active listening skills

In teaching active listening skills, the therapist explains how active listening makes it easier for people to discuss their problems and concerns.

Feedback should be immediate, specific, specific, brief, and without any blame. The training should be proportional to the level of understanding and reception of the group members. The therapist encourages family members to verbalize positive statements that should be modeled.

Teaching negotiation techniques in the family (such as: having a goal and strategy, planning, choosing the right time and place, paying and focusing on the agreed issues, choosing to negotiate individually or in groups, being a listener, self-control, daring skills, problem solving and decision-making skills, managing expectations, using body language, etc.)

Educational aids: PowerPoint

Activity: The therapist shows the list of verbal styles to people and asks them to identify and determine their habitual styles.

Evaluation of intervention results and homework:

Group members are asked to talk with two people and practice active listening techniques and record the result.

Write down one of the discussions they had with family members that was effective.

6

Problem solving strategy

Review and review the assignments of the previous session

Intervention techniques: (cognitive-behavioral productivity and life skills)

Getting to know the concept and definition of the problem

Teaching problem solving steps:

Helping to recognize problematic situations, identifying important issues in life: stating the problem in a precise, clear and understandable manner is a description that shows what and why upset them, and at the same time, it defines the behaviors, feelings and situations in a way that is free from accusing this or that.

Describing the problem and expressing it accurately: The therapist teaches the family members how to express the problem correctly. In fact, he does this by providing a clear and correct definition of the problem, as well as by correcting the incorrect expression of the problem and its reflections. In this way, by comparing the conditions in which the person stated the problem in a vague manner and the condition in which the problem was stated precisely, he informed the family members about the effects and results of both conditions and showed them that the precise statement of the problem is half of solving the problem.

Goal setting and brainstorming and providing alternative solutions: Family members are encouraged to provide alternative solutions to solve the problem, but do not evaluate the solutions temporarily. The therapist may also suggest other solutions. A family member is asked to write down these solutions. It is preferable that this person is the same person who has the problem, because in this way he will maintain his interest in continuing the activity.

Decision making and choosing the best solution to the problem: Each family member is asked to hypothesize about possible positive and negative consequences for each of the alternative solutions. Then they are asked to evaluate each of them by giving a positive or negative score to the mentioned solutions. If everyone agrees on a solution, that solution is used.

Implementation of the solution: test it thoroughly before implementing it. For this, they can consider the following:

ensure that unintended consequences do not occur;

By using the brainstorming method, they can examine the solution of problems from different aspects.

Summarize and finally perform evaluation: Over time, closely monitor the new solution to ensure that it is correct and that it does not have unexpected side effects.

Educational aids: PowerPoint

activities:

Activity 1- The members should be asked to write on a piece of paper a problem that they have recently been involved in and what solution they have thought for it. And what were the consequences of that and has the issue been resolved or not?

Activity 2- One of the members is voluntarily asked to raise a problem that he is facing directly. After it is proposed, the first step of the problem solving steps which is the precise and clear definition of the problem is written on the white board, then the second step which is the production and creation of multiple solutions is noted and different solutions are written. Then the third step, which is the evaluation of the benefits and losses of each of these solutions, should be done, and one solution should be chosen as the best solution among the others by consensus of the members and the individual himself.

Evaluation of intervention results and homework:

The members should be asked to evaluate their problem at home with the steps mentioned and write it down, and if they have any questions, ask them at the next meeting.

To check the validity of the final protocol, a protocol assessment questionnaire was prepared to determine its validity on a five-level scale and was given to 30 experts in this field. Then,

the collected data was evaluated using the sample t-test, the results of which can be seen in the table below, and according to the results, it can be said that the designed protocol is valid.

Table 4. The results of a sample t-test to determine the degree of validity of the proposed protocol

Expected mean = 3							
Row	item	questions	Mean	SD	t	df	Sig.
1	Match	Is the training protocol produced from the reviewed data?	3.68	1.251	9.45	29	0.000
2	ability to understand	Are the focus of the meetings identified and are they connected in a systematic way?	3.84	1.225	11.90	29	0.000
3		Are the descriptions of training sessions well prepared?	3.66	1.338	8.62	29	0.000
4	Ability to generalize	Is the family-centered educational protocol explained in such a way that it takes into account the change of different conditions?	3.8	1.257	11.05	29	0.000
5		Are the macro conditions that may affect the designed family-centered educational protocol described?	3.7	1.185	10.27	29	0.000
6	Control	Are theoretical findings important for protocol design?	3.64	0.885	12.64	29	0.000

Descriptive indices (mean and standard deviation) of spiritual vitality scores were investigated in the family-centered psychological strategies training groups and the control group in the pre-test, post-test and follow-up stages.

The results showed that the average in the family-oriented psychological strategies training group in the post-test stage shows an increase compared to the pre-test. It can be described that the method of teaching family-oriented psychological strategies has increased the spiritual vitality of second-year high school students and their parents.

In order to investigate the effect of family-centered psychological strategies model training

on spiritual vitality scores in the pre-test, post-test, and follow-up phases, the mixed variance analysis method (one within-subjects factor and one between-subjects factor) was used. The three stages of pre-test, post-test, and follow-up were considered as within-subject factors, and the grouping of subjects into three groups was considered as a between-subject factor.

First, the assumptions of the mixed variance analysis method, "independence of observations, normality of dependent variable distribution, homogeneity of variances, and sphericity test," were examined in different groups, and all the assumptions of the test were confirmed.

Table 5. Mixed variance analysis test of spiritual vitality scores

Variable	Index Factor	SS	df	MS	F	Sig	Eta <sup>2</sup>
<b>Beliefs</b>	Within-group	1760.71	1.23	1437.79	97.63	0.001	0.63
	Test*Group	2238.58	1.23	1828.01	124.12	0.001	0.68
	Between-group	3772.09	1.00	3772.09	32.28	0.001	0.36
<b>Behaviors and feelings</b>	Within-group	2892.40	1.21	2384.41	65.16	0.001	0.53
	Test*Group	4817.20	1.21	3971.15	108.53	0.001	0.65
	Between-group	8160.80	1.00	8160.80	39.41	0.001	0.41

The results of the table above show that in relation to the intragroup factor, the F value calculated for the effect of stages (pre-test, post-test, and follow-up) is significant at the 0.05 level for the components of spiritual vitality (P

< 0.05). As a result, there is a significant difference between the average scores of the pre-test, post-test, and follow-up components of spiritual vitality in the three stages of pre-test, post-test, and treatment follow-up.

**Table 6. Bonferroni's post hoc test results for pairwise comparison of mean scores in two groups**

Variable	Groups	Mean diff.	Std err.	Sig.
<b>Beliefs</b>	Pre-test – Post-test	-5.87	0.62	0.001
<b>Beliefs</b>	Pre-test – Follow-up	-7.20	0.68	0.001
<b>Beliefs</b>	Post-test – Follow-up	-1.33	0.26	0.14
<b>Behaviors and Feelings</b>	Pre-test – Post-test	-7.90	0.98	0.00
<b>Behaviors and Feelings</b>	Pre-test – Follow-up	-9.00	1.05	0.00
<b>Behaviors and Feelings</b>	Post-test – Follow-up	-1.10	0.39	0.27

The results of Bonferroni's post hoc test in order to check the difference between the averages in the training stages show that there is a significant difference between the scores of spiritual vitality in the stages of pre-test and post-test, pre-test and follow-up (P<0.05). Also, there is no significant difference between the scores of spiritual vitality in the post-test stage compared to the follow-up stage, so the components of spiritual vitality in the follow-up stage did not change significantly compared to the post-test stage (P<0.05).

Therefore, it is concluded that teaching the family psychological strategies model based on spiritual vitality is effective and stable over time.

### Conclusion

The current research was conducted with the aim of designing a model of family-oriented psychological strategies and evaluating its effectiveness on the spiritual vitality of secondary school students. In this research, the findings of selective coding lead us to a theoretical and operational model, and it is as follows:

The results of this research indicate that: family-centered psychological strategies include cognitive restructuring, relaxation training, self-awareness strategies, communication strategies, problem-solving strategies, stress management strategies, coping strategies, conflict resolution strategies, anger control strategies, critical

thinking strategies, and time management strategies.

According to the calculated strategies and the systematic review of the theoretical foundations based on the prism model, the analysis of the content of the interviews, a conceptual model of family-oriented psychological strategies was designed. Based on the conceptual model, theoretical foundations and the views of experts in this field, with the integration of the cognitive-behavioral approach and the life skills program, the operational plan of the family-oriented psychological strategies model was compiled in 12 sessions.

Its accreditation was reviewed and approved based on the views of 30 specialists in this field and Lincoln and Guba indicators (applicability, comprehensibility, generalization and control) and indicated the program's validity, reliability and satisfaction. In order to evaluate the effectiveness of the operational model of family-centered psychological strategies on spiritual vitality, 12 sessions of 60 to 90 minutes each were implemented.

The research findings show that the family-centered psychological strategies intervention program increased the spiritual vitality of students and their parents, and these results were stable in the three-month follow-up, indicating that the family-centered psychological intervention program has the necessary validity and reliability.

Dalvand et al. (2014) achieved these results in their research. The main essence of the family-centered approach is involving the family in decision-making, cooperation and mutual respect, supporting families, sharing information with families, and trying to empower families.

In order to explain the cause and effectiveness of the intervention program, it seems necessary to mention the features of this program. The first point is about the selective approach and education strategies.

According to Yaljin and Karhan (2007), one of the most important factors that cause incompatibility in parent-child life is communication problems and miscommunication, resulting from the lack of appropriate and necessary skills to establish healthy, correct and sincere communication. The focus of the family-oriented program has been on the skills of enriching the relationship between parents and children, i.e. behavior exchange, communication skills training, problem-solving skills, empathy skills and active listening with a cognitive-behavioral approach to parents. The obtained results align with the findings of other researchers' studies about the effectiveness of family-centered education on parent-child relationships. In explaining the effectiveness of this intervention, it is also possible to mention the choice of the cognitive-behavioral approach. In this approach, in addition to transferring knowledge, obtaining feedback and changing attitudes, homework exercises are used to create skills in order to change behavior. This type of training causes deep learning and has more lasting effects.

The second point is related to the content of this program. The main focus of this training is life skills. For the first time, the World Health Organization compiled the life skills training program into 10 programs in order to prevent individual problems and increase the level of mental health of individuals and society. Today, despite deep cultural changes and changes in lifestyles, many people lack the necessary and basic abilities to face life's issues, and this has made them vulnerable in facing daily life issues and problems; While all the skills necessary for life can be learned; Therefore, the empty place of this training in the life of the participants in this course caused them to participate more actively and increase the attractiveness and the effectiveness of what they learned. When the

participants in the course became more familiar with these skills and by doing exercises, they used what they learned in their family life, they found more motivation to participate in the course, and this issue had a significant effect in increasing the effectiveness of the training for them. Considering the important point that in order to do any work, it is necessary to acquire skills in that work and while in our society, no training is given to spouses before marriage and starting a life together and raising children, the great interest of the participants in the content presented in this program was remarkable.

The third point: Necessary coordination with the organization's officials and obtaining permission to hold the course in suitable time and place conditions, reception in each session, stress-free presence of parents in the workshop and finally issuing educational certificate can be other reasons for the effectiveness of this course.

The last point: the teaching of family-oriented psychological strategies is one of the methods that family members can use to manage their feelings, thoughts and behavior and choose more appropriate solutions to deal with their problems (Nuripour et al., 2014). Failure to pay attention to practical training can face severe challenges in the relationship between spouses and their children, especially in the sensitive period of adolescence.

In explaining the findings of the research, it can be said that, according to the comprehensive content of the interventions, after practicing the skills taught, parents feel optimistic about their problems and adapt to them more easily, because the designed intervention included a diverse set of information and skills necessary for parents, which was obtained through the integration of several different approaches. Some of these information and skills included communication skills, crisis and stress coping skills, anger management skills and problem solving skills. The family-centered psychological intervention model, focusing its interventions on cognition, emotion, and behavior as the main components of the psychological system, explained part of the improvement in parent-child mental health.

Life skills programs help people to know themselves better, establish proper interpersonal relationships, control emotions, manage stressful situations and solve issues and problems as best as possible. At the same time, life skills increase the self-awareness of each



person, making them aware of their needs and expectations, and this awareness is expressed through communication skills and causes mutual understanding. In the current research, by teaching these skills, conditions were created so that people have a positive attitude towards life, themselves and their surroundings, accept each other's personal behaviors, establish intimate and friendly relationships, think together in solving problems and problems, have effective verbal and visual interaction with each other, reach an agreement on how to raise children and provide each other with relaxing conditions in life and spend happy leisure time with the family.

In line with this finding, various studies including Job Shields (2015) also showed that the increase in life skills in parents and their application in relation to their children strengthened emotional bonds and these children had less communication problems in external environments. Chilling and Samantha (2016) have also emphasized the role of educating parents in improving the family network. Oh and Bayer (2015) have also shown in a research that strengthening the child-parent relationship solves children's communication problems, and on the other hand, parents gain a correct understanding of their children's behavior. In line with Hayman, the results of another research have shown that with family therapy interventions for parents, there has been a significant improvement in changing the cognition and effective communication between parents and children, and it has also caused positive perception of children towards themselves and their parents (Kolalilo Johnston, 2016).

The results of this research confirm that in order to evaluate the effectiveness of the model of family psychological strategies-centered on the spiritual vitality of students. The results indicate that the family-centered psychological strategies intervention program increased the spiritual vitality of students and their parents, and these results were stable in the three-month follow-up, indicating that the psychological intervention program has the necessary reliability and validity.

Among the conducted research, no research similar to the current research was found; But studies close to the findings support the results of this research.

Ghasemi Shahri and Tavakoli Khaniki (2019) found these points in their study: Spiritual vitality is intellectual, praiseworthy and stable happiness, whose pleasure is above sensual pleasures and does not reflect mere pleasure-seeking, and causes dynamism, motivation, vitality, vitality, solidarity and human perfection. This vitality affects the human intellect and thought and guides him to godly activities and this is the only way to get rid of depression and worry.

Afroz (2015) believes that spiritual vitality means a feeling of peace, kindness, hope with reverence and forgiveness, and having freshness and clarity inside and believing in the creator of the universe. By increasing spiritual orientation, a person achieves a kind of self-control, as a result, he is less affected by unfavorable conditions and maintains his mental and physical health. Spirituality guides people in decisions and psychological pressures.

In his studies, Eldelkelioglu (2015) concluded that there is a negative correlation between spirituality and stress and conflict. Spiritual joy is actually a deep contentment and joy, a kind of vision belief that will never leave you. The purpose of spiritual behavior is to fly to the peak of humanity. Spirituality is an inner and invisible force, it is a set of values, attitudes and hopes that communicates with the supreme being (God) and guides one's life. Spiritual vitality is a necessity of life, it is a motivating factor to achieve great goals, its understanding gives comfort and peace to man, and its lack of understanding gives him anxiety. One of the characteristics of spirituality is to be adorned with human virtues (Rahimi & Vakili, 2018).

The results of the research of single Iraqis, Yaqoubi et al. (2021) confirm that spiritual vitality like a counselor helps a person to find meaning and meaning in difficult situations. Spiritual vitality is the basis of success (Moghadam & Davazdah Emami, 2018) and optimizes the quality of life (Sivandipour & Abdullahi, 2012).

The research findings of Sinha et al. (2019), Kim (2019), Park et al. (2020) and Anthony (2017) indicate that spiritual vitality acts as a protector against mental pressures and plays an important role in preventing the occurrence of mental disorders.

Based on the available evidence, family-centered interventions play an important role in improving emotional-behavioral problems,

considering the fact that adolescents' inconsistent behaviors and emotions are formed in the context of the family and in relation to other people; It is expected that by improving individual and interpersonal relationships in the family, creating positive interaction between members and correcting ineffective parenting methods, children's problems will also decrease.

#### Conflict of Interest

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

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