

Original research

The effectiveness of positive psychotherapy on distress tolerance and resilience of mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan provinceSeyyedeh Maedeh Jafarei Chaychiyani*,¹ Seyyed Ali Majidi²**Abstract**

Introduction: attention deficit/hyperactivity disorder is one of the most common neurodevelopmental disorders among children and adolescents. This disorder has also been reported among 3 to 5 year old children. The aim of this research was the effectiveness of positive psychotherapy on distress tolerance and resilience of mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan province.

Research method: The method of this research is semi-experimental (pre-test - post-test with a control group). The statistical population of this research was all the mothers of children with attention deficit/hyperactivity disorder working in the hospitals of Gilan province in the third quarter of 2011. The statistical sample was based on the research design and according to Delaware 2, groups of 15 people and a total of 30 people were considered. According to the research design (semi-experimental), the statistical sample was selected from among the volunteers and randomly replaced in two experimental and control groups. In order to collect information, the distress tolerance questionnaires of Simmons and Gaher (2005) and the resilience scale questionnaire of Connor and Davidson (2003) were used.

Findings: The results of this research showed that positive psychotherapy is effective on stress tolerance and resilience of mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan province.

Conclusion: It is suggested that workshops with the content of techniques for increasing distress tolerance and resilience be planned and held by the welfare organization. So that all interested people, especially mothers of children with attention deficit/hyperactivity disorder, can participate in such workshops.

Key words: attention deficit disorder, distress tolerance, positive psychotherapy, resilience

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Introduction:

The presence of a child with behavioral problems and disorders, one of the most important and common of which is hyperactivity disorder; in every family, the structure of that family affects and overshadows the mental health of the family, especially the parents. In the family environment, which is actually a limited society, the actions and reactions between the members have a significant effect on increasing or decreasing existing problems. The birth of a child with adjustment problems in any family is associated with some kind of tension, and in such a situation, although all members of the family and its functioning suffer. But the problems related to taking care of a child suffering from attention-deficit-hyperactivity disorder puts the parents, especially the mother, at risk of mental damage. Just as the mother's reactions have the power to influence the child, the child's behavior and mood can also affect the mental health of mothers (1). Among these issues, based on the research of Aili, Norharlit, Manvin and Salvina (2), we can mention the reduction of distress tolerance. Distress tolerance, as an emerging construct in psychology, can be defined as a person's real or perceived ability to stand up to emotional distress or endure stress without making the problem worse (3). Almost everyone experiences intense emotional states at some point in their lives, but some people regularly struggle with overwhelming or uncontrollable emotions. This feature is often associated with the fear of experiencing negative emotions (4). Distress tolerance may be affected by characteristics such as attention, cognitive evaluations of stressful emotional or physical situations. However, having the skill to tolerate distress will help people to deal with problems and survive during crises and facilitate the tolerance of short-term and long-term physical and emotional pain (5). Therefore, children and adolescents who have to spend most of the day alone usually have a low tolerance for distress and can have trouble with relatively mild levels of stress and may react with negative behaviors. Fortunately, today there are several treatment solutions that people can follow by themselves or with the help of an expert in a clinical environment (6).

Blido-Gonzalez and Robles-Ortega have proposed resilience as another important factor in mothers of hyperactive children. Resilience, the process of adaptation in the face of hardship, trauma, tragedy, threat or significant sources of stress, including family and relationship problems, is considered a serious health problem (7). Resilience is an anxiety reaction that people use when faced with stressful events. But this is not a congenital characteristic and anyone can strengthen resilience in themselves (8-9). One of the characteristics of resilient people is a positive attitude, optimism, the ability to regulate emotions and the ability to see failure in order to receive positive feedback. Even after difficulties, resilient people have such a view that they are happy and can finish the game in their favor. Having such a spirit leads to correct decisions and shows a person's psychological and mental peace (10). Since resilience can be one of the important and influential factors on mental health, researchers are of the opinion that deficiencies in resilience can predict psychological disorders and this issue is one of the basic fields in It is examined by psychotherapy specialists to determine the health level of people in various psychological and physical areas (11). Based on the studies, one of the most appropriate interventions to increase mothers' stress tolerance

and resilience is positive psychotherapy. Positive psychotherapy focuses on moving away from individual mistakes or negative aspects and moving towards good and positive aspects and supporting clients in using their inner resources to overcome challenges, understand and understand the context. It focuses on growth (12). This method of intervention often includes a wide range of interdisciplinary psychotherapy approaches, including the use of multicultural stories, ideas, and metaphors to help people develop a new perspective on their mental health in positive ways uses Interventionists who use this method often invite the individual to place themselves in the context of the stories, so they actively participate in their recovery process and contribute to their own recovery. they help This approach expanded the field of focus of clinical psychology beyond the unpleasant symptoms of a disorder and the direct relief of symptoms, and the goal of psychotherapy is more than improving the negative characteristics of a disorder, i.e. increasing the well-being and happiness of people (12). Seligman (13) considered well-being as the main subject of positive psychotherapy approach and divided it into three components: positive emotion (enjoyable life), fascination (attractive life) and meaning (life with meaning) and each of these interventions is designed in a way have been found to affect one or more aspects of well-being (14). In the research conducted by Kotra, Green and Sheffield (15), the effect of positive psychology intervention training on well-being; Onubel, Sayar, Akshi, Avsaroglu, Barish, Gunayden et al. (16) The effect of positive psychological treatment on emotional intelligence; Hopen and Morena investigated and confirmed the effect of positive psychotherapy on increasing positive characteristics and decreasing negative characteristics separately. However, according to the researchers' review, no research has investigated the effectiveness of positive-oriented psychotherapy on the stress tolerance and resilience of mothers of children with attention deficit/hyperactivity disorder working at the same time. Based on this and considering the existing gap, the current research seeks to answer the question, is positive psychotherapy effective on tolerance-distress and resilience of mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan province?

Research method:

The method of this research is semi-experimental (pre-test - post-test with control group). The statistical population of this research was all mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan province in the third quarter of 2011. The number of people in the statistical sample based on the research plan and according to Delaware's opinion, 2 groups of 15 people and a total of 30 people were considered. According to the research design (semi-experimental), the statistical sample was selected among the volunteers and was randomly replaced in two experimental and control groups. Research tool

Distress Tolerance: The Simmons and Gaher Distress Tolerance Questionnaire has 15 items and four subscales of tolerance (emotional distress tolerance), absorption (being absorbed by negative emotions), evaluation (mental assessment of distress) and regulation (setting challenges to relieve distress). Is. The statements of this questionnaire are graded on a five-point scale (1. completely agree; 2. slightly agree; 3. neither agree nor disagree; 4. slightly disagree; 5. completely disagree)

and the scoring for question six is reversed. . In Simmons and Gaher's research, the alpha coefficients for these scales were 0.72, 0.82, 0.78, and 0.70, respectively, and 0.82 for the whole scale.

Also, the validity results showed that this scale has good initial convergent and criterion validity. Alavi has used this tool in his thesis, he has implemented it on 48 students of Ferdowsi University of Mashhad Medical Sciences (31 women and 17 men) and reported that the whole scale has high internal consistency reliability (71 $\alpha = 0.00$) and the subscales have moderate reliability (for tolerance 0/54 absorption 0.42, evaluation 0.56, adjustment 0.58).

Resilience: In this research, Connor and Davidson's resilience scale was used to measure people's resilience. This questionnaire has 25 items and is scored on a Likert scale between 0 (never) and 5 (always). Although this scale measures different levels of resilience, it has a total score. The creators of the test in different groups (normal and risk) have obtained the scale's validity (by factor analysis and convergent and divergent validity) and reliability (by retest method and Cronbach's alpha). The results of the preliminary study related to the psychometric properties of this scale have confirmed its reliability and validity. This scale in Persian form has had good validity and reliability in previous studies, and its alpha coefficient was reported as 0.84 in the res Positive psychotherapy

In this research, positive psychotherapy intervention was implemented using the standard protocol of positive psychotherapy intervention by Seligman, Rashid and Parks (12) in 14 sessions of 45 minutes. The titles and contents of the designed meetings are reported in Table 1.

Table 1: Summary of positive group intervention protocol

| Meeting | Titles | Contents |
|---------|---|---|
| First | The lack of positive resources causes the continuation of problems. | Discuss the framework of positive therapy, the role of the therapist and the responsibility of the clients, the role of the absence or lack of positive emotions and abilities in the continuation of problems. |
| Second | determination of special capabilities | discussion about marital happiness, fulfillment and life satisfaction, identification of special and positive capabilities, and examination of situations that capabilities have helped them |
| Third | Cultivating special abilities and positive emotions | Discussing the development of special and prepared capabilities of clients to shape specific, objective and .attainable behaviors to develop specific capabilities |
| Fourth | good memories versus bad memories, | The role of good and bad memories according to their role in maintaining problems, encouraging clients to express |

| | | |
|----------------|---------------------------------|--|
| | | emotions combined with bitterness and the effects of bitterness on health and well-being in life. |
| Fifth | Forgiveness | Introducing forgiveness as a powerful tool to transform problems and bitterness into neutral feelings and emotions or even into positive feelings and emotions. |
| The sixth | Appreciation | Discussing gratitude as thanks and highlighting memories with an emphasis on gratitude |
| The seventh | Interim review of treatment | Examining the topics of previous meetings, encouraging clients to participate in discussions, expressing the importance of positive emotions, reviewing goals related to abilities, discussing the process and progress, and examining clients' feedback about therapeutic benefits. |
| Eighth | Contentment versus maximization | Discussion of (good enough) contentment versus maximization in the context of pleasurable laborious work and encouragement of contentment through commitment to maximization |
| ninth | Good mood and hope | Encouraging clients to think about when they failed at an important task, when a big plan fell through, or when they were not accepted by others, and to explore what coping strategies they used. |
| tenth | love and attachment | Discussion about active and constructive response and invitation to identify special and effective abilities of other people on them |
| eleventh | Genealogy of abilities | Examining the importance of identifying the capabilities of family members |
| twelfth | sense of taste | Introducing the sense of taste as the awareness of pleasure and its intentional creation and how to protect it from problems and threats |
| the thirteenth | the gift of time | Discussion about using the gift of time regardless of financial situation and explaining how to use special capabilities to serve your spouse and others instead of serving yourself. |
| the fourteenth | full life | Describing the complete life and its dimensions, reviewing the meetings and examining the benefits and sustainability of the intervention method |

In this research, the data was analyzed at two descriptive and inferential levels. So that in the descriptive part, the frequency, percentage, mean and standard deviation of the findings were displayed, and in the inferential level, the Kolmogorov-Smirnov test was first used to check the

normality of the research variables, then the research hypotheses. It was analyzed using the statistical method of multivariate analysis of covariance and univariate analysis of covariance in the text of multivariate covariance analysis and SPSS version 23 software.

Findings:

Table 2- Calculation of mean and standard deviation of tolerance distress variable and its components

| variables | position | Experimental group | | Control group | |
|--------------------|----------------|--------------------|--------------------|---------------|--------------------|
| | | mean | Standard deviation | mean | Standard deviation |
| Tolerance | pre-exam | 7 | 1/13 | 7 | 1/25 |
| | After the test | 12/66 | 1/29 | 7/20 | 1/26 |
| attraction | pre-exam | 6/86 | 1/40 | 6/66 | 1/23 |
| | After the test | 10/60 | 1/18 | 6/86 | 1/24 |
| Assessment | pre-exam | 16 | 1/19 | 16/20 | 1/01 |
| | After the test | 20 | 1/51 | 16/40 | 0/98 |
| Tuning | pre-exam | 6/80 | 1/47 | 6/26 | 1/38 |
| | After the test | 10/66 | 1/34 | 6/40 | 1/40 |
| Endurance distress | pre-exam | 36/66 | 2/89 | 36/13 | 2/92 |
| | After the test | 53/93 | 2/84 | 36/86 | 3/15 |

Based on the results of Table 1, the average of the test group has improved from the pre-test to the post-test in the tolerance distress variable and its components. This improvement is positive. Therefore, the difference between the two groups in the post-test phase is in favor of the experimental group.

Table 2- Calculation of mean and standard deviation of resilience variable and its components

Based on the results of Table 2, in the resilience variable and its components, the average of the test group has improved from pre-test to post-test. This improvement is positive. Therefore, the difference between the two groups in the post-test phase is in favor of the experimental group.

Table 3- Calculation of the Kolmogorov-Smirnov test of research variable

| variabls | Amara Kolmogorov-Smirnov | sig |
|---------------------------|--------------------------|-------|
| Endurance distress | 0/095 | 0/200 |
| Resilience | 0/201 | 0/106 |

The results of Table 3, which are related to the normality of the research data, show that the Kolmogorov-Smirnov test statistic for both variables is greater than 0.05. Therefore, it can be said that the data distribution is normal.

The first hypothesis: positive psychotherapy is effective on the distress tolerance of mothers of children with attention deficit/hyperactivity disorder.

Table 4- The results of Levine's test regarding compliance with the hypothesis of homogeneity of variances in the distress tolerance variable

| Variabls | F | DF1 | DF2 | Sig |
|---------------------------|-------|-----|-----|-------|
| Endurance distress | 2/682 | 1 | 28 | 0/113 |

In Table 4, the assumption of homogeneity of variances has been calculated. Due to the non-significance of Levin's test in the distress tolerance variable, the assumption of homogeneity of variances among the variables has been established and the use of parametric tests is unimpeded.

Table 5. Results of significance test of covariance analysis for distress tolerance variable

| Test | the amount of | F | The degree of freedom of the hypothesis | Error degree of freedom | Sig | Eta coefficient |
|------------------|---------------|--------|---|-------------------------|-------|-----------------|
| Pillai's work | 0/937 | 72/164 | 4/00 | 20/00 | 0/001 | 0/935 |
| Wilks Lambda | 0/065 | 72/164 | 4/00 | 20/00 | 0/001 | 0/935 |
| Hotelling's work | 14/443 | 72/164 | 4/00 | 20/00 | 0/001 | 0/935 |
| The biggest root | 14/443 | 72/164 | 4/00 | 20/00 | 0/001 | 0/935 |

Table 5, the significance of covariance analysis for distress tolerance variable is calculated. As the results showed that there is a significant difference between the two groups in the studied variable (Eta=0.935, $P<0.001$, $F=72.164$, $WilkS=0.065$). Also, the significance levels of all tests allow the use of multivariate variance analysis. These results show that there is a significant difference between the two groups in at least one of the dependent variables. The eta square (which is actually the square of the correlation coefficient between dependent variables and group membership) shows that the difference between the two groups in the studied variables is significant and the amount of this difference is 0.935; That is, 93.5% of the variance related to the difference between the two groups is due to the mutual influence of the variables.

Table 6- The results of the covariance analysis test of the effectiveness of positive-oriented psychotherapy on distress tolerance

| Source of changes | sum of squares | df | mean square | F | Sig | Eta coefficient |
|-------------------|----------------|----|-------------|--------|-------|-----------------|
| pre-exam | 61834/800 | 1 | 61834/800 | 52/405 | 0/001 | 0/996 |
| Group | 2184/533 | 3 | 2184/533 | 24/082 | 0/001 | 0/893 |
| Error | 252/667 | 56 | 9/024 | | | |

In Table 6, the covariance analysis of the effectiveness of positive psychotherapy on distress tolerance is calculated. The results show that by controlling the pre-test scores, the distress tolerance scores of the subjects of the two groups did not differ significantly before the implementation of the research. By controlling this non-significant relationship and according to the calculated F coefficient, the difference in the average distress tolerance score of the two groups is statistically significant ($P<0.001$). In other words, positive-oriented psychotherapy training has increased distress tolerance in the experimental group compared to the control group in the post-test phase. The eta square or the effect coefficient indicates that the studied interventions increased the distress tolerance score of the experimental group subjects by 89.6% compared to the control group. According to the mentioned result, the first hypothesis is confirmed. Second hypothesis: Positive psychotherapy is effective on the resilience of mothers of children with attention deficit/hyperactivity disorder.

Table 7- The results of Levine's test regarding compliance with the hypothesis of homogeneity of variances in the resilience variable

| Variabls | F | DF1 | DF2 | Sig |
|------------|-------|-----|-----|-------|
| Resilience | 3/294 | 1 | 28 | 0/080 |

In Table 7, the assumption of homogeneity of variances is calculated. It shows that due to the non-significance of Levin's test in the resilience variable, the assumption of homogeneity of variance among the variables is established and the use of parametric tests is unimpeded.

Table 8. Results of significance test of covariance analysis for resilience variable

| Test | the amount of | F | The degree of freedom of the hypothesis | Error degree of freedom | Sig | Eta coefficient |
|------------------|---------------|---------|---|-------------------------|-------|-----------------|
| Pillai's work | 0/972 | 133/043 | 5/00 | 19/00 | 0/001 | 0/972 |
| Wilks Lambda | 0/028 | 133/043 | 5/00 | 19/00 | 0/001 | 0/972 |
| Hotelling's work | 35/011 | 133/043 | 5/00 | 19/00 | 0/001 | 0/972 |
| The biggest root | 35/011 | 133/043 | 5/00 | 19/00 | 0/001 | 0/972 |

In Table 8, the significance of covariance analysis for resilience variable is calculated. As the results showed that there is a significant difference between the two groups in the studied variable (Eta=0.972, $P < 0.001$, $F = 133.043$, $Wilks = 0.028$). Also, the significance levels of all tests allow the use of multivariate variance analysis. These results show that there is a significant difference between the two groups in at least one of the dependent variables. The eta square (which is actually the square of the correlation coefficient between dependent variables and group membership) shows that the difference between the two groups in the studied variables is significant and the amount of this difference is 0.972; That is, 97.2% of the variance related to the difference between the two groups is caused by the mutual influence of the variables.

Table 9- The results of covariance analysis of the effectiveness of positive psychotherapy on resilience

| Source of changes | sum of squares | df | mean square | F | Sig | Eta coefficient |
|-------------------|----------------|----|-------------|-------|-------|-----------------|
| pre-exam | 39755/735 | 1 | 39755/735 | 5/146 | 0/049 | 0/121 |
| Group | 1315/807 | 3 | 25/202 | 7/306 | 0/022 | 0/421 |
| Error | 138/583 | 56 | 9/024 | | | |

In Table 9, the covariance analysis of the effectiveness of positive psychotherapy on resilience is calculated. The results show that by controlling the pre-test scores, there was no significant difference in the endurance score of the subjects of the two groups before the implementation of the research. By controlling this non-significant relationship and considering the calculated F coefficient, the difference in the mean resilience score of the two groups is statistically significant ($P < 0.001$). In other words, positive-oriented psychotherapy training has increased resilience in the experimental group compared to the control group in the post-test phase. Eta square or effect

coefficient indicates that the studied interventions have increased the resilience score of the experimental group subjects by 42.1% compared to the control group. According to the mentioned result, the second hypothesis is confirmed.

Discussion and conclusion:

This research was conducted with the aim of determining the effectiveness of positive psychotherapy on distress tolerance and resilience of mothers of children with attention deficit/hyperactivity disorder working in hospitals in Gilan province. In the first hypothesis, the results showed that positive-oriented psychotherapy was effective on the distress tolerance of mothers of children with attention deficit/hyperactivity disorder. This finding is consistent with the results of the researches of Swadkoshi (17) and Chadhari. In this regard, Russell and colleagues (3) believe that distress tolerance, as an emerging construct in psychology, can be the real or perceived ability of a person to stand against emotional distress or endure stress without making it worse. The problem is defined. Almost everyone experiences intense emotional states at some point in their lives, but some people regularly struggle with overwhelming or uncontrollable emotions. This feature is often associated with the fear of experiencing negative emotions. Also, according to Makati et al. (7), distress tolerance may be affected by features such as attention, cognitive evaluations of stressful emotional or physical situations. However, having the skill of coping with distress will help people to deal with problems and survive during crises and facilitate the tolerance of short-term and long-term physical and emotional pain. Therefore, children and adolescents who have to spend most of the day alone usually have a low tolerance for distress and can have problems with relatively mild levels of stress and may react with negative behaviors. Fortunately, today there are several treatment solutions that people can follow on their own or with the help of an expert in a clinical environment.

In the explanation of this finding, it can be said that based on the conducted investigations, one of the most appropriate interventions for increasing anxiety tolerance is positive psychotherapy. Positive psychotherapy focuses on moving away from individual mistakes or negative aspects and moving towards good and positive aspects and supporting clients in using their inner resources to overcome challenges, understand and understand the context. It focuses on growth. This method of intervention often includes a wide range of interdisciplinary psychotherapy approaches, including the use of multicultural stories, ideas, and metaphors to help people develop a new perspective on their mental health in positive ways. Uses Interventionists who use this method often invite the individual to place themselves in the context of the stories, so they actively participate in their recovery process and contribute to their own recovery. they help This approach expanded the field of focus of clinical psychology beyond the unpleasant symptoms of a disorder and the direct relief of symptoms, and the goal of psychotherapy is more than improving the negative characteristics of a disorder, i.e. increasing the well-being and happiness of people.

In the second hypothesis, the results showed that positive psychotherapy was effective on the resilience of mothers of children with attention deficit/hyperactivity disorder. These findings are

consistent with the results of Kiai and Mohammadi (18), Turkashund et al. (19), Rezazadeh Moghadam et al. (20) and McFarlane (21). In this regard, Blido-Gonzalez and Robles-Ortega have proposed resilience as one of the important factors in mothers of hyperactive children. Resilience is the process of adaptation in the face of hardship, trauma, tragedy, threats or significant sources of stress, including family and relationship problems, serious health problems. Resilience is an anxiety reaction that people use when faced with stressful events. But this is not an inborn trait and anyone can strengthen resilience in themselves. On the other hand, Start et al. (10) believe that one of the characteristics of resilient people is a positive attitude, optimism, the ability to regulate emotions, and the ability to see failure to receive positive feedback. Even after difficulties, resilient people have such a view that they are happy and can finish the game in their favor. Having such a spirit leads to correct decisions and shows a person's psychological and mental peace. Since resilience can be one of the important and influencing factors on mental health, researchers are of the opinion that deficiencies in resilience can predict psychological disorders and this issue is one of the fields of It is basic about the examination of psychotherapy specialists to determine the health level of people in different psychological and physical areas.

In explaining this finding, it can be said that resilience refers to the dynamic process of positive adaptation to bitter and unfortunate experiences. It is also defined as skills, characteristics and capabilities that enable a person to adapt to hardships, difficulties and challenges. Resilience is the opposite of vulnerability and is partly a personality trait and influenced by environmental factors. Therefore, it can be improved through education and help people to face the events and unpleasant realities of life in a positive and efficient way. With a general summary, resilience can include maintaining calmness under pressure, flexibility in facing obstacles, avoiding erosion strategies, maintaining optimism and positive emotions during difficulties and getting rid of He knew the internal obstacles. Resilient people show degrees of health and independence. They are able to think for themselves and implement it, and when they criticize their environment, they are able to convey their opinions to others. They have good feelings towards the people around them and believe in their abilities to change the environment. Resilience is returning to the initial balance, reaching a higher level balance (in threatening conditions) and therefore provides successful adaptation in life. Positive adaptation to life can be considered as a consequence of resilience and as a precursor, it can cause a higher level of resilience. This problem is caused by the complexity of the definition and process view of resilience.

Ethical Considerations: After the necessary approvals and obtaining permission from the university, in order to complete the questionnaires, the goals and working methods were explained to all the people participating in the study, and their consent was obtained and they were assured that the results of the research will be available to them if they wish. They will be placed. Also, people were assured that they are free to participate or not participate in the research, and in case of non-participation and cooperation, the process of their treatment or care. It will not be subject to effectiveness and will be followed up as usual. People were assured that they can decide to

withdraw from the research at any stage of the research and this will not have any negative consequences for them.

Limitations of the research: This study has achieved appreciable results in its level and size, but the researcher does not claim to control all aspects, including the control of disturbing and intervening variables, and perhaps there was not much precision in controlling these factors. Another limitation of this research is the lack of follow-up. This caused us to have no information about the durability of the results.

Conflict of interest: The authors hereby declare that this work is the result of an independent research and does not have any conflict of interest with other organizations and persons.

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