Family and health Quarterly, vol14, Issue 2, Summer 2024, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1187065

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# Comparing the Effectiveness of Therapy based on Acceptance and Commitment and Reality Therapy on Parent-Child Relationship

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**Abstract**

**Introduction:** Adolescence is a unique period of transition that is associated with physical, psychological and social changes. In addition to these changes, the discovery of identity is also considered one of the most important features of this period, and for this reason, in this period, the need for independence increases and they look for their self-concept and values, and this process leads to changes in the family, and this change leads to other changes. In parent-child relationships, this research was conducted with the aim of comparing the effectiveness of therapy based on acceptance and commitment and reality therapy in a group manner on the parent-child relationship in teenage students.

**Research Methods**: The research method was semi-experimental with a pre-test-post-test design with a control group. The research population included all the male secondary school students of the 2nd district of Hamadan city who were studying in the academic year of 2022-2023. From these, 3 groups of 20 people were selected by multi-stage cluster sampling method and were randomly divided into experimental and control groups and were administered the parent-child relationship evaluation questionnaire by Fine, Moreland and Scobel in two pre-post sessions. They answered the test. The subjects of the experimental group were treated with the approach of treatment based on acceptance and commitment and reality therapy, during 8 sessions, 1 session of 60 minutes per week, but no training was given to the control group. The data were statistically analyzed with SPSS software and using the analysis of covariance test and a significant level of $p < 0.05$.

**Results:** The results showed that the post-test average of the group treated with the treatment approach based on acceptance and commitment on the father-child relationship is 20.5 points higher than the control group (i-j=20.5, sig=0.034). Also, the mean post-test of the group treated by reality therapy method on the parent-child relationship is 42.9 points higher than the control group (i-j=42.9, sig=0.0001).

**Conclusion:** According to the results of this research, it can be said that therapy based on acceptance and commitment and therapy based on reality therapy led to the improvement of father-child relationship.

**Keywords:** Acceptance and Commitment, Parent Child Relationship, Reality Therapy, Students

**Received: 14/ July/ 2024** **Accepted: 19/ August/ 2024**

**Citation:** Vahid F, Esmaeil Ebrahimi M, Kord R. Comparing the Effectiveness of Therapy based on Acceptance and Commitment and Reality Therapy on Parent-Child Relationship, Family and health, 2024; 14(2): 90-107

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**Introduction:**

Adolescence is a unique period of transition that is associated with physical, psychological and social changes. In addition to these changes, the discovery of identity is considered one of the most important features of this period [1]. As teenagers gradually progress in this age period, their needs change compared to childhood, their need for independence increases and they seek to build their self-concept and values, which will also lead to changes in the family [2]. Entering this course challenges teenagers and parents. Adolescents may perceive their parents as stricter as and more controlling than before, and consider their parents as irresponsible and unruly, and this makes them and their parents face challenges on how to reorganize their responsibilities and adjust their family relationships [3]. ]. At first, parents cannot understand why their teen likes to run away from family activities to be with friends, and they become very anxious about their teen's behavior. They see a deep gap between themselves and their teenager and feel threatened [4]. If these conflicts are too much, it is considered a danger for the well-being and psycho-social adaptation of teenagers, the teenager imagines that his parents do not understand him and his needs, and this will reduce the closeness between him and his parents [5].

A review of the research literature shows that the family and the parent-child relationship have a strong influence on the mental health of adolescents. These relationships can be considered as the field of social microbiology in which important others provide their own feedback in a way that supports the psycho-social development of the young generation, especially in the transition from childhood to adolescence and from adolescence to early adulthood [6]. .

In fact, intimacy, emotional relationship, emotional support along with parental supervision and guidance are related to reducing the possibility of risky behaviors in teenagers [7] and strong differences in the family cause emotional and behavioral problems in teenagers. Studies conducted in this field have pointed out challenges and solutions, most of which are focused on parenting methods and their effects on adolescent behavior management [8]. However, there is no clear answer for parents to know how to overcome the challenges of this age, and there is very limited qualitative research on identifying the needs of adolescents in relation to their parents. In this sense, parents are not aware of the deep needs of teenagers and this issue can be a factor for family disputes in this age period [9].

Iranian parents and teenagers are not exempt from this issue, they also face such problems in their relationships that can affect their mental health. The importance of the parent-adolescent relationship and its role in the mental health of adolescents on the one hand, and the need to improve this relationship in order to reduce tension and conflicts between parents and adolescents on the other hand; Also, the cornerstone of any preventive or interventional measures is the precise identification of the desired problems and existing needs, so the current study aims to improve the parent-child relationship with education and intervention of psychological treatments.

Among the different treatment approaches, the most important treatment method for these children and adolescents, along with drug therapy, is education based on adaptation, skills and treatment. Among these effective therapeutic interventions to increase the mental flexibility of adolescents

Family and health Quarterly, vol14, Issue 2, Summer 2024, ISSN: 2322-3065
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and the adaptation of parents and parent-child relationships, we can mention treatment based on acceptance and commitment.

Treatment based on acceptance and commitment, as one of the newly emerging treatments of the third wave, uses a combination of mindfulness along with behavioral principles and a person's correct perception of his personal values in order to increase the psychological flexibility of the person. The main components of this treatment include six core processes that lead to psychological flexibility [10]. In fact, what is important in this treatment is to achieve a general process called the improvement of the parent-child relationship, which makes the person as a person aware of his thoughts and feelings, fully in touch with the present and performing the behaviors that will lead him in the path of life. It moves in the direction of values and introduces commitment towards these values [11]. Therapy based on acceptance and commitment seems to be suitable for Iranian parents due to its combination with eastern techniques [12]. Previous studies have shown that this treatment improves symptoms and parent-child communication in children and adolescents [13] and regulates emotions [14], increases mindfulness and reduces conflicts between parents and adolescents [15], reduces psychological distress [16] and increases well-being. Parental psychology [17] is effective.

The effectiveness of treatment based on acceptance and commitment in this research is on the parent-child relationship with an emphasis on metaphor and simile of experimental exercises to free oneself from verbal content and create more connection with the continuity of experience in the present. In this treatment, instead of making a change in cognition and conflict with them, the effort is to improve the psychological relationship of the person with his feelings and thoughts [18] and lead to the improvement of relationships with others.

Among other positive treatment and behavioral third wave, we can mention reality therapy, which is a counseling and psychotherapy method and was founded by Glaser [19]. The reality of therapy is in the explanation of an educational theory [prevention] and treatment [20]. This theory has different functions such as: home, school and medical centers [21]. The main goal of reality therapy is to change the person's unsuccessful identity and create responsible behaviors, because these behaviors cause discomfort and anxiety in humans, and as a result, inappropriate parent-child relationship [22]. According to Glaser, people are more motivated by internal stimuli than by external stimuli [23].

In fact, all the behavior of a person is to satisfy the five needs. The appearance of any kind of incompatible behavior in a person is an effort that a person makes in order to control his perceptions and control his life. This means that anxiety, depression, and aggression are caused by the person personally. By making wrong and unknowing choices, he brings fruit to himself in order to overcome anger and loneliness and benefit from the support and help of others [24], therefore, it can be concluded that these two treatments are third wave in terms of They have a lot of emphasis on action instead of thinking, as well as their emphasis on moral values and intelligent planning, but the first difference is that, in contrast to reality therapy, which considers the main problem to be the effort of humans to control other people. and emphasizes on the interpersonal world [24], treatment based on acceptance and commitment considers the root of problems within the

individual and tries to fight or deny and eliminate unpleasant thoughts and feelings and control them at any cost [ 25]. Second, according to their theoretical basis, reality therapy focuses a large part of its training on teaching people to satisfy their five needs with high responsibility and away from control [24], but the therapy of acceptance and commitment to people It teaches them to move toward effective value-oriented behaviors by emphasizing values and using fault, acceptance, and mindfulness [25]. Now the question arises for the researchers, which approach is more capable in solving the problems that are considered as the dependent variable of this research. Therefore, in this study, an attempt is made to answer the question of whether the effectiveness of reality therapy and therapy based on acceptance and commitment on the parent-child relationship of male students in the second secondary level is different or not?

**Research Methods:**

The research method was semi-experimental with a pre-test-post-test design with a control group. The research population included all the male secondary school students of the 2nd district of Hamedan city who were studying in the academic year of 1402-1401. Sample selection using multi-stage cluster sampling and the number of samples based on similar studies, such as the research of Linehan and Dimf et al. 10% was calculated for each group of 20 people, which were randomly assigned, 20 people in the first experimental group (therapy based on acceptance and commitment), 20 people in the second experimental group (reality therapy) and 20 people in the control group and divided into They answered the parent-child relationship evaluation questionnaire in 2 stages. Entry criteria include: 1. male students; 2. Second high school students; 3. Students of the 2nd district of Hamadan city and the criteria for leaving the research included having more than two sessions of absenteeism, non-cooperation and not doing the specified assignments in the class and unwillingness to continue participating in the research process.

The treatment group based on acceptance and commitment during 8 sessions (1 session of 60 minutes per week) as a group based on the treatment protocol based on the method of Hayes et al. [27] and the experimental group of reality therapy based on the protocol of Glaser et al. [28] 8 sessions of 60 minutes were scheduled and the control group did not receive training.

The research tool was the pa**rent-child relationship evaluation questionnaire created by Fine, Moreland and Scobel** in 1983 [29]. This questionnaire consists of 24 items that are used to measure the quality of communication between parents and children. The parent-child relationship questionnaire has two forms, one for measuring the child's relationship with the mother and the other for measuring the child's relationship with the father. Both forms are the same for father and mother, except for the words "father" and "mother" which are interchangeable. But there are different factors in parent forms. The components of the father's version include: positive emotions, father's conflict and fusion, communication and anger, and the components of the mother's version include: positive emotions, hatred/role confusion, identity determination and communication. The scoring of the questionnaire is on a 7-point Likert scale. Items 9, 13 and 14 are reverse scored and then the scores of the options are summed and divided by the number of options for each factor (mean of each subscale). The total score is the average sum of the subscales

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[30]. The validity and reliability of the questionnaire in Fine, Moreland and Scobel's research [29] is that the parent-child relationship scale has alpha coefficients of 0.89 to 0.94 for the subscales related to the father, as well as overall alpha of 0.96 and alpha coefficients. 0.61 [identification] to 0.94. For the subscales related to the mother, the total alpha has an excellent internal consistency of 0.96. These alpha coefficients were obtained by the creators of the scale by implementing the questionnaire on 241 subjects. In the research conducted by Iraqi [31], the final coefficients calculated for the father's questionnaire were equal to 0.93 and for the mother's form was 0.92, which indicates a good internal consistency. By distinguishing between children of divorced families and children of healthy families, this questionnaire has well-known group validity and good predictive validity.

**Acceptance and Commitment Therapy**: In the present study, a therapy protocol was developed based on the method of Hayes and his colleagues in 2006 [27]. This program was implemented by the therapist in 1 session of 60 minutes every week for 8 weeks.

**Table 1.** Subjects of acceptance and commitment training sessions [27]

| meetings | The content of the meetings |
|---|---|
| First session | Establishing a therapeutic relationship, concluding a therapeutic contract, psychological training |
| second session | Discussing experiences and evaluating them, efficiency as a measure, generating creative frustration |
| third session | Articulating control as a problem, introducing desire as another response, engaging in purposeful actions |
| fourth Session | The use of cognitive breakdown techniques, interfering with the functioning of problematic language chains, weakening one's alliance with thoughts and emotions |
| fifth meeting | Viewing self as context, undermining self-concept and self-expression as observer, showing separation between self, inner experiences, and behavior. |
| The sixth session | Application of mental techniques, patterning of leaving the mind, training to see inner experiences as a process |
| The seventh session | Introducing value, showing the dangers of focusing on results, discovering the practical values of life |
| The eighth session | Understanding the nature of desire and commitment, determining action patterns in accordance with values |

**Reality Therapy**: In the present study, a therapeutic protocol was developed based on the method of Glaser et al.'s protocol [28]. This program was implemented by the therapist in 1 session of 60 minutes every week for 8 weeks.

**Table 2.** Description of the reality therapy package

| meetings | The content of the meetings |
|---|---|
| First session | Introduction, determining group rules with the cooperation of members, examining the importance and role of communication skills, familiarizing group members with |

| | |
|---|---|
| | each other and establishing a relationship based on trust between members and communicating group rules. |
| second session | Teaching the concepts and theories of reality therapy, introducing how and why people behave, focusing on the members' awareness and knowledge of themselves and the way this knowledge affects the person and others, identifying strengths and weaknesses and trying to achieve a successful identity, helping Members to learn more about themselves and their basic needs [recognizing the 5 main human needs, listing the members' basic needs with their own efforts and checking the importance of meeting these needs] |
| third session | Getting feedback from the last meeting, asking for an explanation about the general view of the members related to their current employment and common life, and examining the reasons for the attitude of the group members about the current life situation. Examining people's goals for their lives and determining their purposefulness, introducing behavior and familiarizing members with the four components of general behavior: thinking, feeling, action and physiology, teaching decision-making skills and interpreting changes in thoughts, feelings, actions, physiological in time now. |
| fourth Session | Introducing and defining the four conflicts and forced behaviors, determining the level of access or failure of the group members to use the behavior and action in the present time in order to be employed and checking how their current behavior can help the members reach their goals and needs. |
| fifth meeting | Helping members to recognize their behavior and feelings in the present, showing less importance of the past compared to today's behaviors and emphasizing internal control compared to employment, introducing members to emotions such as anxiety and depression from the perspective of reality therapy and body skill training. Calmness in order to control and regulate emotions, to show the importance of planning to do things faster and better, to use time properly and to teach proper planning to achieve other goals in common life. |
| sixth session | Acquainting members with their responsibilities and helping them accept responsibilities and increase responsibility for their behavior choices and solutions that cause the tendency to despair and decrease happiness in employment. Introducing and explaining destructive and constructive behaviors in relationships and teaching how to live in the moment. |
| seventh session | Teaching the ten principles and concepts of the selection approach, accepting responsibilities for behavior, getting to know the issues of change and commitment, and doing even very little homework, based on increasing self-esteem, valuable self-concept until the next meeting, and getting a written commitment letter from the members in order to implement That and not making any excuses. |
| | Getting feedback from previous meetings, reviewing them and summarizing, reviewing and re-emphasizing to accept responsibility by members, helping people |

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| | |
|---|---|
| eighth session | to use internal control, facing reality, making moral judgments about the rightness or wrongness of behavior, living in this The moment and ultimately the process of change that reduces anxiety and increases positive emotions. |

The data were statistically analyzed using analysis of covariance and a significance level of P<0.05 and using SPSS software version 23.

**Findings:**

In this chapter, the statistical status of the respondents has been described first, then the research hypotheses have been tested statistically.

**Table 3.** Parent-child relationship status of students in pre-test and post-test

| Scales | Groups | Number | Pre test | | posttest | |
|---|---|---|---|---|---|---|
| | | | M | SD | M | SD |
| Father-child relationship | Experiment group 1 (ACT) | 20 | 105.8 | 24.712 | 123 | 22.29 |
| Mother-child relationship | | 20 | 124.6 | 27.08 | 140.8 | 26.92 |
| Father-child relationship | Experimental group 2 (reality therapy) | 20 | 160.2 | 29.5 | 145.4 | 27.11 |
| Mother-child relationship | | 20 | 126.2 | 14.79 | 159.25 | 9.86 |
| Father-child relationship | control group | 20 | 102.6 | 23.7 | 102.5 | 22.97 |
| Mother-child relationship | | 20 | 121.95 | 25.65 | 122.55 | 25.53 |

In this research, the effectiveness of therapy based on acceptance and commitment and reality therapy in a group manner on the parent-child relationship in students has been investigated and compared. For this purpose, analysis of covariance was used. Before conducting the test, by using the multivariate analysis of variance test, it was ensured that the three groups were equal in the pre-test, and the existence of the necessary preconditions for the implementation of the covariance analysis test, such as the normality of the data, the linearity of the relationship between the variables of the pre-test and the post-test. Homogeneity of variances, homogeneity of covariances and the assumption of multiple non-collinearities between dependent variables were investigated.

**Table 4.** Multivariate analysis of variance test

| effect | | value | F | df of the hypothesis | df of the significance | sig |
|---|---|---|---|---|---|---|
| group | Lambda Wilkes | 0.96 | 0.31 | 8 | 108 | 0.96 |

According to the data in Table No. 4, the value of Wilkes' lambda is [f = 0.31 and sig = 0.96], therefore there is no significant difference between the studied groups in the pre-test, therefore it can be said that the three groups are equal in the pre-test.

**Table 5.** Comparison of the subscales of the three groups in the pre-test

| Sources Change | Dependent variable | The sum of the squares | df | mean square | f | sig |
|---|---|---|---|---|---|---|
| group effect | Father and son relationship | 155.733 | 2 | 77.867 | 0.11 | 0.89 |
| | | 1843.3 | 2 | 92.15 | 0.17 | 0.84 |
| error | Mother and child relationship | 38821.2 | 57 | 681.074 | | |
| | | 30934.95 | 57 | 542.718 | | |
| Total | Father and son relationship | 698798 | 60 | | | |
| | | 957403 | 60 | | | |
| Corrected sum | Mother and child relationship | 38976.933 | 59 | | | |
| | | 3119.25 | 59 | | | |

According to the data in Table 5, the test values (f and sig) obtained for each of the variables are as follows: father-child relationship (f=0.11 and sig=0.89) and mother-child relationship (17 f=0.84 and sig=0.84) which shows that the group did not have a significant effect on any of the variables in the pre-test and the three groups were equal in the pre-test.

A- Examining compliance with the assumptions of covariance analysis test

In this section, the conditions of data normality, linearity of the relationship between variables, equality of variances and equality of covariances, non-collinearity between dependent variables are examined.

1. Condition of normality of the data: To know the normality of the data, non-parametric Kolmograph Smirnov (K-S) test is used, Table No. 5 reports the result of the analysis.

**Table 6.** Kolmograph Smironov (K-S) test to check the normality of the test data

| Test steps | Scales | Statistical values | ACT | reality therapy | control group |
|---|---|---|---|---|---|
| pre-exam | Father-child relationship | K-S | 0.66 | 0.45 | 0.92 |
| | | sig | 0.77 | 0.98 | 0.36 |
| | Mother-child relationship | K-S | 0.83 | 0.66 | 0.74 |
| | | sig | 0.51 | 0.77 | 0.64 |
| post-exam | Father-child relationship | K-S | 0.51 | 0.78 | 0.95 |
| | | sig | 0.95 | 0.58 | 0.33 |
| | Mother-child relationship | K-S | 0.87 | 0.87 | 0.72 |
| | | sig | 0.44 | 0.44 | 0.68 |

According to the values (K-S) and value (sig) for each of the tests, the data distribution is normal and the normality of the data is confirmed.

2. Investigating the linearity of the relationship between the variables using a scatter diagram: using a scatter diagram, the father-child relationship and the mother-child relationship of three groups have been studied, and the relationship between those variables is linear and has the necessary prerequisites.

3. Hypothesis of multiple non-collinearities between dependent variables: Pearson's correlation coefficient was used to verify the absence of multiple collinearities between pre-test data of father-

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child relationship and mother-child relationship of three groups. The results are presented in table number 6.

**Table 7.** Correlation coefficient of the pre-test scores of the studied groups

| Variables | Father relationship | | Mother relationship | |
|---|---|---|---|---|
| | r | p | r | p |
| Father-child relationship | 1 | 0 | 0.46 | 0.0001 |
| Mother-child relationship | 0.46 | 0.0001 | 1 | 0 |

The results of the correlation coefficient between the variables father-child relationship, mother-child relationship of three groups in the pre-test show that there is no linear relationship between the variables before the implementation of the plan.

4. The condition of equality of variances with Levon's test: Levon's test was used to check the condition of equality of variances. The relevant data are given in Table 7.

Table 8. Lon's test to check the equality of variances

| Dependent variables | f | Df1 | Df2 | sig |
|---|---|---|---|---|
| So the father-child relationship test | 0.68 | 2 | 57 | 0.51 |
| After the mother-child relationship test | 1.69 | 2 | 57 | 0.21 |

According to the data in Table 8 and the values of F and sig, the variances of the dependent variables of the three groups are not significantly different from each other, and the condition of equality of variances is confirmed. Due to the existence of presuppositions required for the implementation of covariance analysis, using this test, the effectiveness of therapy based on acceptance and commitment and reality therapy in a group manner on the parent-child relationship in students is investigated.

**Table 9.** Covariance test

| effect | | value | F | df of the hypothesis | df of the significance | sig |
|---|---|---|---|---|---|---|
| group | Lambda Wilkes | 0.182 | 18.14 | 8 | 108 | 0.0001 |

According to the data in table 9, the value of Wilkes' lambda (f=18.14 and sig=0.0001) of the group had a significant effect on the dependent variables, so it can be said: between the effectiveness of the two treatment methods based on There is a difference in acceptance and commitment and reality therapy in group and control group, on parent-child relationship among students. The comparison of the impact of the mentioned methods on each of the variables of the parent-child relationship has been made according to Table 10 and Shefe's post hoc test. Table No. 10 has been used to examine the effect of project implementation on each of the dependent variables.

**Table 10.** Summary table of analysis of covariance for intergroup effect

| Sources Change | dependent variable | sum of squares | df | mean square | f | sig | effect size |
|---|---|---|---|---|---|---|---|
| group effect | Father-child relationship | 18416.133 | 2 | 9208.067 | 15.69 | 0.0001 | 0.36 |
| | Mother-child relationship | 13469.033 | 2 | 6764.517 | 13.71 | 0.0001 | 0.33 |
| error | Father-child relationship | 33441.8 | 57 | 586.698 | | | |
| | Mother-child relationship | 28003.9 | 57 | 491.296 | | | |
| Total | Father-child relationship | 968970 | 60 | | | | |
| | Mother-child relationship | 1232078 | 60 | | | | |
| Corrected sum | Father-child relationship | 51857.933 | 59 | | | | |
| | Mother-child relationship | 41472.933 | 59 | | | | |

According to the data in Table 10, the statistical values related to the effect of the group on father-child relationship and mother-child relationship (f=15.69 and sig=0.0001) and (f=13.71 and sig=0.0001) respectively sig) which indicates that the group had a significant effect on the dependent variables, so it can be said: using treatment methods based on acceptance and commitment and reality therapy in a group way and controlling the parent- Children have an effect on students, the effect of each group has been measured in the sub-hypotheses test.

Therapy based on acceptance and commitment and reality therapy in a group manner have an effect on the parent-child relationship in students.

A) Comparison of therapy based on acceptance and commitment and reality therapy in a group way on father-child relationship

According to the data in the table above, the row related to the effect of the group on the father-child relationship is (f = 15.69 and sig = 0.0001), which shows that the therapy group is based on acceptance and commitment and reality therapy in a group way. It has an effect on the father-child relationship. To check this effect, Shefe's post hoc test was used. Table 11 shows the results of the analysis.

**Table 11.** Scheffe's test to compare the effect of treatment based on acceptance and commitment on father-child relationship

| | Group | Control |
|---|---|---|
| ACT | difference(i-j) | 20.5 |
| | Significance level | 0.034 |
| Reality Therapy | difference(i-j) | 42.9 |
| | Significance level | 0.0001 |

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According to the data in Table No. 11, the average post-test of the group treated with the method of acceptance and commitment on the father-child relationship is 20.5 points higher than the control group, so it can be said that the treatment based on acceptance and commitment has an effect on the father-child relationship. (i-j = 20.5, sig = 0.034).

The average post-test of the group treated with reality therapy in a group manner on the father-child relationship is 42.9 points higher than the control group, so it can be said that the treatment based on reality therapy in a group manner has an effect on the father-child relationship (42.9) =i-j, sig=0.0001).

b) Comparison of therapy based on acceptance and commitment and reality therapy in a group way on the mother-child relationship

According to the data in Table 12, the row related to the effect of the group on the mother-child relationship is (f = 13.71 and sig = 0.0001), which shows that the therapy group is based on acceptance and commitment and reality therapy in a group way. It has an effect on the mother-child relationship. To check this effect, Shefe's post hoc test was used. Table 12 shows the results of the analysis.

**Table 12.** Scheffe's test to compare the effect of treatment based on acceptance and commitment on the mother-child relationship

| | Group | Control |
|---|---|---|
| ACT | difference(i-j) | 18.22 |
| | Significance level | 0.041 |
| Reality Therapy | difference(i-j) | 36.7 |
| | Significance level | 0.0001 |

According to the data in Table 12, the average post-test of the group treated with the method of acceptance and commitment on the mother-child relationship is 18.25 points higher than the control group, so it can be said that the treatment based on acceptance and commitment has an effect on the mother-child relationship. i-j = 18.25, sig = 0.041).

The average post-test of the group treated with reality therapy in a group manner on the mother-child relationship is 36.7 points higher than the control group, so it can be said that the treatment based on reality therapy in a group manner has an effect on the mother-child relationship (36.7) =i-j, sig=0.0001).

**Discussion and Conclusion:**

The results of these findings showed that there is a difference between the experimental group of treatment based on acceptance and commitment and the control group in the parent-child relationship, and this difference is statistically significant at $p<0.001$. In fact, therapy based on acceptance and commitment has played a significant role in improving parent-child relationships and has greatly increased the amount of this skill in this group.

The result of this finding is in line with the findings of Habibi, Ahmadi and Zahrakar [32] and Joshenposh, Fadzalepour and Rahmati [33]. In their research, Quinney and Thompson [34] showed that therapy based on acceptance and commitment leads to a reduction in experiential avoidance;

and this means that any attempt to control internal experiences is reduced. Its consequence is the increase in the acceptance of the content of the mind through the techniques related to faulting, which has led to a decrease in the amount of conflict between mothers and teenage children. In addition, one of the causes of parent-child conflict is parents' concern about their children's future. Since in the approach based on acceptance and commitment, one of the causes of psychopathology is the lack of focus on the present, through the use of this approach, the focus on the present has increased, and as a result, the amount of conflict has also decreased.

Bakhtiarpour [35] reported in his research that parent-child relationships have an effect on all functional and developmental dimensions of adolescents, especially their academic performance, in such a way that a disturbance in it provides the basis for the occurrence of any disorder in the adolescent's performance.

Nowrozi et al. [36] also concluded in a research that the therapeutic approach based on acceptance and commitment through increasing the level of acceptance and functional commitment to each other and clarifying communication values, has an effective role in improving the quality of interpersonal relationships and solving problems in this format is related. Rezapourmirsaleh, Esmail Beigi and Delavari [37] in a research entitled "Evaluation of the effectiveness of the intervention based on acceptance and commitment on the parent-child conflict resolution strategies of mothers of students with learning disabilities showed that the intervention based on acceptance and commitment improved parent conflict resolution strategies. - Children of mothers of students with learning disorders have a positive and significant effect

In explaining the findings of this research, it can be said that therapy based on acceptance and commitment, by targeting the way of dealing with problems, can have a positive effect on the conflict resolution strategies of parents and children. Because these parents, on the one hand, receive inappropriate feedback from the teacher regarding their child's academic performance, which is very stressful and difficult for them, on the other hand, many of these students are anxious in learning due to society's biased attitudes and communication problems. They are insecure, resistant to accepting the law, aggressive and rebellious. These behaviours may be related to a sense of insecurity and lack of acceptance from parents. Therefore, creating a warm, supportive and non-conflict relationship on the part of the parents, especially the mother, and effectively coping with the child's problems, can lead to the reduction of behavioural problems in these children.

Since parent-child conflict resolution strategies are rooted in parents' beliefs, opinions and behaviour, therapy based on acceptance and commitment with its therapeutic components such as acceptance, flexibility and positive orientation, teaches parents of teenage children to communicate effectively with their children, they should pay attention to all the weaknesses and strengths of their children. It also teaches them to avoid black and white double thoughts and to accept their child with all their problems and shortcomings [27]. By changing the way these parents respond to their children's problems, including academic problems, disorganization, extreme attention-seeking behaviour and stress, this treatment reduces their conflict in relation to their children and teaches them to interact with and Accept their child's problems and avoid responses such as

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extreme reactions, ruminations, active and passive avoidance, and any response that does not help to solve their problems in relation to their child [26].

Based on the findings of this research, it can be concluded that an intervention based on acceptance and commitment can be used to resolve parent-child conflict in teenage children. Therefore, it is suggested that formal educational programs to teach skills based on acceptance and commitment to mothers be compiled by relevant organizations including welfare and education.

The results of these findings showed that there is a difference between the experimental group that received reality therapy and the control group in the parent-child relationship, and this difference is statistically significant at the $p<0.001$ level. In fact, reality therapy has played a significant role in improving parent-child relationships and has greatly increased the level of this skill in this group. The results of this research are in line with the findings of Paighan, Kraskian Mojambari, Hosseinzadeh Taqvai and Pahandhi [38] and Esmailzadeh [39]. Regarding the reason for the effect of reality therapy on parent-child relationships, it can be mentioned the training of communication skills through behaviors such as conversation, respect, trusting, and avoiding costly control behaviors that are destructive to the relationship in reality therapy [24]. Yadalhi Saber et al. [40] also point out in their research that learning the theory of choice in the process of reality therapy increases the responsibility of teenagers and by reducing the pressure of responsibility on their parents, parents can allocate more quality time to improve relationships with teenagers. .

In the explanation of the present findings, it can be said that the therapeutic reality is the belief that humans have the ability to choose and can fulfil their basic needs, including social attachment [love], progress and power, freedom, and freedom and the need for survival and self-evaluation of his mistakes Correct in meeting these needs. This control is created through learning, and if it is not learned, psychological pathology will begin, which means the unsuccessful satisfaction of these needs through the repetition of wrong choices. Therefore, gaining control over choices and accepting one's responsibility in the field of choices should be taught [39].

Limitations of the research: time limit, follow-up of time continuity and long-term transfer of skills on performance improvement are among the limitations of this research. In addition, the findings of the research can be generalized to those teenagers who receive the treatment percentage, finally, the sample group was made up of only male teenagers, therefore, and the findings of this research can only be generalized to teenage boys.

Application of research: In order to investigate the effectiveness of this approach more accurately, it is suggested to use designs with control and random replacement in future researches and to consider different subgroups. The effectiveness of this approach should be compared with other approaches. A longer follow-up period should be considered, and the effectiveness of this approach in different diseases should be studied.

According to the results of this research, it can be said that therapy based on acceptance and commitment and therapy based on reality therapy led to the improvement of father-child relationship.

**Compliance with ethical guidelines:** The current research is taken from the doctoral thesis of the first author in the field of psychology and has been approved by the specialized research council with the code of ethics IR.IAU.B.SDJ.REC.1401.096 of Islamic Azad University Sanandaj branch.
**Acknowledgments:** The researchers of this study consider it necessary to thank all the participants who helped us in this research and made it possible to conduct the study.
**Authors' contributions:** This study was carried out with the collaboration of all authors. All authors read and approved the final manuscript.
**Funding/Support:** This article was conducted with the financial support of the Research Vice-Chancellor of Sari Islamic Azad University.
**Conflicts of Interest:** The authors reported no conflict of interest.

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