



The Comparison of the Solution-Oriented Therapy and well-Being Therapy Effectiveness on Parental Self-Efficacy and Mothers Resilience of Children Diagnosed with Celiac Disease (with Emphasis on Culture)

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Abstract

The purpose of this study was to compare the effectiveness of solution-oriented therapy and well-being therapy on parental self-efficacy and resilience in mothers of children suffering celiac disease with emphasis on culture. The study population consisted of mothers who had at least one child with celiac disease and were members of the Celiac Association of Iran in Isfahan. Sixty participants were selected through purposive sampling and randomly assigned into two experimental and one control groups, 20 participants each. This study employed a quasi-experimental method of pre-test, post- test and control group with 3 months' duration follow-up. To collect data Parental Self-Efficacy Questionnaire of Dumka (1996) and Connor & Davidson Resilience Questionnaire (2003) were implemented. The experimental groups received 8 sessions of solution-oriented therapy and well-being therapy, 90 minutes each while the control group received no any interventions. Data analysis was performed using repeated measures ANOVA and Bonferroni post-hoc tests. The findings indicated that both interventions led to a significant increase in parental self-efficacy and resilience ($P < 0.05$). However, solution-oriented therapy was more effective than Well Being therapy in enhancing parental self-efficacy, while there was no significant difference in the effectiveness of the two interventions on resilience in the experimental groups. Additionally, these results remained relatively persistent during the follow-up phase. Both interventions could be applied as beneficial therapies for mothers with children suffering from celiac disease.



Extended abstract

Introduction: Celiac disease is an autoimmune disease characterized by immune-related damage to the mucosal tissue of the small intestine following consumption of gluten-containing foods in some individuals. This disease seriously endangers the patient's quality of life. Having a GFD (Gluten-Free Diet) diet requires an extraordinary commitment, which includes fundamental changes in the diet and lifestyle of people with celiac disease, and has a significant impact on the quality of life. One of the most important determining factors of all behaviors, both normal and abnormal, is cultural factors; in fact, culture is the boundary between health and abnormality, tolerance of certain symptoms and behaviors, vulnerability and adherence to effective treatment. Parents, as the most important related individuals in the child's support system, could create acceptance and peace or transfer tension and anxiety to the child. Parental self-efficacy is an important cognitive structure in relation to the performance of parents, which is called the assessment of parents regarding their ability to play the role of parenting. In order to feel self-efficacy, parents need knowledge and information about effective child care methods. They should trust their abilities and be sure that their performance would have a positive effect on their child's behavior. Resilience training, which is considered a dynamic psychological process, affects people's responses in different life situations, especially critical times, and by controlling feelings, emotions and emotions, causes them to perform better in these situations. The purpose of this study was to compare the effectiveness of solution-focused therapy and well-being therapy on parental self-efficacy and resilience in mothers of children suffering celiac disease with emphasis on culture

Methods: The study population consisted of mothers who had at least one child with celiac disease and were members of the Celiac Association of Iran in Isfahan. Sixty participants were selected through purposive sampling and randomly assigned into two experimental and one control groups, 20 participants each. This study employed a quasi-experimental method of pre-test, post- test and control group with 3 months' duration follow-up. To collect data Parental Self-Efficacy Questionnaire of Dumka (1996) and Connor & Davidson Resilience Questionnaire (2003) were implemented. The experimental groups received 8 sessions of solution-focused therapy and well-being therapy, 90 minutes each while the control group received no any interventions. Data analysis was performed using repeated measures ANOVA and Bonferroni post-hoc tests.

Results: The findings indicated that both interventions led to a significant increase in parental self-efficacy and resilience ($P < 0.05$). However, solution-focused therapy was more effective than Well Being therapy in enhancing parental self-efficacy, while there was no significant difference in the effectiveness of the two interventions on resilience in the experimental groups. Additionally, these results remained relatively persistent during the follow-up phase.

Conclusion: This research aimed to compare the effectiveness of solution-oriented and well-being therapy on parenting self-efficacy and resilience of mothers of children with celiac disease, with an emphasis on culture, in which it was found that both treatments had a significant impact on parenting self-efficacy and resilience of these mothers. In explaining the obtained results, it should be reported that solution-oriented therapy uses



the clients' own resources and abilities in the process of change, and this creates an image of hope in them. Solution-oriented therapists strengthen the sense of self-sufficiency and autonomy in clients. They do this by empowering clients in creating solutions and structuring these solutions. Both interventions could be applied as beneficial therapies for mothers with children suffering from celiac disease.

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