**Is therapy based on acceptance and commitment may increase the efficacy of divorced women under welfare organization?**

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**Abstract:** This research is carried out targeting the assessment of effectiveness of group therapy based on acceptance and commitment on social avoidance and general self-efficiency among the divorced women from Yazd City who are supported by Welfare Organization. At first, two centers were selected among the clinics and communities associated with Welfare using availability method, the women were asked to complete the questionnaires on social pressure, and avoidance and general self-efficiency in the next stage, 60 people who scored the least from the questionnaires were randomly divided into two test and control groups. Then 8 therapy sessions were held for the test group. In the meantime, the control group received no therapy. After these sessions, both groups were post-tested again. The result of covariance analysis showed that in the post-test of the test group, the scores of general self-efficiency increased. Therefore, we could conclude that group training of this therapy is effective on increasing of general self-efficiency of divorced women.

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**Keywords**: social avoidance, general self-efficiency, divorce, therapy.

**Introduction**

Moreover, this institute provides its members with the feeling of comfort and safety. It is among the most lasting institute within a thousand years, which preserve the cultural characteristics, and is the agent of transferring them to the next generation (Ghasemi, 2005). When the desired functions of family are faced with serious difficulties and continuing of marriage will gain more troubles than the consequences of divorce, Islam has given the order to proximity and preponderance and even the necessity to divorce (Bostani, 2003). Divorce is one of the most important phenomena of humankind’s life, which interfere with both mental balance of couple and their kids and close relatives.

Effects of divorce are not just on family members but also the social effects should not be ignored. No doubt some young offenders are from families with mental and emotional disorders are a family conflict. The criminal psychology of social deviance and socially disadvantaged groups or community rejection and emotional injuries sometimes result in children in families of divorce is detected (full, 2007).

Among the problems after the divorce, economic hardship and psychological problems of anxiety and depression (each with 41 percent) the most problems is people, especially women after divorce (and healthy Najafi, 2012). Almost certainly we can say that some of the abnormal gene underlying pathological anxiety states, and on the other hand evidence suggests that traumatic life events and stress also are important in the etiology of anxiety disorders (Kaplan and Saduk, 2007, translated foster, 2008). Kendall Treadwell (1996, quoted Moore, 2010) Believe those who are anxious more negative statements about themselves to people who are not distressed. Some adults with anxiety, avoiding social situations [4](https://translate.googleusercontent.com/translate_f#footnote4) and with a few friends and are more likely to have lower unemployment and social information (Biddle & Turner, 2007, quoting Mveitra, form and Herbert [5](https://translate.googleusercontent.com/translate_f#footnote5), 2008) Persons of their abilities are less anxious waiting for them at the moment of anxiety focused on cognitive processes that makes these people have low self-efficacy perception and people who are self- [6](https://translate.googleusercontent.com/translate_f#footnote6) to easily helplessness poor are (Bandura [7](https://translate.googleusercontent.com/translate_f#footnote7), 1977),.

Zazhakiva or, Lynch, Thomas and Spencer [8](https://translate.googleusercontent.com/translate_f#footnote8) (2005) in his research entitled Self-efficacy, stress and academic positions at the University came to the conclusion, students who feel they have less stress and more compatible with higher self-efficacy the tasks are related to the University.

Since when families break apart, women and children experienced the biggest drop in living standards And Divorced women after divorce, loneliness and lack of confidence (promise and rattus, [9](https://translate.googleusercontent.com/translate_f#footnote9) 2007, translated Seyyed Mohammad, 2008). It makes them bitter and painful in public and avoid its functionality and performance at a low level due to the mentioned factors and evaluate the important role of women in society, necessity It is felt that these women can take Rabala automatically because your Amadi Amadi up automatically lead to better management issues in the family. And also makes the inevitable fear in the community, to appropriate interactions with community members make sense of their lives once again. Hayes findings, Pistrila and Levine (2012) suggests that treatment based on acceptance and commitment as integrated model for behavior modification that focuses on six main processes (reception, faulting [10](https://translate.googleusercontent.com/translate_f#footnote10) itself, Time, values and practice Committed) acts and these processes have only a single goal and that mental flexibility, And stated that this treatment can positively change people's behavior and personal development and provide developmental fields.

This study attempts to Examine whether a group based on acceptance and commitment therapy can reduce social anxiety and general self-efficacy in increasing divorced women The?

**Research hypotheses**

**The main hypothesis**

Is Group Based on acceptance and commitment therapy to reduce social anxiety and Increase the efficacy of divorced women under welfare organization Yazd City?

**Lateral hypothesis**

1. is the treatment group the concrete on acceptance and commitment of women to increase the efficacy of the welfare organization would be absolute?

**Research background**

Tarkhān, Esmaeelpour and sharp hand (2013) examined the relationship between social anxiety and social self-efficacy and body image among female students of Islamic Azad University Branch have conducted research on 240 students. The results of their study showed a significant negative correlation between social anxiety and body image, but there is a positive relationship between social self-efficacy and body image. Stated that people who have body image dissatisfaction, fear of negative evaluation more.

Main Frkhjst and Allahyari (2014) examined Relation Style of Parenting Mothers with Anxiety Social the children's and results sign The ThatLight Son Fact with Anxiety Social and Components of Axiety operational, Avoidance operational, Anxiety Social, and Avoidance Social Relation Meaningful Are.

Anvari, Abraham, vitality friend, Afshar and Abedi (2014) to evaluate the effectiveness of acceptance and commitment therapy on pain and pain-related anxiety and pain acceptance of male patients with chronic pain have a sample consisted of 30 male patients with chronic pain, and Isfahan University of Medical Sciences were referred Sheltered 8 sessions of group therapy were based on acceptance and commitment and the results showed that treatment with increased acceptance of pain and anxiety associated with pain and severity of pain.

Mania Aghdam, Shams al-Din Abbasi, Joseph, Abdollahi and Moradi Joe (2014) to evaluate the effectiveness of acceptance and commitment therapy based on reducing anxiety and dysfunctional attitudes in patients with multiple sclerosis and at the 24 people to hospital Khomeini referred Tehran were divided into two groups based on acceptance and commitment therapy experimental group for 8 sessions. the results showed that the treatment is effective in reducing dysfunctional attitudes and depression patients.

HONARPARVAR (2014) examined the effectiveness of forgiveness and marital adjustment based on acceptance and commitment on payment of marital infidelity damaged. The population in this study, 30 women betrayed referred to counseling centers in Shiraz who were randomly divided into experimental group in 10 sessions and each session for 90 minutes as based on acceptance and commitment treatment groups was the results showed that the treatment is effective on forgiveness and marital adjustment.

Don, Vizer (2016) examined the role of self-efficacy in romantic relationships and its direct and indirect effects on the conservation and satisfaction in their relationships. Expressed satisfaction with the relationship between self-efficacy and are associated with each other.

Research that Zhang et al (2015) as communication between self-efficacy and motivation in nursing students on 716 nurses in West China did their research findings suggest that there is a positive relationship between self-efficacy and achievement motivation. They were told that measures should be taken of nurse managers of self-efficacy do in order to by increasing self-motivation increases. As well as their results showed that self-efficacy is associated with age and education related to gender. When self-development and development will also find motivation.

B Ibi, Bayern and Yaris (2012), in his study based on acceptance and commitment therapy for psychological adjustment, social adults with stuttering, on 20 adults who stutter have worked Oct 8 consecutive weeks, the results showed that an integrated program treatment as an effective intervention in mental function, prepare for change and treatment is effective. It also improves mental health and reduce the negative impact on the course of their lives is stuttering.

Lew (2011) in his study of treatment based on acceptance and commitment for adult survivors of childhood abuse, post-traumatic stress disorder showed that the treatment for this group of people has a positive effect.

Green (2010) in his dissertation examines the epidemiology of social anxiety in adolescence, to study issues related to the diagnosis, prevalence, and its development has been its victim.

Table 1. Methods in this study were designed in eight – 60 minutes as follows:

|  |  |
| --- | --- |
| Pre- test scores and avoid social pressure: 18.31  General self – efficacy pre – test scores: 21.86  Relationship therapy  Education on family management after divorce  How divorce in family interacts and has become a problem in their life  Education and acceptance and commitment therapy and its goals  Metaphor two mountains | First session |
| Frustration is not the solution, it's the problem  Survey the specific control strategies that a person has already been used  Survey the costs and damages that this strategies have in life  Survey the effects of this control strategies  Introduce control strategies as a problem  Metaphor a person in the well | Second session |
| Introduce and promote its adoption  Focusing on control as a useless strategy in dealing with anxiety  Outside control against internal  Metaphor of two scales  Metaphor tug monsters  Guest metaphor and pauper | Third session |
| Not admixture cognitive Fiber himself  Introduce kinds of itself  Metaphor bus  Metaphor chess surface | Fourth & fifth session |
| Teach aware mind strategy to promote life in every moment  Teach aware mind for daily  Do aware mind exercises of breath, mind and ignition | Sixth session |
| Clarify values (prior to be valuable)  The primary measurement values  Exercises to clarify values | Seventh session |
| Create larger patterns act responsibly  Setting goals  Identify internal and external obstacles  Generalizing skills to act responsibly  The scores after pressure and social avoidance: 8.23  General self – test scores: 32.33 | Eighth session |

**Research method**

The aim of the present study is an applied research component. The purpose of this research is to find principles that are applied in real situations and practical product improvement and efficiency and help procedures (Sharif & Noble, 1392). And in terms of data collection of quasi-experimental research is. Once this plan is that the main purpose of research, experiment and the reaction is Asrkhasy. In this study, the independent variable period based on acceptance and commitment therapy and social variables and general self-efficacy is avoided.

In this study, the subjects were randomly selected and divided into two groups: experimental and control as much as possible with both groups and the results of the test of both groups are in order to assess dependent variable comparison.

**The population and sample**

The population in this study consisted of all divorced women under welfare organization in the city of Yazd is that, in order to determine the minimum sample size required, firstly to approach from those clinics and centers affiliated to the center of the women's well-being 2 asked social avoidance and general self-efficacy questionnaire and the pressure was complete. And then 60 people who received the lowest score from the questionnaires were randomly assigned to two groups of 30-person experimental and control groups.

**Procedure**

In this study, a sample size of 60 patients was determined randomly in two groups of 30 people (a test group and a control group) were divided and inventory pressure, and social avoidance Watson and Friend and general self efficacy questionnaire Schwartz and Jerusalem were distributed among them. The course of treatment based on acceptance and commitment in 8 sessions on the experimental group was only 90 minutes. During this period, the control group did not receive anything. After the course is based on acceptance and commitment therapy on experimental group and avoid social pressure and general self-efficacy questionnaire of both groups were (Table 3).

**Statistical analysis methods**

In this study, statistical methods, descriptive and inferential statistics using SPSS software. Used. In this study, the descriptive statistics of the maximum and minimum mean, standard deviation data, frequency tables and charts have been used as well as inferential statistics is because of the type of intervention that includes analysis of covariance is used. Information collected in two descriptive and inferential statistics using SPSS software and analyzed.

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**Descriptive findings**

Table 2 shows the age breakdown of the sample group membership control and experimental groups show. As is evident in the experimental group members form samples were distributed almost evenly between age groups, but in the control group, most members are aged between 32 and 38 years.

In addition, Table 3 educational status of members of the sample to show the breakdown of membership in the experimental and control groups. As is evident, in both experimental and control groups, mostly members of the sample group of people have formed a high school diploma.

Table 2. The age distribution of the sample group

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Age | Number | Percentage |
| Test | 18 – 24 | 6 | 20 |
|  | 25 – 31 | 8 | 26.7 |
|  | 32 – 38 | 8 | 26.7 |
|  | 39 – 45 | 8 | 26.7 |
|  | total | 30 | 100 |
| Control | 18 -24 | 5 | 16.7 |
|  | 25 – 31 | 9 | 36.7 |
|  | 32 – 38 | 11 | 30 |
|  | 39 – 45 | 5 | 16.7 |
|  | Total | 30 | 100 |

Table 3. Education distributed sample

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Education | Number | Percentage |
| Test | High school diploma | 21 | 70 |
|  | Diploma | 8 | 26.7 |
|  | Associate degree & B.A. | 0 | 0 |
|  | M.A. | 1 | 3.3 |
|  | total | 30 | 100 |
| Control | Lower school diploma | 15 | 50 |
|  | Diploma | 9 | 30 |
|  | Associate degree & B.A. | 6 | 20 |
|  | M.A. | 0 | 0 |
|  | Total | 30 | 100 |

The following Table 4 shows the mean and standard deviation variables to separate membership in the experimental and control groups, respectively.

Table 4. The mean and standard deviation of variables

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Group | Variable | Group | average | Standard deviation | min | max |
| Test | Social avoidance | Pre test | 18.13 | 6.62 | 1 | 27 |
|  |  | Posttest | 8.23 | 6.62 | 1 | 26 |
|  | General self – efficacy | Pre test | 21.86 | 7.26 | 11 | 36 |
|  |  | Posttest | 32.33 | 5.56 | 17 | 40 |
| Control | Social avoidance | Pre test | 16.63 | 7.27 | 4 | 27 |
|  |  | Posttest | 15.33 | 4.53 | 4 | 21 |
|  | General self - efficacy | Pre test | 22.13 | 7.75 | 11 | 36 |
|  |  | Posttest | 21.96 | 6.91 | 11 | 37 |

**The inferential results**

In this section to test the research, hypotheses will be discussed. To evaluate the effectiveness of therapy based on acceptance and commitment on the dependent variables of the study used analysis of covariance. For this purpose, the assumptions were studied.

In this regard, the Kolmogorov-Smirnov test normal distribution of variables was investigated. Table 4 shows the results of this test.

Based on Table 5, the distribution of all the variables are not significantly different from the normal distribution. So the research hypotheses can be used parametric tests.

Linearity of the relationship between pre-test and post-test followed by dispersion charts were reviewed and approved. 6 show scatter plots related to social anxiety and self-efficacy.

Table 5. Normality test results

|  |  |  |  |
| --- | --- | --- | --- |
| Variable |  |  |  |
|  | Circumstantial evidence | Free degree | significant |
| Social avoidance | 0.104 | 60 | 0.16 |
| General self – efficacy | 0.10 | 60 | 0.20 |

Based on Table 6, the distribution of all the variables are not significantly different from the normal distribution. So the research hypotheses can be used parametric tests.

Next, the homogeneity of the pre-test and post-test slope of the regression dependent variables in experimental and control groups were analyzed by analysis of variance. Table 7 shows the results.

Table 6. Survey the homogeneity of the slop of the regression in the experimental and control groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Variable | Source variance | ss | df | ms | f | p |
| Social avoidance | Pre test | 450.37 | 11 | 40.94 | 1.29 | 0.28 |
| General self – efficacy | Pre test | 532.12 | 12 | 4.343 | 2.18 | 0.06 |

As Table 8 shows, the interaction was not significant, the slope of the regression dependent variable of the pre-test in both groups are homogeneous. In addition, Table 8 Levin to study the homogeneity of variance test results in two experimental and control groups, respectively.

The results show that the variance is homogeneous in the variable social avoidance, but in the case of self-efficacy variable was a significant difference between the experimental and control groups variance there. But since the number of members of both groups is the same, we can not ignore the violation of assumptions. Therefore, in accordance with the basic assumptions of analysis of covariance, continuing research hypotheses are tested.

Table 7. Levine test to check the homogeneity of variance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable | F | DF1 | DF2 | P |
| Social avoidance | 3.15 | 1 | 58 | 0.08 |
| General self - efficacy | 4.21 | 1 | 58 | 0.04 |

Table 8. Covariance analysis comparing general self – efficacy

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source | SS | DF | MS | F | P | Eta Square |
| Pre test | 828.76 | 1 | 828.76 | 34.42 | 0.001 | 0.36 |
| group | 1653.46 | 1 | 1653.46 | 64.69 | 0.001 | 0.53 |
| error | 1456.86 | 57 | 25.55 |  |  |  |
| total | 3897.65 | 59 |  |  |  |  |

Hypothesis 1 groups based on acceptance and commitment therapy, general self-efficacy increases.

To investigate this hypothesis of covariance was used. So general self test between the experimental and control groups were compared with control pilot. Table 11 shows the results of analysis of covariance.

Table 12 shows the mean adjusted.

Results indicate that members of the public self-testing and treatment has substantially increased compared to the control group.

According to the results, it is observed that the mean scores of the experimental group compared to 36% of the variance confirmed this hypothesis, researcher, social anxiety and 53% of the variance is explained general self-efficacy.

The theoretical explanation of findings

First hypothesis, on the effectiveness of group therapy based on acceptance and commitment to increasing the efficacy of divorced women. Results obtained in the second hypothesis suggests that education based on acceptance and commitment group therapy, efficacy in this group of people has increased. Mean efficacy in the treatment group 33/32 X = In the control group 13/2 2 X = respectively. By comparing the average can be concluded that the training group therapy based on acceptance and commitment in the experimental group had an impact.

Table 9. Average adjusted general self – efficacy

|  |  |  |
| --- | --- | --- |
| Group | Average | Standard error |
| test | 34.40 | 0.92 |
| control | 21.90 | 0.92 |

**Research limitations**

This study has limitations such as a lack of suitable locations, funding, lack of cooperation by some authorities, and the inability researcher has faced in controlling unwanted variables.

Due to time constraints, follow the continuity of results obtained in this study was not possible.

**Research proposals**

In this section, according to the results of applied research proposals being presented to the authorities. In addition to practical proposals, suggestions and recommendations for future research are presented to researchers in this field to new research opens the door steps enrichment research and theoretical literature are in the field.

**Reference**

1. Azizli, Breanna E. Atkinson, Holly M. Baughman, Erica A. Giammarc, N. (2015). [Relationships between general self-efficacy, planning for the future, and life satisfaction](http://www.sciencedirect.com/science/article/pii/S0191886915001683). Personality and Individual Differences, (82), 58-60.
2. Bahadari Khosroshahi, J, Khan, Zainab, (2013). The relationship between coping strategies and self-oriented substance abuse among students. Knowledge and Research in Applied Psychology, 14, 3, 90-80.
3. Bandura, A. (1994). Self-efficacy. Encyclopedia of human behavior, Encyclopedia of mental health.(4), pp. 71-81.
4. Bandure, A. (1982). Self\_Efficacy Mechanism Hb Human Agency. Coping By A merican Psychological Association Inc, 37 (2), 122\_147.
5. Campbell, M. A. (1996) Does social anxiety increase with age? Australian Journal of Guidance and Counselling 6(1): pp. 43-52.
6. Carolyn D. Davies, Andrea N. Niles, Andre Pittig, Joanna J. Arch, & Michelle G. Crask. (2015). [Physiological and behavioral indices of emotion dysregulation as predictors of outcome from cognitive behavioral therapy and acceptance and commitment therapy for anxiety](http://www.sciencedirect.com/science/article/pii/S000579161400072X) Original Research, Journal of Behavior Therapy and Experimental Psychiatry, (46), 35-43. *Cognitive Therapy and Research.(27):5,* 537-555*.*
7. Clark, D., A. (2001) A Cognitive Perspective on Social Phobia. International *Handbook of Social Anxiety: Concepts, Research and Interventions Relating to the Self and Shyness*. Chapter 18(pp.72-97.
8. Dale H. Schunk. (2003). Self-efficacy for reading and writing: Influence of modeling, goal setting, and self-evaluation. *Reading and Writing Quarterly, 19*, 159-172.
9. Dalrymple, Kristy L., James D, Herbert. (2007). Acceptance and Commitment Therapy for Generalized Social Anxiety Disorder A Pilot Study. The International Journal of Behavior Modification 1(2), 1-25.
10. Dana A. Weiser, Daniel J. Weiger. (2016) s[elf-efficacy in romantic relationships: direct and indirect effects on relationship maintenance and satisfaction](http://www.sciencedirect.com/science/article/pii/S0191886915006479). Jornal of Original Research Article Personality and Individual Differences, (89) 152-156.
11. Erozkan, D., & Deniz, S. (2012). TOJCE: The Influence Of Social Self-Efficacy And Learned Resourcefulness On Loneliness. The Online Journal of Counselling and Education, (1), 2.
12. Ezadi, R., and Abedi, Mohammad Reza. (2014). Acceptance and Commitment Therapy. Tehran: The Forest.
13. Handestori, K. (2005). Social Skills among Socially Anxious Children in Iceland. Institute and State University in partial fulfillment of the requirements for the degree of Master of Science in Clinical Psychology.
14. Harley, H. (2015). Bridging the Gap between Cognitive Therapy and Acceptance and Commitment Therapy (ACT). Jornal of Procedia - Social and Behavioral Sciences, (193).
15. Hayes, Steven.C., Pistorello, J., and. Levin, Michael E.(2012). Acceptance and Commitment Therapy as a Unified Model of Behavior Change. The Counseling Psychologist, 40(7) 976-1002.
16. Hoaly, K., Asplund, K., &, Andersson, G. (2014). Stress management for middle managers via an acceptance and commitment-based smartphone application: A randomized controlled trial. journal homepage Internet Intervention, (1) 95–101.
17. Hofmann, Stefan G. & Bitran, S. (2007). [Sensory-processing sensitivity in social anxiety disorder: Relationship to harm avoidance and diagnostic subtypes](http://www.sciencedirect.com/science/article/pii/S0887618506002313). Original Research Article Journal of Anxiety Disorders, (21), 7, 944-954.
18. Kameli, J. (2007). Investigate the causes and factors contributing to the social damage of divorce Iran, according to available documents, police Knowledge, 9, 3.
19. Leary, M. R. (1982). Social anxiety. Review of personality and social psychology Beverly Hills,(92), 3.641-669.
20. Low, X. (2011) Running head: Acceptance And commitment Therapy TRreating adult Survivor Of Childhood Maltreatment With Acceptance And Commitment Therapy. Unpuplished mastr’s thesis, nona State University.
21. Lundgren, T., Herbert, D. Melin. L,. Dahl & Kies, Bryan. (2006). Evaluation of Acceptance and Commitment Therapy for Drug Refractory Epilepsy: A Randomized Controlled Trial in South Africa—A Pilot Study "obias. International League Against Epilepsy, 47(12):2173–2179.
22. Moran, Daniel J. (2011). ACT for Leadership: Using Acceptance and Commitment Training to Develop Crisis-Resilient Change Managers. The International Journal of Behavioral Consultation and Therapy, 7(1), 66-75.
23. Moree, B. (2010). Social Anxiety IN Childeren. Unpublished Master’s thesis, Louisiana State University.
24. Nasseri, Hussein. (2009). Life Skills students, Tehran Welfare Organization Department of Public Relations, 2, 128.
25. . Psychiatric Association of America. (2002). Text revised Diagnostic and Statistical Manual of Mental Disorders (MR Nikkhooi and Hamayak Vadys Yancey). Tehran: talk. (In the original 2000 release date).
26. Pankey, J; Hayes, Steven C. (2003). Acceptance and commitment therapy for psychosis International Journal of Psychology and Psychological Therapy, (3,): 2, 311-328.
27. Redmond, B,.(2010). Self-Efficacy and Social Cognitive Theories - Work Attitudes and Job Motivation – Confluence, Psych 484.
28. Schlenker, R., & Leary, M. (1982). Social Anxiety and Self-Presentation: A Conceptualization. Jornal of Psychological Bulletin, Vol. (92), 3: 641-669.
29. Schwarzer, R. & Luszczynska, A. (2008). How to overcome health-compromising behaviors: The health action process approach. Jornal Of A European Psychologist, 13(2), 141-151.
30. Schwarzer, R., & Mueller. J. (1998). Assesment Of Percieved General Self\_Efficacy On The Internet: Data Callection In Cyberspace. Overseas Publishers Association)NVC), 12: 145\_161.
31. Saif, Ali Akbar. (2015). Change Behavior and Behavior Therapy: Theory and Methods. Tehran: time.
32. Shafiabadi, Abdullah. (2002). Group dynamics and group counseling, Tehran: Growth.
33. Tarkhan, M., Esmaeilpour, M., &Tizdast, T. (2013). A Study Relationship Btween Scioal Aneixty, Scioal Self\_Efficacy And Bady Image in the students Of The Isslamic Azad U nivercity At Tonecabon Branch. Jornal Of Natural And Sosial Ssinces, 2, (4), 510\_515.
34. [Thompson E. Davis,](http://www.ncbi.nlm.nih.gov/pubmed/?term=Davis%20TE%5Bauth%5D)  [Thomas H. Ollendick](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ollendick%20TH%5Bauth%5D), and [Lars-Göran Öst](http://www.ncbi.nlm.nih.gov/pubmed/?term=%26%23x000d6%3Bst%20LG%5Bauth%5D). (2009). Intensive Treatment of Specific Phobias in Children and Adolescents. 16(3): 294–303.
35. tork Laudan, Fatima. (2010). Efficacy of success in life. School counselor, 6, 2, 7-4.
36. 14. Zare Bahram Abadi, M. and Nazari, e-Taiba. (2014). The effectiveness of cognitive behavioral group therapy on depression and self-managing women of female-headed households. Journal of Clinical Psychology, 14, 4, 94-83.
37. Zajacova, A,. Lynch, Scott M., and Thomas J. Espenshade. (2005). Self-efficacy, Stress, And Acadamic Success In Colleg. Jornal of Research in Higher Education, (46), 6: 678-703.
38. Zettle, Robert D. (2005). The Evolution of a Contextual Approach to Therapy: From Comprehensive Distancing to ACT. International Journal of Behavioral and Consultation Therapy, 1 (2), 77-84.
39. Zhang, z., Zhang, cg., Zhang, x., Liu, x., Zhang, h., Wang, H & Liu Zhang. (2015) Relationship between self-efficacy beliefs and achievement motivation in student nurses, journal homepage, chinese Nursing Research, (2) 67-70.
40. Zulkosky, k. (2009). Self-Efficacy: A Concept Analysis, Journal Compilation, 44, (2). 93-102.

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