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Original Article

Effectiveness of Cognitive-behavioral and Solution-focused Therapy on Distress Tolerance and Emotion Regulation in Children of Divorce

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Abstract

Background and Objective: Parental divorce poses a significant psychosocial challenge, profoundly impacting the emotional, cognitive, and behavioral well-being of children. The present study aimed to compare the efficacy of Cognitive-Behavioral Therapy (CBT) and Solution-Focused Brief Therapy (SFBT) in the enhancement of distress tolerance and emotion regulation among adolescent girls impacted by parental divorce.

Materials and Methods: The present quasi-experimental study utilized a pre-test, post-test, and follow-up design with a control group. Conducted in Izeh City in Iran, the study sample comprised 60 adolescent girls aged 12-16 who had experienced parental divorce. Participants were purposively recruited from counseling centers and randomly assigned to three equal groups (n=20 per group): a CBT group, an SFBT group, and a control group. The CBT intervention involved 20 sessions, while the SFBT group participated in eight sessions. The Distress Tolerance Questionnaire (DTS) and the Emotion Regulation Questionnaire (ERQ) were administered at pre-test, post-test, and follow-up. The data were analyzed using a repeated measures ANOVA.

Results: Both CBT and SFBT significantly improved distress tolerance and emotion regulation (P<0.001). However, no statistically significant difference was observed between the two intervention groups in terms of their effectiveness.

Conclusions: These findings indicate that both CBT and SFBT serve as effective interventions for enhancing the mental health of adolescent girls following parental divorce. Their utility in ameliorating negative cognitive processes and fostering improved emotion regulation is thus highlighted.

Keywords: Cognitive behavioral therapy, Distress tolerance, Divorce, Emotions, Solution-focused brief therapy

Background

The family, as the fundamental social institution, plays a crucial and determining role in the psychological, social, and emotional development of children. Among the most significant threats to the stability and function of this vital institution is divorce, a phenomenon that has shown an increasing trend in recent years across many societies, including Iran [1]. Beyond being a legal separation, divorce is considered a widespread psychosocial crisis, with its consequences disproportionately affecting children more than any other group [2]. Diverse research findings indicate that parental divorce can leave profound and lasting effects on the emotional, cognitive, and behavioral dimensions of children [3]. Adolescent girls, particularly within the sensitive age range of 12 to 16 years, are considered among the most vulnerable groups impacted by divorce. Adolescence is a critical stage of psychological development, marked by profound biological, cognitive, and emotional transformations. When confronted with crises, such as parental separation, the likelihood of developing emotional, psychological, and behavioral disorders increases [4]. Such circumstances can lead to problems like decreased distress tolerance, impaired emotion regulation, increased high-risk behaviors, and academic decline in adolescents.

One of the key factors contributing to the rising divorce rates in Iran includes economic hardships, lack of social and familial support, shifts in cultural values, an increasing

inclination towards individualism, and the influence of media [5]. Within this context, reduced emotional resilience is considered one of the most significant psychological consequences of divorce for children [6]. This component refers to an individual's capacity to accept and manage intense negative emotions without disrupting psychological or behavioral functions [7]. Adolescents who have experienced parental divorce often exhibit a reduced ability to tolerate distress due to continuous exposure to tension, feelings of insecurity, instability, and rejection [8]. This incapacity renders them more vulnerable to harms, such as anxiety, depression, aggression, and health-compromising behaviors [9].

Alongside distress tolerance, emotion regulation is another vital component that becomes impaired among adolescents from divorced families [10]. Emotion regulation refers to an individual's ability to understand, manage, and modify emotions, playing a fundamental role in promoting psychological and social adaptation [11]. Adolescents growing up in disrupted family structures are more prone to difficulties in emotion regulation and frequently resort to maladaptive strategies such as suppression, avoidance, and rumination [12]. This situation not only weakens the quality of their interpersonal relationships but also increases the likelihood of developing mood disorders like depression and anxiety [13].

Given the severity and widespread nature of these vulnerabilities, the necessity for effective psychological interventions to improve the emotional and cognitive well-being of adolescents affected by parental divorce is undeniable. In this regard, two prominent therapeutic approaches, namely Cognitive-Behavioral Therapy (CBT) and Solution-Focused Brief Therapy (SFBT), have gained significant attention. The CBT is a structured, short-term, and evidence-based approach that aims to modify dysfunctional thoughts and teach effective coping strategies to improve emotion regulation and reduce avoidant behaviors [14, 15]. The effectiveness of this approach in enhancing components, such as distress tolerance, emotion regulation, and reducing cognitive avoidance, has been proven in numerous studies. For instance, research by Akhtarian et al. [16] and Halder and Mahato [17] supports its efficacy.

Conversely, SFBT is considered a hope-oriented and empowering approach, focusing on the future, identifying individual strengths, and facilitating small, practical changes [18]. This approach has been particularly effective in promoting distress tolerance and improving emotion regulation in adolescents, mainly due to its short-term nature and problem-solving focus [19]. Studies by Chen et al. [20] and Hsu et al. [21] have affirmed the positive impact of SFBT on emotional dimensions in adolescents. Both CBT and SFBT offer distinct mechanisms to address the psychological challenges faced by this population, making them relevant interventions for investigation.

Despite the widespread application of both these approaches, there has been no direct research comparing their effectiveness on variables such as distress tolerance and emotion regulation among adolescent girls from divorced families in the Iranian context. This research gap becomes even more critical given that selecting an effective intervention requires understanding the differential performance of these two approaches in key psychological domains.

Objectives

Therefore, the present study was designed with the aim of comparing the effectiveness of CBT and SFBT on distress tolerance and emotion regulation in adolescent girls aged 12 to 16 years, children of divorce, referred to counseling centers in Izeh city, Iran.

Materials and Methods

This quasi-experimental study utilized a pre-test, post-test, and follow-up design with a control group. Conducted in Izeh city, the research targeted adolescent girls aged 12 to 16 years impacted by parental divorce. The statistical population comprised all girls within this age range living with a single parent due to divorce in Izeh. From this group, 60 participants were purposively selected and then randomly assigned into three equal groups (n=20 each): a CBT group, an SFBT group, and a control group. Inclusion criteria mandated that participants be aged 12–16 years, live with a single parent due to divorce, and have no active psychiatric diagnosis, known mental disorder, or chronic physical illness. Exclusion criteria included current participation in other psychological interventions, inability to attend all scheduled therapy sessions, or withdrawal of consent by the participant or their legal guardian. Participants were required to provide informed consent, along with consent from their legal guardians, to participate in the study. Ethical considerations, including informed consent from both participants and their legal guardians, were consistently observed.

Instruments

Distress Tolerance Questionnaire (DTS): This questionnaire, developed by Simons and Gaher [22], is a self-report instrument designed to assess an individual's capacity to tolerate negative emotions and distress. This questionnaire comprises 15 items across four subscales: tolerance, absorption, appraisal, and regulation. Each item is rated on a 5-point Likert scale, ranging from 1 ("strongly disagree") to 5 ("strongly agree"), with some items scored in reverse. Total scores range from 15 to 75, where higher scores indicate greater emotional distress tolerance. In Iran, Azizi [23] reported a Cronbach's alpha of 0.85 for the total scale. In the present study, the Cronbach's alpha was 0.88.

Emotion Regulation Questionnaire (ERQ): This questionnaire, developed by Gross and John [24], is an instrument designed to measure emotion regulation strategies across two primary dimensions: reappraisal and suppression. This 10-item scale allocates six questions to reappraisal and four questions to suppression. Responses are made on a 7-point Likert scale, ranging from 1 ("strongly disagree") to 7 ("strongly agree"), with no reverse-scored items. Scores range from 10 to 70, with higher scores on each subscale indicating greater use of that specific strategy. In Iran, Hasani [25] reported a Cronbach's alpha of 0.91 for the total scale, indicating acceptable reliability. In the present study, the Cronbach's alpha was 0.89.

Interventions

The CBT intervention followed a structured protocol based on Beck's Cognitive-Behavioral Therapy framework [26], consisting of 20 sessions delivered over 10 weeks, with each session lasting approximately 60 minutes. The SFBT intervention adhered to the principles outlined by de Shazer and Berg [27], comprising eight sessions over four weeks, with each session lasting approximately 45–60 minutes. A summary of the intervention sessions is provided in Tables 1 and 2.

Data Analysis

Data analysis involved descriptive statistics, assessment of statistical assumptions (normality and homogeneity of variances), and inferential statistics, primarily repeated measures Analysis of Variance (ANOVA), to examine changes over time and differences between groups.

Table 1. Table 1. Summary of CBT sessions

Session	Core Topic
1-3	Introduction to CBT, self-awareness, and identifying automatic negative thoughts
4-7	Cognitive restructuring, challenging irrational beliefs, and thought records
8-11	Emotion regulation skills, anger management techniques, relaxation strategies
12-15	Problem-solving skills, assertiveness training, and social skills development
16-20	Coping with stress, relapse prevention, maintaining progress, and consolidating skills for real-life application

Table 2. Summary of SFBT sessions

Session	Core Topic
1-2	Introduction to SFBT, identifying preferred future, goal setting, and establishing the "miracle question"
3-4	Exploring exceptions (times when the problem is less severe), scaling questions for progress and confidence
5-6	Identifying strengths and resources, amplifying successful coping strategies, and complementing client efforts
7-8	Consolidating progress, planning for future challenges, celebrating achievements, and reinforcing hope and self-efficacy

Results

A total of 60 adolescent girls (aged 12–16 years, M=14.14, SD=2.18), residing with a single parent following divorce, were randomly assigned to three groups: Cognitive Behavioral Therapy (CBT; M=14.28 years), Solution-Focused Brief Therapy (SFBT; M=13.91 years), and control (M=14.15 years). Descriptive statistics for distress tolerance and emotion regulation scores across pre-test, post-test, and follow-up phases are presented in Table 3. Both intervention groups (CBT and SFBT) exhibited significant increases in mean distress tolerance (from 38.10 to 50.40 for CBT and 38.30 to 49.70 for SFBT) and emotion regulation (from 32.80 to 46.50 for CBT and 33.10 to 45.80 for SFBT) scores from pre-test to post-test, with effects sustained mainly at

follow-up, whereas the control group showed minimal change (Table 3).

Prior to inferential analyses, assumptions for repeated measures ANOVA were assessed. Shapiro-Wilk tests confirmed normal distribution of distress tolerance and emotion regulation scores across all groups (control, CBT, and SFBT) at pre-test, post-test, and follow-up phases, with p-values exceeding 0.05, supporting the use of parametric tests. Table 4 presents the repeated measures ANOVA results, indicating significant main effects for group ($P=0.003$ for distress tolerance, $P<0.001$ for emotion regulation), time ($P<0.001$ for both variables), and time-by-group interaction ($P<0.001$ for both variables). Within-group analyses revealed significant linear and quadratic trends for both variables over time ($P<0.001$). Partial eta squared (ηp^2) values indicated moderate to strong effects for group ($\eta p^2=0.44–0.45$), strong effects for time ($\eta p^2=0.84–0.92$), and strong effects for the time-by-group interaction ($\eta p^2=0.71–0.86$). These findings suggest distinct trajectories of change, with CBT and SFBT groups indicating greater improvements in distress tolerance and emotion regulation compared to the control group.

Table 3. Mean and standard deviation of distress tolerance and emotion regulation scores across phases for study groups

Variable	Group	Pre-test	Post-test	Follow-up
		Mean ± SD	Mean ± SD	Mean ± SD
Distress Tolerance	Control	37.82±4.74	38.27±4.31	37.95±4.54
	CBT	38.16±4.80	50.46±4.60	49.21±4.48
	SFBT	38.34±4.90	49.73±4.59	48.66±4.33
Emotion Regulation	Control	32.52±4.26	33.08±3.95	32.74±4.09
	CBT	32.85±4.33	46.54±4.17	45.36±3.83
	SFBT	33.14±4.48	45.83±4.06	44.75±3.77

Table 4. Results of repeated measures analysis of variance for main and interaction effects of time and time × group on dependent variables

Source	Variable	F	P	η_p^2
Group	Distress Tolerance	145.23	0.003	0.45
	Emotion Regulation	23.15	0.001	0.44
Time	Distress Tolerance	685.73	0.001	0.92
	Emotion Regulation	359.18	0.001	0.84
Time × Group	Distress Tolerance	179.45	0.001	0.86
	Emotion Regulation	70.20	0.001	0.71

To further explore these differences, pairwise comparisons between groups were conducted using Bonferroni correction, as presented in Table 5. For distress tolerance, both the CBT and SFBT groups demonstrated significant improvements compared to the control group ($P<0.001$), with significantly higher distress tolerance scores. However, no statistically significant difference was observed between the CBT and SFBT groups ($P=0.801$), indicating comparable effectiveness. A similar pattern was observed for emotion regulation: both intervention groups showed significant increases compared to the control group ($P<0.001$), but no significant difference was found between the CBT and SFBT groups ($P=0.875$). These findings suggest that both CBT and SFBT were equally effective in enhancing distress tolerance and emotion regulation.

Table 5. Results of pairwise comparisons of mean psychological variables between the control group and treatment groups (CBT and SFBT) at post-test and follow-up phases

Variable	Group	Mean Difference	SE	P	95% CI
Distress Tolerance	Control - CBT	-11.75	1.30	0.001	-14.95 to -8.55
	Control - SFBT	-11.10	1.30	0.001	-14.30 to -7.90
	CBT - SFBT	0.65	1.30	0.801	-2.55 to 3.85

	Control - CBT	-13.05	1.25	0.001	-16.15 to -9.95
Emotion Regulation	Control - SFBT	-12.40	1.25	0.001	-15.50 to -9.30
	CBT - SFBT	0.65	1.25	0.875	-2.45 to 3.75

Pairwise comparisons over time also revealed significant improvements. For distress tolerance, significant increases were observed from the pre-test to the post-test and from the pre-test to the follow-up (P<0.001). Although smaller, the difference between the post-test and follow-up was also statistically significant (P=0.008). Similar results were obtained for emotion regulation, with scores significantly increasing from the pre-test to the post-test and from the pre-test to the follow-up (P<0.001), and a significant difference between the post-test and follow-up (P=0.007). These patterns indicate that the interventions led to significant improvements in distress tolerance and emotion regulation immediately after the intervention, with effects sustained mainly at follow-up (Table 6).

Table 6. Results of pairwise comparisons across pre-test, post-test, and follow-up phases for dependent variables

Variable	Phase	Mean Difference	SE	P	95% CI
	Pre-test - Post-test	-7.70	0.28	0.001	-8.39 to -7.01
Distress Tolerance	Pre-test - Follow-up	-7.16	0.28	0.001	-7.85 to -6.47
	Post-test - Follow-up	-0.54	0.28	0.008	-1.23 to -0.15
	Pre-test - Post-test	-8.97	0.27	0.001	-9.64 to -8.30
Emotion Regulation	Pre-test - Follow-up	-8.43	0.27	0.001	-9.10 to -7.76
	Post-test - Follow-up	-0.90	0.26	0.003	-1.54 to -0.26

Discussion

The present research aimed to compare the effectiveness of CBT and SFBT on distress tolerance and emotion regulation in adolescent girls affected by parental divorce. The findings consistently revealed significant improvements in both distress tolerance and emotion regulation within the intervention groups (CBT and SFBT) compared to the control group, and these effects were largely maintained at follow-up. While both therapeutic approaches demonstrated efficacy, no statistically significant difference in effectiveness was observed between CBT and SFBT, suggesting their comparable utility in addressing these crucial psychological constructs.

The significant increase in distress tolerance in both CBT and SFBT groups is particularly noteworthy. This finding aligns with the theoretical underpinnings of both approaches. The CBT, through its emphasis on identifying and modifying maladaptive cognitive patterns and behavioral responses to distress, equips individuals with concrete strategies to face and tolerate uncomfortable emotional states [14]. Techniques, such as cognitive restructuring, exposure exercises, and relaxation training, directly target the avoidance behaviors often associated with low distress tolerance [17]. For instance, studies conducted by Karimi and Zargarshirazi [28] have similarly demonstrated the efficacy of CBT in enhancing distress tolerance, supporting the present study's results. On the other hand, SFBT, by focusing on identifying existing resources, past successes, and preferred future states, empowers individuals to view distress as a transient obstacle rather than an insurmountable barrier [21]. By building on strengths and highlighting exceptions to the problem, SFBT implicitly fosters a sense of agency and resilience, which are critical for increasing one's capacity to tolerate emotional discomfort [19].

Similarly, the substantial improvement in emotion regulation observed in the intervention groups is a critical outcome. The CBT directly teaches skills, such as emotional identification, cognitive reappraisal, and acceptance, enabling individuals to manage their emotional responses more effectively. The structured nature of CBT sessions enables systematic skill acquisition and practice, resulting in enhanced regulatory capacities [17]. This finding is consistent with research by Zhu et al. [29], which highlighted the role of cognitive emotion regulation in mitigating psychological distress. SFBT, while not explicitly teaching emotion regulation skills in the same manner as CBT, indirectly enhances them by shifting focus from problems to

solutions and by amplifying moments of successful coping. When individuals identify instances where they managed emotions more effectively, even if briefly, it reinforces their belief in their ability to regulate emotions in the future. By emphasizing what works and building on small successes, SFBT cultivates a more adaptive emotional response repertoire. This finding aligns with the results of Northcott et al. [30], who reported positive effects of SFBT on emotional well-being and regulation.

The absence of a statistically significant difference in efficacy between CBT and SFBT, despite CBT being a more extensive intervention (20 sessions vs. 8 sessions for SFBT), is a significant finding. This issue suggests that for enhancing distress tolerance and emotion regulation in this specific population, SFBT offers a remarkably efficient alternative. The parsimony of SFBT, achieving comparable outcomes in fewer sessions, underscores its potential as an efficient and accessible intervention, particularly in settings with limited resources or for individuals requiring rapid symptom amelioration. This outcome aligns with studies comparing brief and longer-term therapies, where brief approaches often prove to be as effective as longer ones for specific outcomes, highlighting the importance of efficiency [31].

The findings of this study have significant implications for both clinical practice and public health. They provide further evidence for the effectiveness of both CBT and SFBT in supporting adolescent girls coping with the aftermath of parental divorce. By improving distress tolerance and emotion regulation, these interventions can equip vulnerable adolescents with essential coping skills, potentially mitigating the long-term negative consequences of family disruption, such as anxiety, depression, and high-risk behaviors. The demonstrable efficacy of SFBT, in particular, suggests that it could be a highly viable first-line intervention, given its brief nature and positive orientation.

Despite its significant contributions, the present work involves several limitations. The reliance on a specific geographical area (Izeh city) and a purposive sampling method may limit the generalizability of the findings to broader populations of adolescent girls experiencing parental divorce. Furthermore, the self-report nature of the outcome measures could be subject to response biases.

Conclusions

This study provides compelling evidence that both CBT and SFBT are effective interventions for significantly enhancing distress tolerance and emotion regulation in adolescent girls affected by parental divorce. Despite differences in their duration and procedural focus, both therapeutic approaches yielded comparable positive outcomes, which were sustained at follow-up. These findings underscore the critical role of psychological interventions in mitigating the adverse effects of divorce on adolescent mental health. The comparable efficacy of SFBT, in particular, underscores its potential as an efficient and accessible option for enhancing the well-being of this vulnerable population in both clinical and school-based settings.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee of Islamic Azad University, Iran, under the reference code IR.IAU.AHVAZ.REC.1403.409.

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Authors' contributions

Soraya Aghabaki contributed to the study design, data collection, and drafting of the manuscript. Masoud Shahbazi, as the corresponding author, was responsible for the conceptualization of the study, supervision of the interventions, and final revision of the manuscript. Mohammad Hossein Mohebi Nouredinvand conducted statistical analyses and contributed to the interpretation of results. Seyedeh Zahra Alavi assisted in participant recruitment, data collection, and literature review. All authors reviewed and approved the final manuscript.

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Conflicts of Interest

The authors declare that they have no competing interests related to this study.

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