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Original Article

Comparing the Effectiveness of Reality Therapy and Acceptance and Commitment Therapy Programs in Reducing High-Risk Sexual Behaviors among Adolescents

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Abstract

Background and Objective: This study aimed to compare the effectiveness of reality therapy (RT) and acceptance and commitment therapy (ACT) programs in reducing high-risk sexual behaviors (HRSBs) among adolescents.

Materials and Methods: This quasi-experimental study was conducted based on a pretest-posttest control group design. The statistical population comprised all male students at the upper secondary schools in the city of Ghaen, South Khorasan Province, Iran, in the 2022-2023 academic year. Among them, 45 individuals were selected by purposive sampling method and then randomized into three groups in line with the inclusion and exclusion criteria. Afterward, they completed the High-Risk Sexual Behaviors Scale (HRSBS) at the pretest and posttest stages. During the intervention programs, the experimental groups (EGs) I and II respectively received RT and ACT for eight 90-minute sessions, while the CG was only given daily training. To analyze the data, the SPSS Statistics (version 24) software package and the univariate analysis of covariance (ANCOVA) were utilized, considering the statistical assumptions.

Results: The study results revealed that the RT program significantly reduced HRSBs; however, ACT exhibited no noteworthy effects in this vein. Moreover, a significant difference was detected between the effectiveness of both interventions in lowering HRSBs ($P<0.001$).

Conclusions: The present study ultimately demonstrated that the RT program was a better and more efficient practice for adolescents, as compared to ACT. It further provided a greater opportunity for counselors and therapists to manage the major problems facing this age group.

Keywords: Acceptance and Commitment Therapy, Adolescents, High-Risk Sexual Behavior, Reality Therapy

Background

Sexual desire has been thus far documented as an integral part of human life [1], whose arousal leads to an unstable time in the lifespan that demands much more adjustments. From a cultural viewpoint, all individuals are supposed to postpone their sexual activities until the age of marriage [2]; however, they do not always act so and even fail to meet the expectations in society. Of note, hormone increase and peer pressure are likely to generate loads of obsessions with sexual behavior in this age group [3], and then intensify their vulnerability and involvement in the associated affairs. Such behaviors sometimes develop high-risk sexual behaviors (HRSBs) [4], defined as the activities that lay people open to sexually transmitted diseases (STDs) and further put their health at risk [5].

In Iran, opposite-gender friendships, as well as pre-marriage relationships, have been designated as HRSBs in some studies. Over recent decades, the age of the first sexual experience has further reduced. As an example, the age to start having sex in Europe has been decreased to 15 [6]. HRSBs are also among the serious public concerns threatening people's health and well-being [7]. The aftereffects of such behaviors might include sexual violence [8], high prevalence rates of STDs and infections [9], low mental health status in adulthood [10], desire to be single, negative impacts on craving to get married and boost its quality [11], family conflicts, damaged relationships, legal and financial problems [12], adolescent pregnancy [13], depression, and even suicide attempts [9].

To prevent HRSBs and plan for appropriate interventions, it is of utmost importance to

formulate the right strategies at the same time as such behaviors among adolescent populations are identified. Psychologists and counselors have so far implemented numerous methods and interventions to enhance HRSBs [14]. In this line, Ahmadi Sarmouri et al. [15] and Narimani et al. [16] found that acceptance and commitment therapy (ACT) programs could be much more effective in diminishing impulsivity and high-risk behaviors (HRBs). As a psychological intervention, ACT could encourage clients to change their affiliations with their inner thoughts and feelings through the mechanisms of acceptance and mindfulness along with value-based actions [17]. The main objective of ACT is to produce psychological flexibility, or in other words, the ability to make some practical choices. This way, individuals could be more effective in picking more options in life. In fact, this type of intervention was to create a rich, comprehensive, and value-oriented life to help clients [18].

Another intervention proposed in this study was reality therapy (RT) based on Glasser's choice theory, according to Bradley Smith, Shannon, and Ashley [19], which could significantly reduce HRBs, such as excessive alcohol use. In light of this method, human behavior is not a mere response to external or internal stimuli but a big attempt to achieve balance through meeting internal needs in the form of desires throughout life [20]. The main reason to compare these two methods, RT and ACT, was their similarities, including emphasizing actions and doing intelligent planning, although there were differences in terms of focusing on different aspects of human life [14].

In their book, Theory and Practice of Group Psychotherapy, Leszcz and Yalom [21] correspondingly stated that most clients had difficulty in coping with their inner thoughts and feelings or with other people; therefore, this was the significant difference between both therapies. From an inside-out view, RT and ACT would deem harmful relationships as the origin of human problems. Given the ever-increasing number of HRSBs among adolescents at the present time, it was vital to investigate the associated factors and develop more effective interventions. As such behaviors could have long-term effects on adolescents and society, it seems that rebuilding the lives of this age group by reducing their HRSBs has been one of the missions of psychologists. This could also bring a positive effect on the quality of life, well-being, stability in relationships, awareness of HRSB consequences, higher efficiency and success in minimizing such behaviors in adolescents, and even a positive impact on societies. The present study could thus contribute to the development of some theories and interventions in the field of psychology and improve counseling and treatment services for adolescents with HRSBs. As a whole, there was an attempt to address the challenges facing societies and enhance living conditions among individuals and then communities. Considering this background, this study was to compare the effectiveness of the RT and ACT programs in lowering HRSBs in adolescents.

Objectives

This study aimed to compare the effectiveness of reality therapy (RT) and acceptance and commitment therapy (ACT) programs in reducing high-risk sexual behaviors (HRSBs) among adolescents.

Materials and Methods

The present study, using a quasi-experimental pretest-posttest research design with a control group (CG), was of the applied type in terms of the nature of the data. The dependent variable was accordingly selected as HRSBs, and the independent ones were RT and ACT.

The statistical population included all male students at the upper secondary schools in the city of Ghaen, South Khorasan Province, Iran, in the 2022-2023 academic year. To select the experimental groups (EGs), four schools were thus nominated out of those in the city of Ghaen, and the High-Risk Sexual Behaviors Scale (HRSBS) was completed [22]. Upon analyzing the questionnaire results, 76 individuals were found to be eligible for the study based on the inclusion and exclusion criteria. After that, 45 students were selected by simple random sampling and placed into the EGs I and II and the CG (n=15 in each group).

The inclusion criteria were obtaining high scores (based on the cutoff scores) in the HRSBS, being at the age range of 15-18, attending no intervention programs simultaneously, and showing consent to participate in the study and receiving the therapeutic interventions. In contrast, the exclusion criteria were suffering from serious illnesses, having one of the severe mental disorders, undergoing substance use disorder, being absent for more than three sessions of the intervention programs, and participating in other programs at the same time.

Research Tool

The 10-item HRSBS was administered to evaluate HRSBs [22]. The first eight items are directly scored from 0 to 4, while the last two items are scored in an inverse order from 0 to 3. The total score could thus

reveal the respondents' HRBs in a set of scores, with higher scores representing higher HRSBs. The main dimensions measured were unprotected intercourse without condom use, substance use during sex, having multiple sexual partners, and unusual sex practices (i.e., anal and oral sexual intercourse). After preparing the items based on the existing background, 10 faculty members and PhD students were further asked to review and modify them in terms of their content to check the content validity of the given scale. The respondents were also requested to specify confusing and unfamiliar items for further correction. The reliability of the HRSBS was also calculated using the test-retest method as 0.68, and its Cronbach's alpha coefficient was equal to 0.86 [22].

Procedure

Upon obtaining permission from the Education Department in the city of Ghaen, South Khorasan Province, Iran, to attend the upper secondary schools, the preconditions for the implementation of the study were provided. Then, four schools were selected based on convenience sampling, and the HRSBS was completed. After analyzing the questionnaire results, 76 individuals were found to be eligible for the study based on the inclusion and exclusion criteria. Following that, 45 students were selected through simple random sampling and assigned into the EGs I and II and the CG (n=15 in each group). Before administering the scale, the researcher and the clinical psychologist provided explanations regarding the intervention and addressed ethical considerations, including confidentiality of information, prioritization of client interests, and the importance of client honesty and satisfaction. At the pretest stage, all three groups responded to the questionnaire items. Then, the EG I received RT, the EG II attended the ACT program, and the CG only had daily training. At the posttest stage, all three groups completed the scale once again.

Psychological Interventions

Reality Therapy

The RT developed by Glasser [23] was implemented in the present study, in which the participants received the program during eight 90-minute sessions. The summary of the RT sessions is given in Table 1.

Acceptance and Commitment Therapy

The ACT designed by Hayes [24] was used in this study, and the participants received this program during eight sessions of 90 min. The summary of the ACT sessions is illustrated in Table 2.

Statistical analysis

Descriptive statistics (e.g., frequency, mean, and standard deviation) were employed to analyze the data obtained from the questionnaires completed by the participants in the pre-test and post-test stages. Moreover, inferential statistics (e.g., the analysis of covariance) were applied to assess the research questions. In addition, $P \leq 0.05$ was considered statistically significant. All statistical analyses were performed in SPSS software (version 24).

Table 1. Summary of RT sessions

Sessions	Content and objectives
1	Getting to know the group members and the leader
2	Explaining the main objectives of the group and some topics, such as confidentiality and the right not to answer, compromise, and judge, which needed to be observed during the intervention sessions
3	Investigating many choices all through life
4	Discussing multiple choices and basic needs
5	Analyzing and identifying needs
6	Examining the most important ways to make one's wishes come true, along with evaluating the existing behaviors
7	Judging and re-evaluating behaviors and reflecting on the relationship between cognition, emotion, behavior, and physiology
8	Identifying the qualitative world and finally summarizing all topics discussed

Table 2. Summary of ACT sessions

Sessions	Content and objectives
1	Getting to know the major references and establishing a proper relationship to complete the questionnaire correctly, build trust, conduct the pretest, make assessments, perform diagnostic interviews, and clarify the intervention regulations
2	Reflecting on the therapeutic concepts of acceptance and commitment, creating insights in the clients regarding the problems, and challenging inhibition
3	Teaching creative despair and providing the list of discomforts and problems that the clients have thus far tried to divest themselves of
4	Encouraging acceptance and mindfulness by stopping the efforts to control and create faulty cognition along with reviewing the previous sessions and assignments
5	Providing value-based life education, reviewing previous sessions, and giving assignments
6	Evaluating the main goals and actions and specifying values, goals, and actions as well as their obstacles
7	Re-examining the high values, goals, and actions and supporting familiarity and participation with much passion and commitment
8	Identifying and removing obstacles to committed action, summarizing the topics, and administering the posttest

Results

In this study, the EGs I and II consisted of 30 people, respectively receiving RT and ACT, while the CG received no intervention (n=15). The frequency of the 10th-grade students was 13 (28.88%), and those in the 11th and 12th grades were 15 (33.33%) and 17 (37.77%), respectively. Accordingly, the 12th-grade students had the highest frequency, whereas the 10th-grade ones had the lowest. The mean age scores in the ACT and RT groups were 17.12 and 16.74, respectively, and it was 16.88 in the CG. The study groups were almost homogenous, and the highest mean age was observed in the group receiving ACT.

To decide on the best statistical methods, the normality of the data distribution was examined using the Kolmogorov-Smirnov test, and the study variables were found to be normal (P<0.05).

The significance levels for Levene's statistics were further calculated, which were over 0.05 in both variables; therefore, the prerequisite for the homogeneity of variances was established (P<0.05).

The RT program could thus reduce HRSBs among adolescents.

As given in Table 3, the RT program significantly diminished HRSBs in the EG. Moreover, ACT also lowered HRSBs in adolescents.

According to Table 4, the effectiveness of ACT in reducing HRSBs in the EG was not significant.

Research Hypothesis

Is there a significant difference between the effectiveness of the RT and ACT programs in HRSBs among adolescents?

As presented in Table 5, the mean score in the RT group significantly changed at the posttest stage.

According to Table 6, the difference between the RT and ACT groups was significant in terms of a reduction in HRSBs.

Table 3. Univariate ANCOVA results related to HRSBs

Variable	Source of change	Sum of squares	Degree of freedom (df)	Mean square	F-statistic	Significance level	Eta coefficient
HRSBs	Group	287.587	1	287.587	8.82	0.024	0.23
	Pretest	187.547	1	187.547	5.75	0.032	0.19
	Error	879.287	27		32.55		
	Total	1879.124		29			

Table 4. Univariate ANCOVA results related to HRSBs

Variable	Source of change	Sum of squares	df	Mean square	F-statistic	Significance level	Eta coefficient
	Group	215.33	1	215.33	5.89	0.076	0.12
	Pretest	630.67	1	630.67	17.25	0.008	0.296
	Error	987.254	27		36.56		
	Total	2113.587		29			

Table 5. Mean and standard deviation (SD) of pretest and posttest scores of HRSBS in EGs and CG

Variable	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
HRSBs	EG I – RT	25.126	4.32	18.254	3.87
	EG II – ACT	25.421	4.23	23.87	4.81
	CG	24.897	4.98	25.144	3.89

Table 6. Univariate ANCOVA results related to HRSBs

Variable	Source of change	Sum of squares	df	Mean square	F-statistic	Significance level	Eta coefficient
	Group	882.15	1	882.15	16.35	0.014	0.39
	Pretest	820.64	1	820.64	15.21	0.012	0.31
	Error	1456.754	27		53.95		
	Total	1897.324		29			

Discussion

This study aimed to compare the effectiveness of the RT and ACT programs in reducing HRSBs among adolescents. The results demonstrated that ACT was effective in minimizing such behaviors. In this line, Tahan et al. [25], Afshari et al. [26], Ahmadi Sarmouri et al. [15], and Narimani et al. [16] reported that ACT could be more effective in moderating impulsivity and HRBs. Considering the effects of ACT on decreasing HRSBs, it was decided that this type of intervention could boost psychological flexibility in the clients to accept uncomfortable external and internal experiences out of their control, using the metaphors of acceptance, such as the tug-of-war with the monster and the Rumi's guesthouse, in order to focus with no attempt to confront and fight against them. This acceptance could help them perform some activities and parables related to values, such as the practice of the 70th birthday celebration in agreement with

one's values, abandon many control strategies, learn some effective value-oriented behaviors with smart planning, and even observe their effects in life, and ultimately reduce HRBs [16]. In this method, setting goals and clarifying values were of utmost importance, and they were assumed to be the general path of life. Therefore, ACT could teach that world affairs were under two general categories: those in control that were worth changing and focusing on, and those that were out of control and were not worth focusing on and spending time and energy. Accordingly, giving much focus on things that could be changed would be beneficial in reducing certain HRBs.

Besides, the study results revealed that RT was effective in reducing HRSBs in adolescents. Bradley Smith et al. [19] thus found that the RT program, developed based on Glasser's choice theory, had been effective in moderating HRBs, such as excessive alcohol use, which supported the results of the present study. To explain the effectiveness of RT in HRSBs, it was argued that the given intervention could embolden adolescents with HRSBs to avoid making excuses and blaming external or past stimuli. Instead, it encourages them to accept reality, cultivate wise optimism, stop the common evasions of responsibility to deal well with prior experiences, and make better and more effective choices at the present time to meet their basic needs. In this regard, the adolescents attending the RT program sessions were taught to learn about their basic needs and fulfill them correctly since satisfying such needs in a proper manner could minimize HRBs. RT further showed that humans could mostly choose their behaviors, and the only one under control was their own. In this method, the clients could learn to get off the victim triangle and stop blaming luck, fate, those around them, and other similar factors, and find that the first person in charge of meeting their needs was themselves. After picking the behavior, adolescents could further discover pleasant or unpleasant results. In this way, they could understand the effectiveness or non-effectiveness of such behaviors in satisfying their needs. They could also discover that many aspects of the external world might be pleasurable (satisfied needs), painful (unsatisfied needs), or neutral.

Furthermore, the study results demonstrated a significant difference between the effectiveness of RT and ACT in reducing HRSBs among adolescents; accordingly, the RT program was a more effective method to demote such behaviors than ACT. These results were in line with the reports by Hadian et al. [14] and Afshari et al. [26]. In this regard, it was concluded that RT could be an existential therapy thanks to the dedication of much attention to the right to choose and be responsible for it. In existential therapy, people were assumed to be fully responsible for their behavior and choices, and they could not consider the past, parents' behavior, genetic features, negative events, luck, or the unconscious as the determinants of their behaviors [14]. Besides, the RT program created a vigorous and empowering environment; consequently, the adolescents learned to play new and healthy roles, which was simple and understandable compared to ACT. It was also easier to implement and even put much emphasis on motivation. Therefore, there was more focus on choosing and being responsible in RT, which could have a direct impact on the clients' behaviors. However, accepting the current situation and improving negative thoughts were highlighted in the ACT. In contrast, the RT program could make adolescents feel better by calling attention to choices. Therefore, a significant difference was seen between RT and ACT in terms of their effectiveness in reducing HRSBs among adolescents.

Among the main limitations of this study was the lack of access to adolescents with HRSBs due to personal life problems in this age group. As a result, there is a logical need for more follow-up efforts and strategies to motivate their attendance at intervention sessions. It seems that laying much focus on education and treatment among adolescents with HRSBs can be achieved if social workers are recruited in future research. Considering the effectiveness of the RT and ACT programs, therapists and researchers are thus suggested to develop an integrated package of both methods by conducting qualitative research to help adolescents with HRBs take advantage of their positive outcomes altogether.

Conclusions

Considering the irreparable injuries and damages that HRBs lead to, it is highly important to carry out psychological and educational interventions to reduce these factors. For this reason, the role of psychological factors and interventions in suffering from, confronting, and improving psychological problems needs more reflection. In this regard, RT is one of the psychological interventions that has significant effects in improving psychological problems and personality disorders.

Compliance with ethical guidelines

The study participants first read the written informed consent form and completed it if they were willing to participate in the study. In addition, the study protocol was approved by the Research Ethics Committee (the ethical code: IR.IAU.BIRJAND.REC.1403).

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Authors' contributions
First author: idea design, article writing and revision, data collection, data analysis; second author: project supervisor. All the authors participated in the initial writing of the article and its revision, and all accepted the responsibility for the accuracy and correctness of the contents of the present article with the final approval of this article.

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Conflicts of Interest
Hereby, the authors of the article declare that there is no conflict of interest regarding the present study.

References
1. Macleod A, Busija L, & McCabe M. Mapping the perceived sexuality of heterosexual men and women in mid-and later life: A mixed-methods study. Sexual Medicine. 2020; 8(1): 84-99. [DOI: 10.1016/j.esxm.2019.10.001] [PMID] [PMCID]
2. Chawla N, & Sarkar S. Defining "high-risk sexual behavior" in the context of substance use. Journal of Psychosexual Health. 2019; 1(1):26-31. [DOI: 10.1177/2631831818822015]
3. Khalili M, Mirzazadeh A, Chegeni M, Abedi L, Rajaei L, Ardalan G & Sharifi H. Prevalence of high-risk sexual behavior among Iranian young people: A systematic review and meta-analysis. Children and Youth Services Review. 2020; 119, 105526. [DOI: 10.1016/j.childyouth.2020.105526]
4. Stokłosa I, Stokłosa M, Porwolik M, Bugajski M, Więckiewicz G, Piegza M, & Gorczyca P. Analysis of high-risk sexual behavior among polish university students. International Journal of Environmental Research and Public Health. 2021; 18(7):3737. [DOI: 10.3390/ijerph18073737] [PMID] [PMCID]
5. Ramiro-Sánchez T, Ramiro M.T, Bermúdez M. P, & Buela-Casal G. Sexism in adolescent relationships: A systematic review. Psychosocial Intervention. 2018; 27(3):123-132. [DOI:10.5093/pi2018a19]
6. Mollaei B, Ahmadi K, Yousefi E. Causes of Decreased Abstinence in Young People with High-Risk Sexual Behavior: A Qualitative Study. Applied Psychology. 2023; 17(2):245-265. [DOI: 10.48308/apsy.2022.226863.1305]
7. Lara L.A, & Abdo C.H. Age at time of initial sexual intercourse and health of adolescent girls. Journal of Pediatric and Adolescent Gynecology. 2016; 29(5):417-423. [DOI: 10.1016/j.jpag.2015.11.012] [PMID]
8. Santhya K.G, & Jejeebhoy S.J. Sexual and reproductive health and rights of adolescent girls: Evidence from low-and middle-income countries. Global public health. 2015; 10(2):189-221. [DOI: 10.1080/17441692.2014.986169] [PMID] [PMCID]
9. Smith L, Jackson S.E, Jacob L, Grabovac I, Yang L, Johnstone J &Koyanagi A. Leisure-time sedentary behavior, alcohol consumption, and sexual intercourse among adolescents aged 12-15 years in 19 countries from Africa, the Americas, and Asia. The journal of sexual medicine. 2019; 16(9):1355-1363. [DOI: 10.1016/j.jsxm.2019.06.013] [PMID]
10. Mota N.P, Cox B.J, Katz L.Y, & Sareen J. Relationship between mental disorders/suicidality and three sexual behaviors: results from the National Comorbidity Survey Replication. Archives of sexual Behavior. 2010; 39(3):724-734. [DOI: 10.1007/s10508-008-9463-5] [PMID]
11. Khalajabadi Farahani F, Kazemipour S, Rahimi A. The Influence on Premarital Heterosexual Relationships on Marital Timing and Marital Desire among College Students in Tehran. Journal of Family Research. 2013; 9(1):7-28. [Link]
12. Mirzaei M, Ahmadi K, Saadat S.H, & Ramezani M.A. Instruments of high risk sexual behavior assessment: A systematic review. Materia socio-medica. 2016; 28(1):46. [DOI: 10.5455/msm.2016.28.46-50] [PMID] [PMCID]
13. Hendrick C.E, Cance J.D, & Maslowsky J. Peer and individual risk factors in adolescence explaining the relationship between girls' pubertal timing and teenage childbearing. Journal of youth and adolescence. 2016; 45(5):916-927. [DOI: 10.1007/s10964-016-0413-6] [PMID] [PMCID]
14. Hadian S, Havasi soomar N, Hosseinzadeh Taghvaei M, Ebrahimi M I, Ranjbaripour T. Comparing the effectiveness of acceptance and commitment therapy and reality therapy on the responsibility and self-efficacy of divorced women. Advances in Cognitive Sciences. 2023; 25(3): 47-63. [DOI:10.30514/icss.25.3.47]
15. Ahmad Sermori P, Mardani Karani J, Nazari Sarmazeh F, Sayyadi Shahraki Z, Omidian Dehkordi M. The Effectiveness of admission and commitment group therapy on decreasing impulsivity and high risk behaviors of secondary school students. Rooyesh. 2020; 8(12):21-30. [Link]
16. Narimani M, Abbasi M, Abolghasemi A, & Ahadi B. The effectiveness of training acceptance/commitment and training emotion regulation on high-risk behaviors of students with dyscalculia. International journal of high risk behaviors & addiction. 2013; 2(2):51-55. [DOI: 10.5812/ijhrba.10791] [PMID] [PMCID]
17. Bai Z, Luo S, Zhang L, Wu S, & Chi I. Acceptance and Commitment Therapy (ACT) to reduce depression: A systematic review and meta-analysis. Journal of affective disorders. 2020; 260:728-737. [DOI: 10.1016/j.jad.2019.09.040] [PMID]
18. Enjezab B, Rejaezadeh M, Bokaie M, & Salimi H. The effectiveness of acceptance and commitment therapy (ACT) on sexual self-efficacy and sexual quality of life in reproductive-age women: A randomized controlled trial. Journal of Sex & Marital Therapy. 2021; 47(8):764-772. [DOI: 10.1080/0092623X.2021.1944938] [PMID]
19. Bradley Smith C.I, CTRTC I, CCJP S, Shannon R.K, & Ashley E. S. Assessing the efficacy of a choice theory-based alcohol harm reduction intervention on college students. International Journal of Choice Theory® and Reality Therapy. 2011; 30(2):52-62. [Link]
20. Robey P.A, Wubbolding R.E, & Malters M. A comparison of choice theory and reality therapy to Adlerian Individual Psychology. The Journal of Individual Psychology. 2017; 73(4):283-294. University of Texas Press. [DOI:10.1353/jip.2017.0024]
21. Leszcz I.D, Yalom M. Theory and Practice of Group Psychotherapy: Cambridge Basic Books; 2020.[Link]
22. Zarie F, Khakbaz H, Karami H. Determining the Effectiveness of Self-Awareness Skill Training on Reducing High-Risk Behaviors Associated with the Opposite Sex Addict. Etiadpajohi. 2010; 4 (15):63-70. [Link]
23. Glasser, W. Defining mental health as a public health issue: A new leadership role for the helping and teaching professions. Los Angeles: William Glasser Institute; 2006. [Link]
24. Hayes S.C, Luoma J.B, Bond F.W, Masuda A, & Lillis J. Acceptance and commitment therapy: Model, processes and outcomes. Behaviour research and therapy. 2006; 44(1):1-25. [DOI: 10.1016/j.brat.2005.06.006] [PMID]
25. Tahan M, Sabriyan H. Effectiveness of Acceptance and Commitment Therapy and Hope Therapy Based on Positive Psychology in the Promotion of Psychological Well-being and Mental Health in Medical Staff during the COVID-19 Pandemic. Avicenna J Neuro Psycho Physiology. 2023; 10(2):41-49. [DOI:10.32592/ajnpp.2023.10.2.100]
26. Afshari M, Khayatan F, Yousefi Z. A Comparison of the Effectiveness of the Reality-Based Acceptance and Commitment Therapy (RACT) Package and Cognitive-Behavioral Therapy (CBT) in Improving Procrastination and Responsibility in Adolescent Girls. Journal of Applied Family Therapy. 2022; 3(2):1-19. [DOI:10.22034/aftj.2022.313663.1246]