



Investigating Problem-Solving in Family Therapy Using the Acceptance and Commitment Therapy (ACT) Approach

S. Ganjbakhsh Tehrani^{1,*}, S. J. Sadeghi², S. Ganjbakhsh Tehrani³

¹ M.A. in Positive Psychology, Mahabad Branch, Islamic Azad University, Mahabad, Iran

² Assistant Professor, Department of Psychology, Mahabad Branch, Islamic Azad University, Mahabad, Iran

³ B.A., Elementary School Teacher, Pishva Campus, Farhangian University, Pishva, Varamin, Iran

ARTICLE INFO	ABSTRACT
<p>Article History: Received 7 May 2024 Received in revised form 10 June 2024 Accepted 17 August 2024 Available online 3 September 2024</p>	<p>The present study aimed to investigate problem-solving in families using the Acceptance and Commitment Therapy (ACT) approach. This semi-experimental study utilized a pretest-posttest-follow-up design with a control group. From among clients who voluntarily attended five counseling centers in Tehran, 30 individuals were selected as a convenient sample and randomly assigned to two groups: an experimental group (n = 15) and a control group (n = 15). The ACT-based therapeutic program was conducted in 10 group counseling sessions, each lasting 90 minutes. Data were collected using the Heppner and Petersen Problem-Solving Inventory. Results showed a significant impact of the ACT approach on problem-solving skills, with an effect size of 0.72. A significant difference was observed between the posttest scores of the experimental and control groups, with an effect size of 0.77. Analysis of covariance (ANCOVA) confirmed the effectiveness of the intervention on problem-solving skills, yielding a statistically significant F-value of 9.58 (p < 0.05). Furthermore, the follow-up results indicated that the therapeutic effects of the intervention were sustained over time.</p>
<p>Keywords: Acceptance, Commitment, Psychological Flexibility, ACT, Problem-Solving, Nine Techniques</p>	

1. INTRODUCTION

In recent decades, family therapy has gained considerable attention as an effective approach to improving psychological functioning and interpersonal relationships within family systems. As the primary social unit, the family plays a crucial role in shaping emotional, cognitive, and behavioral development. However, the inability to manage internal conflicts or effectively solve problems can lead to long-term psychological distress and relational dysfunction [1]. Among the core components that sustain healthy family dynamics, problem-solving is considered a key skill that underpins resilience and adaptability.

Acceptance and Commitment Therapy (ACT), a prominent third-wave cognitive-behavioral approach, has recently been integrated into family therapy models. ACT emphasizes psychological flexibility through six core

* Corresponding Author: saeed.ganjbakhsh1402@gmail.com

M.A. in Positive Psychology, Mahabad Branch, Islamic Azad University, Mahabad, Iran



processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action [2]. Rather than attempting to eliminate distressing thoughts or emotions, ACT encourages individuals to embrace these experiences while engaging in meaningful, value-based behavior. This framework has shown promise in enhancing adaptive coping strategies within relational contexts.

Emerging evidence suggests that ACT-based interventions are not only effective in alleviating symptoms of anxiety, depression, and emotional dysregulation but also contribute to improving empathy, communication, and emotional intimacy within families, including among couples and parent-child dyads [3,4]. Despite this growing body of literature, the direct impact of ACT on problem-solving skills within family systems remains underexplored.

Accordingly, the present study aims to investigate the effectiveness of family-based ACT interventions in enhancing interpersonal and systemic problem-solving capacities. By grounding the investigation in the theoretical foundations of ACT and established models of family functioning, this research seeks to clarify the extent to which ACT may serve as a viable therapeutic approach to strengthen families' ability to navigate and resolve conflicts constructively.

2. LITERATURE REVIEW

In recent decades, Acceptance and Commitment Therapy (ACT), as one of the third-wave cognitive-behavioral therapies, has gained considerable attention in individual, couple, and family interventions. ACT emphasizes acceptance of negative emotions, psychological flexibility, and commitment to values, offering an effective framework for managing family conflicts and improving problem-solving abilities [5].

Studies have demonstrated that ACT-based interventions for couples and families can significantly improve problem-solving styles, reduce interpersonal conflicts, and enhance marital satisfaction [6,7]. Additionally, ACT contributes to improved emotional regulation, which is a key factor in reducing emotional divorce and enhancing family functioning [8].

Mousavi Haghighi et al. [9] found that combining ACT with Integrative Behavioral Couple Therapy (IBCT) led to improvements in marital intimacy and overall family functioning among divorce-seeking couples. Similarly, Ghahari et al. [10] reported that ACT effectively reduced marital conflicts.

ACT has also been shown to be effective in enhancing parent-child relationships and facilitating problem-solving in families with children or adolescents [11,12]. This impact is particularly evident in families coping with chronic psychological disorders in one or more members [13].

Meta-analytic studies such as Han et al. (2020) have confirmed the effectiveness of ACT in supporting family caregivers, increasing their resilience, reducing stress, and enhancing psychological processes associated with problem-solving [14]. Moreover, ACT has been implemented in domestic violence contexts to reduce aggression and rebuild healthy familial relationships [15].

By promoting acceptance of distressing experiences and focusing on personal and family values, ACT empowers couples and family members to adopt effective problem-solving strategies [16,17]. Comparative studies between ACT and traditional Cognitive Behavioral Therapy (CBT) suggest that ACT yields more sustainable changes in coping strategies and family dynamics [18,19].

In conclusion, Acceptance and Commitment Therapy (ACT), with its structured and value-oriented approach, offers a powerful and evidence-based intervention for enhancing problem-solving in family therapy contexts [20-22].

3. METHOD

3.1. Research Design, Population, and Sample

This study employed an experimental research design featuring a pre-test, post-test, and follow-up with a control group. The statistical population included couples who referred to counseling centers in Tehran during the second

quarter of 2002 (1381 in the Iranian calendar). Participants were selected through purposive clinical sampling from clients of five counseling centers across the city. Those who expressed willingness to participate in the intervention were considered as potential subjects.

A total of 30 individuals (15 couples) were randomly selected and then randomly assigned to either the experimental group or the control group, with 15 individuals in each.

3.2. Instruments

3.2.1. Acceptance and Commitment Therapy (ACT) Program

The ACT-based intervention was delivered in 10 structured sessions, each lasting 90 minutes, conducted in a group format. The program followed the standardized ACT therapeutic framework, adapted to address the interpersonal dynamics of couples.

Both the experimental and control groups completed the Problem-Solving Inventory before the intervention (pre-test), immediately after the intervention (post-test), and one month later (follow-up).

3.2.2. Heppner & Petersen Problem-Solving Inventory (PSI)

Developed by Heppner and Petersen (1982), the PSI is a 32-item self-report instrument designed to measure individuals' perceptions of their problem-solving abilities. Responses are recorded on a 6-point Likert scale ranging from 1 (strongly agree) to 6 (strongly disagree). Total scores range from 32 to 192, with higher scores indicating stronger problem-solving abilities.

The inventory comprises three subscales:

- Problem-Solving Confidence (11 items)
- Approach-Avoidance Style (16 items)
- Personal Control (5 items)

Heppner reported acceptable internal consistency coefficients for the subscales: $\alpha = 0.72$ for confidence, 0.84 for approach-avoidance, 0.85 for personal control, and 0.90 for the total score. The test-retest reliability over a two-week interval was reported between 0.83 and 0.85, indicating the inventory's strong psychometric reliability (Heppner, 1988).

The PSI was first translated and standardized in Iran by Khosravi et al. (1996). The reported internal consistency and reliability coefficients confirmed the instrument's cross-cultural applicability and validity for use with Iranian samples.

3.3. Procedure and Data Analysis

Clinical participants were selected from five counseling centers in Tehran based on voluntary participation. After coordination with the respective centers, the ACT intervention program was implemented in the experimental group. The PSI was administered as a pre-test to both groups before the intervention.

Subsequently, the ACT intervention was delivered over 10 weekly group therapy sessions (90 minutes each) to the experimental group. After completion, the PSI was re-administered as a post-test, and once more after one month (follow-up).

3.4. Inclusion Criteria

- Physically healthy individuals with no major psychological disorders

- Verified by center counselors to be experiencing **interpersonal and family-related distress**, particularly involving **problem-solving and anxiety**
- Provided **written informed consent** to participate

3.5. Exclusion Criteria

- Simultaneous participation in other therapeutic workshops (including ACT or similar programs)
- Missing even a **single session** of the 10-session program
- Expressed **unwillingness to continue** participation at any stage of the intervention

3.6. Data Analysis Techniques

Data were analyzed using Multivariate Analysis of Covariance (MANCOVA) via SPSS Version 23. The following statistical tests were conducted to examine the assumptions of the model:

- **Shapiro-Wilk test** for normality
- **Levene’s test** for homogeneity of variance
- **Homogeneity of regression slopes** test between pre- and post-test scores
- **Box’s M test** to assess the equality of covariance matrices

4. RESULTS

Before presenting the primary findings, a summary of the demographic characteristics of the sample is provided. The age range of participants in all three groups (combined experimental and control, experimental group alone, and control group alone) was between 14 and 40 years. The mean age of the combined experimental and control groups was 25.16 years with a standard deviation (SD) of 0.85. The experimental group had a mean age of 23.14 years (SD = 0.76), while the control group's mean age was 24.00 years (SD = 0.80).

Table 1. Descriptive Statistics of Research Variables Across Groups and Time Points

Variable	Group	N	Pre-test (M ± SD)	Post-test (M ± SD)	Follow-up (M ± SD)
Problem-Solving Skill	Experimental	15	3.40 ± 0.507	5.40 ± 0.828	5.40 ± 0.828
	Control	15	2.40 ± 0.507	3.40 ± 0.737	3.46 ± 0.915
Problem-Solving Confidence	Experimental	15	3.93 ± 0.594	5.07 ± 1.163	5.40 ± 0.910
	Control	15	3.47 ± 1.060	3.40 ± 0.737	3.26 ± 0.961
Approach-Avoidance Style	Experimental	15	4.07 ± 0.594	5.27 ± 0.799	5.13 ± 0.915
	Control	15	3.53 ± 0.640	3.33 ± 0.617	3.60 ± 0.985
Personal Control	Experimental	15	3.80 ± 0.676	5.13 ± 0.743	5.00 ± 0.845
	Control	15	3.20 ± 0.941	3.07 ± 0.458	5.13 ± 0.990

As shown in Table 1, the experimental group consistently scored higher across post-test and follow-up phases in all research variables compared to the control group.

The highest mean scores were observed in the experimental group for:

- **Problem-solving skill** at both **post-test and follow-up** stages: $M = 5.40$, $SD = 0.828$
- **Problem-solving confidence** at follow-up: $M = 5.40$, $SD = 0.910$
- **Approach-avoidance style** at post-test: $M = 5.27$, $SD = 0.799$; at follow-up: $M = 5.13$, $SD = 0.915$
- **Personal control** at post-test: $M = 5.13$, $SD = 0.743$; at follow-up: $M = 5.00$, $SD = 0.845$

In contrast, the control group showed marginal improvements or remained relatively stable over time, with considerably lower post-test and follow-up means across all variables, suggesting that the ACT-based intervention had a significant effect on enhancing problem-solving dimensions in the experimental group.

4.1. Assumption Testing and Multivariate Analysis

To assess the assumptions underlying multivariate analysis of covariance (MANCOVA), the Shapiro–Wilk test was conducted to examine the normality of the data, and Levene’s test was used to evaluate the homogeneity of variances across groups. In addition, homogeneity of regression slopes was tested by comparing the pre-test and post-test interactions. All results confirmed that the key assumptions of multivariate analysis were satisfactorily met.

The Box’s M test was also conducted to evaluate the equality of variance–covariance matrices. The results confirmed that the assumption of homogeneity of variance–covariance matrices was upheld, validating the use of MANCOVA for subsequent analyses.

To assess the significance of group effects on the study variables, three multivariate test statistics were used:

- **Pillai’s Trace:** $F(8, 70) = 7.50, p = 0.000$
- **Wilks’ Lambda:** $F(8, 70) = 7.50, p = 0.000$
- **Hotelling’s Trace:** $F(8, 70) = 7.50, p = 0.000$

These findings indicate that there was a statistically significant difference between the experimental and control groups, in at least one of the dependent variables.

Further testing was conducted in the follow-up phase to ensure consistency. Once again, the Box’s M test confirmed that the assumption of homogeneous variance–covariance matrices was maintained.

In the subsequent multivariate analysis, the results again showed statistically significant group effects on the dependent variables:

- **Pillai’s Trace:** $F(8, 70) = 14.616, p < 0.0001$
- **Wilks’ Lambda:** $F(8, 68) = 14.616, p < 0.0001$
- **Hotelling’s Trace:** $F(8, 66) = 14.616, p < 0.0001$

These results collectively suggest a meaningful and statistically significant difference between the experimental and control groups across one or more dependent variables at both the post-test and follow-up stages.

The detailed between-subjects effects across the three-time points pre-test, post-test, and follow-up are presented in Table 2.

Table 2. Multivariate Analysis of Covariance (MANCOVA) Results Across Pre-test, Post-test, and Follow-up Phases

Source	Variable	Phase	Sum of Squares	df	Mean Square	F	p-value	η^2 (Eta)	Power
Group	Problem-Solving Skill	Post-test	30.000	1	30.000	48.837	0.000	0.636	1.000
		Follow-up	28.033	1	28.033	36.794	0.000	0.568	1.000
	Problem-Solving Confidence	Post-test	34.133	1	34.133	38.957	0.000	0.582	1.000
		Follow-up	20.833	1	20.833	21.985	0.000	0.440	0.995
	Approach-Avoidance Style	Post-test	28.033	1	28.033	55.019	0.000	0.663	1.000
		Follow-up	17.633	1	17.633	19.489	0.000	0.410	0.989
	Personal Control	Post-test	32.033	1	32.033	84.087	0.000	0.750	1.000
		Follow-up	26.133	1	26.133	30.831	0.000	0.524	1.000
Error	Problem-Solving Skill	Post-test	17.200	28	0.614	–	–	–	–
		Follow-up	21.333	28	0.762	–	–	–	–
	Problem-Solving Confidence	Post-test	26.533	28	0.648	–	–	–	–
		Follow-up	24.533	28	0.876	–	–	–	–
	Approach-Avoidance Style	Post-test	14.267	28	0.510	–	–	–	–
		Follow-up	25.333	28	0.905	–	–	–	–
	Personal Control	Post-test	10.667	28	0.381	–	–	–	–
		Follow-up	23.733	28	0.848	–	–	–	–

4.2. Interpretation of Results

As shown in Table 2, the results of the multivariate analysis of covariance indicate significant differences between the experimental and control groups in the post-test phase, after controlling for the effect of the pre-test. The F-values and significance levels for each variable are as follows:

- **Problem-Solving Skill:** $F(1,28) = 48.837, p < 0.001, \eta^2 = 0.636$
- **Problem-Solving Confidence:** $F(1,28) = 38.957, p < 0.001, \eta^2 = 0.582$
- **Approach-Avoidance Style:** $F(1,28) = 55.019, p < 0.001, \eta^2 = 0.663$
- **Personal Control:** $F(1,28) = 84.087, p < 0.001, \eta^2 = 0.750$

These results demonstrate that the mean post-test scores in the experimental group were significantly higher than those of the control group in all four variables. Therefore, the ACT-based therapeutic program had a statistically significant positive effect on participants' problem-solving dimensions in the post-test phase ($p < 0.05$).

In the follow-up phase, statistically significant differences between the groups also persisted:

- **Problem-Solving Skill:** $F(1,28) = 36.794, p < 0.001, \eta^2 = 0.568$
- **Problem-Solving Confidence:** $F(1,28) = 21.985, p < 0.001, \eta^2 = 0.440$
- **Approach-Avoidance Style:** $F(1,28) = 19.489, p < 0.001, \eta^2 = 0.410$
- **Personal Control:** $F(1,28) = 30.831, p < 0.001, \eta^2 = 0.524$

These findings suggest that the effects of the ACT intervention were sustained over time. The experimental group maintained significantly higher follow-up scores in all dependent variables compared to the control group, indicating the long-term effectiveness of Acceptance and Commitment Therapy in enhancing problem-solving abilities.

Also displayed in Table 3 are the six core ACT processes (here grouped as A, C, and T) applied to different life domains to demonstrate values-based behavior change and psychological flexibility.

Table 3. Psychological Flexibility Techniques Based on Acceptance and Commitment Therapy (ACT)

Row	ACT Core Process	Value Domain	Clarified Values (C)	Goals (C)	Committed Actions (T)
1	A – C – T	Physical and Mental Health	Health, freedom	- Physical well-being - Longevity	- 20 minutes of daily exercise - Join a gym with a coach - Dedicate personal time
2	A – C – T	Exercise	Wellness, vitality	- Physical health - Extended lifespan	- Daily walking or sports activities
3	C – T	Education	Curiosity, motivation	- Pursue doctoral studies - Increase knowledge and income	- Consistent effort and perseverance toward academic success
4	A – C – T	Spirituality	Faith, sincerity, purification, awareness of mortality	- Inner peace and emotional balance	- Practice religious rituals - Engage in charitable acts - Help others
5	C – T	Career & Skill Development	Interest, motivation	- Attend professional training - Open a personal business	- Investment in learning - Strategic planning and persistence
6	A – C – T	Family, Relatives & Friends	Honesty, forgiveness	- Satisfaction with self and relationships	- Spend quality time with family and friends - Maintain healthy social interactions
7	A – C – T	Civic Relationships	Mutual benefit (Win-Win)	- Constructive communication and mutual understanding	- Use respectful dialogue to resolve conflicts
8	A – C – T	Marriage	Love, intimacy, affection	- Independence - Establish a stable family	- Communicate with empathy - Practice flexibility in relationships
9	A – C – T	Leisure & Recreation	Health and enjoyment	- Balanced lifestyle and mental refreshment	- Reading, resting, hiking, family time, and traveling

A = Acceptance & Present Moment Awareness | C = Clarifying Values | T = Committed Action

This table presents the core techniques of Acceptance and Commitment Therapy (ACT) within the framework of psychological flexibility. ACT is based on three main components: Taking Action (T), Choosing a Valued Direction (C), and Acceptance of Thoughts and Feelings while Being Present (A). The model identifies nine fundamental values encompassing various life domains, including physical and mental health, exercise, education, spirituality, career and skill development, family and social relationships, marriage, and healthy leisure activities.

For each value, specific goals are outlined to guide individuals toward a more meaningful and healthier life. Corresponding behaviors and practical actions are also described to illustrate how these goals can be implemented in daily life. This framework supports individuals in accepting their thoughts and emotions while acting consistently with their core values, thereby enhancing psychological flexibility.

5. CONCLUSION

The findings of the present study provide compelling evidence for the efficacy of Acceptance and Commitment Therapy (ACT) in enhancing problem-solving abilities within family contexts. Participants in the experimental group, who received ACT-based group interventions, demonstrated significantly higher improvements in overall problem-solving skills, problem-solving confidence, approach-avoidance flexibility, and personal control compared to the control group. These effects were observed both immediately after the intervention (post-test) and sustained one month later (follow-up), indicating that the benefits of ACT are not only significant but also durable over time.

The statistical analyses supported by high effect sizes (η^2 ranging from 0.41 to 0.75) and strong statistical power affirm that ACT has a robust and consistent impact across multiple cognitive-behavioral dimensions related to problem resolution in relational and familial domains. Furthermore, the intervention's success in improving approach-related coping strategies and reducing avoidance tendencies underscores ACT's unique contribution to psychological flexibility and emotional regulation.

From a clinical standpoint, these results highlight the practical value of integrating ACT principles into family therapy protocols, particularly when addressing problem-solving deficits and relational distress among couples or family units. Given its structured yet adaptable framework, ACT can be a powerful modality for therapists aiming to cultivate values-driven behavior change, improve interpersonal functioning, and foster resilience in clients facing chronic emotional and relational challenges.

Future research may build on these findings by exploring longer-term follow-up, comparing ACT with other therapeutic approaches, and extending its application to diverse family structures and cultural contexts. Nevertheless, this study offers strong initial support for the implementation of ACT as a viable and effective intervention in the domain of family counseling and problem-solving enhancement.

6. DISCUSSION

The present study aimed to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on enhancing problem-solving skills within a family therapy framework. The results demonstrated that participants who received the ACT-based intervention significantly outperformed the control group in all dimensions of problem-solving: overall problem-solving ability, confidence in handling problems, approach-avoidance style, and personal control. These effects were not only significant in the post-test but remained stable during the follow-up phase, indicating a lasting therapeutic impact.

These findings are in line with previous research highlighting ACT's role in improving psychological flexibility and reducing experiential avoidance [2,4]. By targeting core processes such as acceptance, mindfulness, values clarification, and committed action, ACT enables individuals and couples to shift from avoidance-based coping toward more constructive, value-aligned strategies. This psychological shift likely explains the observed increase in self-efficacy and emotional regulation, both essential for effective interpersonal problem-solving.

Furthermore, the increase in personal control and reduction in avoidance tendencies observed in this study reflect ACT's capacity to foster cognitive restructuring without direct confrontation, a trait that may make it especially effective in emotionally charged relational contexts such as couple conflict or family dysfunction.

An important implication of this research is the applicability of ACT within culturally diverse family systems. Given the collectivist orientation and relational sensitivity in many non-Western cultures (e.g., Iran), ACT's focus on values and committed action may offer a culturally compatible method for enhancing familial functioning.

Despite the promising results, the study has certain limitations. The sample size was relatively small and limited to clients from a single metropolitan area, which may affect generalizability. Moreover, the follow-up period was restricted to one month, and no long-term outcomes were assessed.

7. SUGGESTIONS FOR FUTURE RESEARCH

Based on the findings and limitations of the present study, the following directions are recommended for future research:

Long-Term Follow-up Studies: Future studies should assess whether the improvements observed through ACT persist over extended periods (e.g., 6 months to 1 year).

Cross-Cultural Comparisons: Investigating how ACT-based family therapy performs across different cultural backgrounds and family structures could enhance its global applicability.

Comparison with Other Therapeutic Models: Comparing ACT with cognitive-behavioral therapy (CBT), emotion-focused therapy (EFT), or solution-focused approaches may reveal differential benefits for specific family issues.

Inclusion of Qualitative Measures: Adding qualitative data (e.g., interviews or narrative analysis) could provide deeper insight into the subjective experience of families undergoing ACT.

Digital and Remote Delivery: Evaluating the effectiveness of ACT in online or teletherapy formats can expand its accessibility, especially in underserved or rural populations.

Parent-Child and Multi-Generational Dynamics: Future interventions might focus on applying ACT to improve intergenerational problem-solving and reduce transgenerational patterns of avoidance and conflict.

Declaration

We acknowledge that we used ChatGPT to enhance the academic writing of our manuscript while ensuring the originality and integrity of our work.

Transparency Statement

The data supporting this study are available upon reasonable request to the corresponding author, subject to ethical and confidentiality considerations.

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Declaration of Interest

The authors declare that they have no competing interests.

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REFERENCES

- [1] Goldenberg, H., & Goldenberg, I. (2020). *Family therapy: An overview* (9th ed.). Cengage Learning.
- [2] Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.
- [3] Murrell, A. R., & Scherbarth, A. J. (2011). State of the research and literature address: ACT with children, adolescents and parents. *International Journal of Behavioral Consultation and Therapy*, 7(1), 15–22. <https://doi.org/10.1037/h0100939>
- [4] Codd, R. T., Branson, A., & Brown, R. (2020). ACT for families: A pilot trial of acceptance and commitment therapy in family-based treatment. *Journal of Contextual Behavioral Science*, 15, 180–189. <https://doi.org/10.1016/j.jcbs.2020.01.005>
- [5] Farzaneh, A., Marzieh, S., & Abed, M. (2021). A comparative study on the effectiveness of acceptance and

commitment therapy (ACT) and schema therapy (ST) on problem solving styles in people with heart diseases. *Romanian Society for Cell Biology*. <https://www.researchgate.net/publication/355163076>

- [6] Veshki, S. K., Shafiabady, A., & Farzad, V. (2017). A comparison of the effectiveness of cognitive-behavioral couple therapy and acceptance and commitment couple therapy in the couple's conflict. *Jundishapur Journal*. <http://dr-a-shafiabadi.ir/...>
- [7] Kashefi, Z., & Honarparvaran, N. (2015). Effectiveness of ACT on reducing marital conflict among working couples in Isfahan. *Journal of Biological and Allied Sciences*, 9(4), 30–36.
- [8] Shahabi, A., & Rahmati, A. (2021). The effect of acceptance and commitment and problem-solving skills training on reducing emotional divorce. *Journal of Community Health Research*, 10(3), 203–210. <https://publish.kne-publishing.com/index.php/JCHR/article/view/8336>
- [9] Mousavi Haghighi, S. E., Rishchri, P., & Rezaei, R. (2022). Effectiveness of acceptance and commitment therapy and integrated behavioral couples therapy on intimacy and family functioning in divorce-seeking couples. *Journal of Research and Health*, 12(2), 151–160.
- [10] Ghahari, S., Jamil, L., & Farrokhi, N. (2021). Comparing the effects of emotion-focused couple therapy and acceptance and commitment therapy on marital conflict and emotion regulation. *Practice in Clinical Psychology*, 9(1), 27–34.
- [11] Vahid, F., & Ebrahimi, M. E. (2024). Comparing the effectiveness of acceptance and commitment therapy and reality therapy on parent-child relationship. *Avicenna Journal of Neuropsychopharmacology*. http://ajnpp.umsha.ac.ir/browse.php?a_code=A-10-958-1
- [12] Motamedi, H., & Samavi, A. (2019). Comparing ACT and CBT in improving emotional self-efficacy of family members. *Iranian Evolutionary Educational Psychology Journal*, 1(2), 57–66.
- [13] Parvin, A., Dehghan, A., & Masoumi, A. (2024). The effect of ACT on stigma and family functioning in psychiatric patients' families. *BMC Psychiatry*, 24, 188. <https://link.springer.com/article/10.1186/s12888-024-06114-2>
- [14] Han, A., Yuen, H. K., & Lee, H. Y. (2020). Effects of acceptance and commitment therapy on process measures of family caregivers: A systematic review and meta-analysis. *Journal of Contextual Behavioral Science*, 18, 105–115.
- [15] Zarlring, A., & Berta, M. (2017). An acceptance and commitment therapy approach for partner aggression. *Partner Abuse*, 8(3), 231–251.
- [16] Greco, L. A., & Eifert, G. H. (2004). Treating parent-adolescent conflict: Is acceptance the missing link for an integrative family therapy? *Cognitive and Behavioral Practice*, 11(3), 305–314.
- [17] Gonçalves, M. M. (2023). Acceptance and commitment therapy and its unacknowledged influences: Some old wine in a new bottle? *Clinical Psychology & Psychotherapy*, 30(2), 134–145.
- [18] Han, A., Yuen, H. K., Jenkins, J. (2021). Acceptance and commitment therapy for family caregivers: A systematic review and meta-analysis. *Journal of Health Psychology*, 26(2), 222–238.
- [19] Bodden, D. H. M., & Matthijssen, D. (2021). A pilot study examining the effect of acceptance and commitment therapy as parent counseling. *Journal of Child and Family Studies*, 30(1), 45–55.
- [20] Byrne, G., Ó Ghráda, Á., & O'Mahony, T. (2021). A systematic review of the use of acceptance and commitment therapy in supporting parents. *Psychology and Psychotherapy: Theory, Research and Practice*,

94(3), 491–510.

- [21] Harris, R. (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.
- [22] Barraca, J., Polanski, T., & Duarte-Diaz, A. (2025). Acceptance and commitment therapy for couples: A systematic review and meta-analysis. *Journal of Contextual Behavioral Science*, 30, 101–110.