

Effect of Reality Therapy Interventions by Group Work on Reducing the Anxiety Behavior in Adolescents

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ABSTRACT— Introduction: Anxiety is one of the most common mental illnesses, and there is a need for information about treatments including the reality therapy in order to treat and prevent the recurrence of this disease. The main objective of this study is to determine the effect of reality therapy interventions by group work on adolescents' anxiety. The statistical population of this study consists of all students at Anvari high school in Sanandaj city. According to sampling method of this study, Beck Anxiety Inventory (BAI) is first distributed among 150 students under the age of 18 years with tendency to cooperate.

Sampling method: Samples with high scores are identified and 72 ones are randomly put in two experimental (36) and control (36) groups. 8 sessions of group therapy are conducted for subjects in experimental group. The subjects are reassessed at the end of treatment. The research data is analyzed using statistical SPSS16 software.

Results: Findings of research indicate that there is a significant difference between control and experimental groups after intervention ($P < 0.0001$).

Conclusion: Work group with reality therapy approach affects the reduction of compulsive and anxiety behavior in adolescents.

Keywords: Reality therapy, group work, anxiety, adolescents

Introduction

Anxiety phenomenon is one of the issues which have always existed for human over time. This phenomenon is universal and exists in all human beings and even the most adaptable people have experienced it. The feeling of anxiety occurs when a person perceives a risk which is beyond his individual abilities to deal with (Esmkhani-Akbarinejad et al, 2014). Anxiety is a concern before risks or misery along with lack of joy or physical symptoms of stress, and the unpredicted resource of risk and it can be internal or external (Khayat, 2008). The individual anxiety becomes maximum in some people in critical moments such as an exam or attending in a group which he wants to have a good influence on others (Seyed-Mohammadi, 2011). According to released statistics, the prevalence of mental disorders is increasing in developing countries. Based on the epidemiological studies in Iran, this rate ranges from 11.9% to 30.2% in Iran. Furthermore, the prevalence of anxiety disorders has been ranging from 10% to 20% in adolescents (Ahmadi et al, 2013). Since the adolescence is a period of growth and development and is associated with dramatic physical and psychological changes and is considered as the period of crisis, tension and stress, the mental health can play an important role in efficiency and mobility of society in this period. The remarkable point is that most of the psychological disorders in adulthood are caused by problems in adolescence. On the other hand, the childhood and adolescence are among the most crucial periods of human life particularly the adolescence because it is a period of transition from childhood to adulthood. This period is associated with quick physiological changes, access to abstract thinking, imbalance and mood instability, concern about future, responsibility, effort to gain approval of others and especially peers, dreaming and imagination. Such lot of changes can contribute to normal growth in adolescents in addition to predisposing to behavioral, cognitive and emotional problems for them. When these problems are particularly combined with other harmful factors such as membership in inappropriate peer group, parents' divorce and separation, insecure attachment, relatives' death especially the family members, father's remarriage, unclear sexual identity, substance abuse, truancy, parents' inconsistent laws, abandoned or neglected parents, parents' mental illnesses, broken families, lack of motivation, parents' legal and criminal problems, etc, they will certainly jeopardize the adolescent's adaptability and make challenges for natural process of passing through this period, and thus endanger a large part of mental health in person, family and society by increased anxiety in adolescents. Therefore, it is essential to conduct numerous studies on finding the therapeutic solutions in the field. Social group work as a method of social work provides group

learning experiences, intellectual, emotional, and social growth in people, life skills, and growth of talents and capabilities in group members (Yahyazadeh, 2013). Furthermore, the group work creates the space and experience for audiences as its circumstances are not seen in individual work. The factors are involved in group work with the ability to create sustainable changes in group members and make them ready to cope with problems and crises of life. Glasser's Reality Therapy is one of the psychological approaches which social group workers utilize. The reality therapy is a counseling and psychotherapy approach introduced by psychiatrist, William Glasser. Reality Therapy helps people to investigate desires, needs, behavioral values, and ways to help them to fulfill their needs (Glasser and Wubbolding, 2003). Reality Therapy is an approach based on the common-sense and emotional conflicts and it emphasizes on the reality and responsibility, knowledge of right and wrong matters and their relationship with daily life. Glasser's approach is a unique blend of existential philosophy and ways of behavior which is similar to the therapists' methods of behavioral self-management (Prochaska & Norcross, 2007). According to Glasser, the human has two basic needs: First is to love and then to be loved. If the human fails to satisfy these two basic requirements, the failure identity will be grown in him. Due to the failure to establish emotional connection with others, the person denies his need and avoids connection with other people and conflict with them. In this case, he pays attention to himself. In other words, he will have the self-conflict. In other words, he becomes involved in anxiety, depression, anti-social behavior and physical illnesses and conflict with others is replaced with self-conflict. Since such these people have not learned to fulfill their needs by consideration of reality, their behavior is irresponsible. They have never experienced success and consider themselves worthless. Therefore, they cannot make emotional relationship with others by appropriate ways, give their love and affection to others and mutually receive their love and kindness. The main purpose of reality therapy is to change the unsuccessful identity and create responsible behavior in person as the irresponsible behavior causes discomfort and anxiety for him (Shafiabadi and Naseri, 2011). According to Glasser, the inconsistent behavior in person is his attempt to harness its own perceptions and life; in other words, the person creates the anxiety, depression and feeling of guilt for himself and chooses to control his anger by this way and benefit from the other individuals' support and help. Anxious people are those who are inflexible in their behavior, do not have the sense of responsibility, have the failure identity, and become upset, anxious and sad in confronting the realities of life (Rahimian, 2002). The most important point of reality therapy is its application for mental health as a deterrent, and it focuses on strengths rather than eliminating weaknesses. The philosophical basis of this approach which has a positive trend is focus on personal responsibility and human interest. Reality therapy is an outlook on life and has a lot of advantages for individual and society. (Schilling, 1985) The studies indicate the valid implementation of reality therapy techniques in countries such as the United States, Canada, Korea, Japan, Singapore, the UK, Norway, Ireland, Germany, Spain, Slovenia, Croatia, Italy, Colombia, Kuwait, Russia, Australia, New Zealand and Hong Kong (Wubbolding, 2000; quoted by Palmer, Mason & Duba, 2009, 6). Numerous studies have found that the reality therapy has been effective in multicultural societies (Wubbolding et al., 2004). The conducted studies in various countries indicate the effectiveness of reality therapy on a variety of psychological components, problems and disorders such as adults' depression (Bhargava, 2013), women flexibility (Sadatbari et al., 2013), increased happiness (Esmaeilifar, Sheikhi and Jafarpour, 2013; Mollagholamali Hakak, 2013), trauma (Turner, 2009), improved academic performance (Kianipour and Hosseini, 2012); post-traumatic stress disorder (Sheryl, 2006); locus of control, self-esteem and coping with stress (Kim, 2005); psychosomatic disorder (Svitanovic et al., 2002), social responsibility (Kim, 2002), positive self-concept (Peterson, Chang & Collins, 1998); mental health, anxiety and social performance (Sahebdel, Khoshkonesh and Pourebrahim, 2012), depression, anxiety, stress and solving the problem of image of body in women who did the mastectomy surgery (Parizadeh, 2012); self-esteem (Moradi-Shahbabak, Ghanbari-Hashemabadi and aghamohamadian-sherbaf, 2010); happiness and mental health (Khaleghi-Abbasabadi, 2009), general health (Ahadi, Yousefi-Lavieh, Salehi and Ahmadi, 2009), life expectancy and anxiety (Pasha and Amini, 2008), anxiety (Shafiabadi, Delavar and Sedrpoushan, 2005). Furthermore, the conducted studies in different parts of world indicate the effectiveness of group work methods on a variety of psychological and social components, problems and disorders such as social adjustment in adolescents (Alinia et al, 2013), social adjustment in girls with mobility impairment (Baniasad, 2011), crime prevention (Allahyari, 2009), family therapy (Taghi-Doust-Gharin, 1998), psychosocial problems in patients with coronary heart disease (Harirchi et al, 2005). It is believed that the group therapy is effective in most of the mental disorders because the person learns how to deal with community in group and this will lead to the growth of his insight and knowledge. Furthermore, he learns new experiences in communication with others, meets new people, has the feeling of power, and his self-confidence goes up (Azimi, Jannati and Mahmoudi, 2003). Since there is not any conducted study with the aim of determining the impact of reality therapy by group work on decreased anxiety in adolescents, this study tries to find out what effect the implementation of reality therapy by group work has on reduction of women's anxiety. Therefore, the main question of this research is whether the reality therapy by group work reduces anxiety in adolescents? The overall objective of this study is to determine the effectiveness of reality therapy by group work on reduction of anxiety in adolescents and mainly reduction of anxiety in adolescents by reality therapy.

Research methodology

This research is an experimental study with Trial Clinical Randomized method. The sample size is obtained equal to 35.57 according to the following formula and 36 samples are considered in this regard.

$$n = (Z_{1-\alpha/2} + Z_{1-\beta})^2 (\delta_1^2 + \delta_2^2) / (\mu_1 - \mu_2)^2$$

$\alpha = 0.05$ $Z_{1-\alpha/2} = 1.96$
 $\beta = 0.1$ $Z_{1-\beta} = 1.28$
 $\delta_1^2 = 7.37$ $\mu_1 = 20$
 $\delta_2^2 = 6.94$ $\mu_2 = 14.5$
 $n = (1.96 + 1.28)^2 (7.37^2 + 6.94^2) / (20 - 14.5)^2 = 35.57$
 $\alpha = 0.05$ $Z_{1-\alpha/2} = 1.96$
 $\beta = 0.1$ $Z_{1-\beta} = 1.28$
 $\delta_1^2 = 7.37$ $\mu_1 = 20$
 $\delta_2^2 = 6.94$ $\mu_2 = 14.5$

36 students, who were studying at Anvari high school at the time of study and had high scores of anxiety, were selected as the experimental group, and the other 36 students who had the same conditions with high scores of anxiety were put in control group. The statistical population of this study consists of all 300 male students at Anvari high school in Sanandaj City in October and November of 2015. The students, who did not have acute psychological and physical problems and were under 18 years of age, were purposefully identified by school officials and *Beck Anxiety Inventories* were given to 150 ones. Afterwards, 72 students with higher scores were selected as samples and put randomly into two groups of experiment ($n = 36$) and control ($n = 36$). 36 ones in experimental group attended 9 sessions of reality therapy by work group within a month and a week (two 2-hour sessions per week), while control group did not receive any treatment. After the end of 9 group therapy sessions, both groups were assessed through the above-mentioned test.

Research tools

Beck Anxiety Inventory (BAI): This self-assessment inventory has 21 questions and is designed with the aim at measuring the rate of anxiety. This test examines the severity of anxiety in the past week and in a range of "never" to "seriously". The score of each question ranges from 0-3 and the range of scores is from 0 to 63. The higher score indicates the higher severity of anxiety symptoms. Its internal consistency is obtained high and its test-retest reliability coefficient is obtained about 0.75 for a week. The correlation between scores of BAI and Hamilton scale is 0.51 for rating the anxiety and is 0.84 with BDI (*Beck Depression Inventory*). This test is particularly for adult subjects and is used both in clinical and research situations (Yaghoubi, 2008: 46). This study investigates the reliability of Beck Anxiety Inventory (BAI) by Cronbach's alpha and it is obtained equal to 0.80. The result indicates that this inventory has acceptable validity for conducting the research.

In this study, nine sessions of reality therapy is done by group work after starting the inventory. During the first call, the social worker explains the experimental aim of group and the reason for selecting those people as members of group. The aims of this interview include the collection of demographic information, assessment of priorities, needs and concerns, establishment of pre-group communication, and explanation of group performance in simple words for group members, or creation of a kind of contract and tacit agreement on experimental objectives of group. Here, we mention the first stage of group work intervention for better understanding this issue:

- The familiarity of research units with each other
- The familiarity of research units with other's interests

Number of group members: Up to 12 subjects are enough for implementing the group work, but if the group size is more than this number, it will not make any problem (Yahyazadeh and Yekehkar, 2013). The group members of this study are 36 students in experimental group.

Required time: There is a need for 45 minutes to 2 hours per session in group work to implement the reality therapy interventions. The time duration varies depending on the number of members and weekly sessions, and thus we have considered two 1-hour sessions per week according to the number of samples in experimental group (36).

Research environment: The social worker needs a room where all people sit down circularly in order to implement the group work method. There is a need for a 12-meter room to facilitate work, and thus we have utilized a classroom of school for implementation of intervention in this study.

- Content of reality therapy by group work

Protocol of each group therapy sessions with reality therapy approach is developed based on available resources:

- *First session:* Creation of a positive and supportive relationship between research units and social worker, making a positive impression of membership in group. The oral explanation is provided for research units about conditions of participating in sessions, duration and time of sessions, and the participants introduce themselves for others.
- *Second session:* It aims at making the research units familiar with concept of reality therapy, self-identity, types of its characteristics and emotional involvement with group members.
- *Third session:* It aims at making the research units familiar with the way of taking responsibility of behavior and members' familiarity and the importance of responsibility in life.
- *Fourth session:* It aims at making the research units familiar with anxiety from perspective of reality therapy and teaching the psychosomatic skill for controlling the anxiety.

- *Fifth session:* It aims at making the research units familiar with basic and effective needs in real-life, the impact of basic needs in life and their ability to choose the best way to achieve basic needs.
 - *Sixth Session:* It aims at making the research unit's familiar with the ways of problem solving and planning for current life.
- Seventh session: It aims at making the research units familiar with commitment method to do the plan and implemented programs.
- *Eighth session:* It aims at making the research units familiar with the effect of punishment on the lack of good relationship.

Social worker has a task in the process of intervention and has the ability to make constructive relations with group members and could perform the process of intervention efficiently and not confused in group activities due to passing the theoretical and practical courses of work group and participation in multiple workshops held in the field of group work at Allameh Tabatabaei University. The social worker of this group performs his tasks as follows:

- 1- In the first session of group work, the social worker introduces himself as a group leader and provides a brief explanation of goal purposes.
- 2- Social worker determines the rules for group and speaks about them and reaches an agreement with research units.
- 3- Social worker is not an exception in group and thus should participate in weekly sessions as a group member and become active in group interaction.
- 4- Social worker establishes good relationship with all research units and makes eye contact with all of them and actively listens to their views.
- 5- Social worker often asks research units the questions in order to clarify the issue and make it quite understandable.
- 6- Social worker does not force to obtain the participation of research units and used the encouragement system as much as possible.
- 7- Each unit needs feedback to study its thoughts, feelings, and behavior and change them. Therefore, one of the major group worker's tasks is to provide feedback for research units.
- 8- Summarization of content in each session is one of the group worker's tasks and he does it to organize and target the group discussions. However, the research units have participated in this regard.

Ethical considerations of work group in this study are as follows: Observing the principle of confidentiality, explaining the purposes of study for research samples, obtaining the conscious consent from subjects, retaining the right to opt out from study for each research subject. According to the available resources in the field of cognitive-behavioral group work, two one-hour sessions are held per week (Yahyazadeh and Yekehkar, 2013). The independent t-test and one-way analysis of covariance are applied to analyze data, and it should be noted that the data is analyzed by SPSS16software.

Findings

Table 1: Differences between pre-test and post-test anxiety scores in experimental group

Index Group		Mean	Standard deviation	T	Significance level
Anxiety scores	Pre-test	11.08	4.76	8.46	0.001
	Post-test	20.6	1.81		
P < 0.01					

As shown in Table 1, the results of paired t-test indicate that there is a significant difference between the adolescents' mean scores of anxiety in pre and post-tests in experimental group ($P < 0.01$). This means that teaching the reality therapy by group work has had a significant effect on reducing anxiety in adolescents. The research hypothesis is investigated through analysis of covariance and since the pretest- posttest plan with control group is used in this research and it measures the impact of independent variable on dependent variable, it is important to control the consistent and intervening variables. In fact, a part of dependent variable variance due to variance of intervening variable is subtracted from the total variance in analysis of covariance in order to investigate the group differences in terms of adjusted variance.

Table 2: ANCOVA of adjusted mean differences for scores of teaching the reality therapy and its impact on reducing anxiety in adolescents in experimental and control groups

Sources of changes	Sum of squares	Degrees of freedom	Mean square	F-value	Significance level
Groups (independent variable)	647.15	1	647.15	37.95	0.001
Error variance (Intra-group)	630.89	38	17.05		
Total	10309	39			

Table 2 represents the results of analysis of covariance for post-test after eliminating the effect of pre-test between two groups. Based on the results of table, since the calculated f (37.95) with degrees of freedom 1 and 37 is higher than f -value of table (7.35), the research hypothesis, indicating that reaching the reality therapy by group work reduces anxiety in adolescents, is confirmed at the confidence level of 0.099. This shows that the reduced symptoms of anxiety are significantly higher in experimental group than the control group.

Discussion and conclusion

The aim of this study is to determine the effectiveness of group work with reality therapy approach on reduced anxiety in adolescents. Therefore, we utilize the experimental project with Trial Clinical Randomized type and pre and post-tests. Furthermore, 72 students who have responded to Beck Anxiety Inventory (BAI) and obtained higher scores are selected from Shahid Anvari high school in Sanandaj City and randomly put in two experimental ($n=36$) and control ($n=36$) groups. The experimental group members received 8 sessions of group work with reality therapy approach during a month and a week (two 2-hour sessions per week), while the control group has not received any treatment. After the ended nine sessions of group therapy, both groups are by this test. In the field of research hypothesis or investigating the effect of teaching the reality therapy by group work, the results of statistical analyses indicate that the experimental group has a significant reduction on scores of Beck Anxiety Inventory (BAI) after receiving the reality therapy education. Therefore, we can conclude that teaching the reality therapy affects the reduction of anxiety in adolescents. The result of this research is consistent with conducted studies by Mousavi-asl (2009), Prenzlau (2006), Khaleghi-Abbasabadi (2009), Patresa (1981), quoted by Mousavi-asl (2009) and Sedrpoushan (2004). furthermore, the conducted studies in various parts of world indicate the effectiveness of reality therapy on a variety of psychological components, problems and disorders such as post-traumatic stress (Sheryl, 2006: 23), coping with stress (Kim, 2005: 148), mental health and anxiety (Sahebdel et al, 2012: 27), mental health (Abbasabadi, 2009: 94). Furthermore, the result of this research is not consistent with results of research by Sahebdel et al (2012) based on the ineffectiveness of reality therapy on depression and sleep problems. According to explanation of this research, it can be concluded that the high anxiety is now as a performance intervening phenomenon under which the person cannot make healthy connection with other people and does not take any responsibility for others (Shamlou, 2003: 117). According to reality therapy, the human has two basic needs including to love and to be loved and also the sense of value for himself and others. To fulfill these needs, the person should behave properly in order to be loved by others. There are various criteria of appropriate behavior, and the appropriateness or inappropriateness of actions depend on norms which are originated from cultural, social and ethical factors and values. If a person does not evaluate his behavior and not modify the inappropriate cases, his basic needs will not be fulfilled, and thus he will not have the sense of value and friendship and will be anxious and sad. Furthermore, people should acquire and strengthen a series of skills in order to feel valuable. According to Glasser, the mental disease in fact contains hundreds of ways which are selected for behaving by human while they cannot fulfill their basic genetic needs. Moreover, the individual irresponsible behavior will lead to the anxiety; in other words, the anxiety is not the reason for making a person irresponsible (Shafiabadi and Naseri, 2011: 254). Taking the responsibility of behavior is a sign of mental health. The responsible person behaves according to reality, bears the failure for achieving the sense of value, fulfills his needs in a way that they do not prevent the other individuals' needs, and he is loyal to his words (Shafiabadi and Naseri, 2011: 255). Since the focus on the responsibility is the main core of work about reality therapy, the reality therapy can affect learning the responsible behavior in person and thus prevent the anxiety in him. In particular, the reality therapist focuses all his efforts on behavior and creation of a private active relationship, performing the responsible methods as well as considering the current time especially the authorities' behavior in achieving the success. The therapist never spends his time to play the role of detective and explorer and does not listen to authority's blame, but he tries to take the steps to establish responsible behavior and successful identity in him by paying more attention to his current behavior and avoiding the threatening issues, and thus strengthens the healthy personality in him by reducing his anxiety and sadness (Shafiabadi and Naser, 2011: 262). According to Glasser, the group counseling fulfills the members' needs and increases the sense of responsibility and achievement of successful identity in them by creating a prepared environment, and thus reduces the members' stress and anxiety and improves their performance. Therefore, the need for love and being loved is properly fulfilled in group and the group work can provide the appropriate place to reach the successful identity and sense of peace (Wubbolding, 2004: 232). However, according to Seligman, creating the sense of control, the hope for future, specific planning, and feeling of power in doing works will reduce the anxiety (Seligman et al, 2004: 128). According to the utilized above-mentioned cases in group sessions, the reduced anxiety in adolescents seems reasonable. The small size of group is one of the limitations of this study, so the generalization of research findings to community may be impossible. Furthermore, the absence of treatment assessments and longer follow-up can be among the limitations of this study. It is suggested compensating the deficiencies of this study in future studies by using the larger samples, longer treatment periods, in-treatment evaluation and longer follow-up.

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