World Academy of Science, Engineering and Technology
International Journal of Psychological and Behavioral Sciences
Vol:10, No:1, 2016

The Effectiveness of Solution-Focused Group Therapy on Improving Depressed Mothers of Child Abuser Families

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***Abstract*—**The purpose of this study is to investigate the efficacy of solution-focused group therapy on improving the depressed mothers of child abuser families. This study was carried out in the form of a semi-pilot, pre-test and post-test on two groups (experimental and control). Subjects include all mothers and their children that are the members of Shush and Naser Khosro child home. Beck Depression Inventory and Child Trauma Questionnaire were used to collect data. First, child abuse questionnaire was completed by children, Then Beck Depression Inventory was completed by their mothers that 22 of them were recognized as depressed and randomly divided in two groups of experimental and control. After applying pre-test for both of these groups, the intervention of solution- focused group therapy was performed in five sessions on experimental group. Finally, post-test was applied on both groups and subsequently in a month, follow-up test was performed. T-test, multivariate variance, and repeated measurement analysis of variance were used to analyze the data. According to the findings, it can be concluded that this therapy leads to the improvement of depressed mother's mood. As a result, the intervention of solution-focused group therapy is useful in order to improve the depressing mood of mothers of child abuser families.

***Keywords*—**Child Abuse, Depressed Mothers, Child Abuser Families, Solution-focused Group Therapy.

I. Introduction

NOWADAYS, despite societies' scientific and cultural developments, the number of social damages and harms experienced by children has been increased. Child abuse is an epidemic hygienic problem at global and public levels [1]. Child abuse is a complicated set of parent's behavior and child's answers, and a multidimensional personal, family and sociological phenomenon. It has been referred to each type of body or mental damage, sexual abuse or exploitation and lack of investigation into child's fundamental needs who are under 18 years by others or family's members that is not accidental and it is expended from depriving children from food, dress, shelter and parent's kindness to sexual and body harms, which clearly lead to death or damage [2]. According to WHO's criteria, child abuse includes neglect and physical, sexual and emotional damage. International reports indicate that approximately 25 percent of children have experienced them and its annual estimation shows that among developed countries, the U.S. has the highest rate in 2011 approximately 3.4 million child abuses have occurred and they have engaged roughly 6.2 million children [3]. In Iran, a study conducted by Khooshabi and Jalili on approximately 3000 clients of three children's medical urgency centers, they concluded that 12 out of 100 children (7 boys and 5 girls) had experienced body harm [4]. Nevertheless, it can be said although child abuse is known as one of three types of social problems in Iran [4] Limited studies are carried out concerning people who harm others or children who experience it. Researchers and psychologists argue that bad behavior to children is harmful for their cognitive and behavioral, social-emotional development. They also have determined some dangerous and context factors, which are related to children who are exposed to damage. For example, having one parent, life with poverty, aggression and parent's mental problems [5]. Meanwhile, since family is the most natural and most lawful reproduction unit, [6] if it is an environment filled with high level of stress, anxiety and danger that imposes on him different harms, Arias and Desay's quoted from [7] found a relationship between child-abuse and mother's characteristics. Mothers who abuse children mostly suffered from a number of mental health problems especially depression and stress and they had weak parent's skills. It is important that mothers form the main element of family and their mental and body health has a direct impact on families' mental and body health and their children nurture among related problems to mental health, depression is one of the most debilitating diseases [8]. Depression in women are two times more than in men [9]. Furthermore, playing mother's role is companied with major damage factors especially when the woman is alone and has a child who is under six years old or three children under 14 years old. [10]. The relation between depression and weak social function in general [11] and problems of childcare in particular show that depression has severe and disabling impact on the reduction of mother's capacity for taking care of children. In other words, decreasing motivation and depressed mood have a direct impact on childcare and lead to neglect and bad behavior in these mothers. Haskett et al. [12] in the survey of abuser mothers, have concluded that they are more depressed than other mothers and have more tendencies to evaluate their children's behavior negatively. We should consider it, because mother's depressed mood may act as a

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dulling factor or an obstacle, which is related to solving extended problems that childcare has. When mother is depressed, children's damage may be resulted from the level of childcare by mother owing to her depressed mood less than normal. One of the interferences, which can be useful for these problems is solution-focused therapy, this therapy begins by powerful precondition such as: clients are sufficient, they have this ability to solve their problem [13]. The main precondition of solution-focused therapy is that goals are selected by clients and psychoanalyst guides activities toward clients' goals respectable, irreproachable, and especially participatory, while he notices their internal comparison. There is no need to problem history, there is no word about problem and they avoid speaking about motivation or purpose of signs [14] .This therapy focuses on the present time and believes that change is possible in every condition and clients can improve their life by concentrating on solution rather than problems. Roovan and O'Hanlon's researches quoted from [15] show that solution-focused therapy is suitable for crisis management. In addition, it has been recommended to clients for their adaption disorders. It has been also recommended to clients with chronic mental problems [16]. Finally, considering all these issues, the aim of research is to answer this question whether solution-focused group therapy can improve depressed mood of child abuser families' mothers who suffer from depression?

II. Material and Method

This study is a semi-experimental research that has been conducted in Shush and Naser Khosro Child House of Tehran in 2014 in pre-test and post-test forms with control and experimental groups. Research performance was in this way that after coordination with the social workers of Shush and Naser Khosro's child house in Tehran, suspicious and endangered children with child abuse and neglect were identified and then questionnaires were completed by children and while the child was unable to complete questionnaire, it was completed by researcher assistant that asked child orally. At this stage among 200 children who were referred to these centers 70 persons of these children were known as abused children. After this stage, social worker and research team manager called with these children's mothers and presented Beck's depression questionnaire to mothers to complete them. In this stage, 22 mothers were known as too depressed. These people were placed randomly in two control and experimental groups. Then, pre-test (Beck's depression questionnaire) was applied to both control and experimental groups and solution-focused therapy was performed during five weeks, one session each week and 1.5-2 hours and in the fifth session after Beck's depression questionnaire was performed as the post-test for both groups and after one month, the persuading test was conducted and post-test was performed again. Finally, data were collected and analyzed. In this research, two questionnaires have been used. **CTQ**: This questionnaire is a self - report questionnaire, and its final version in 53 subscales was presented. CTQ evaluates harming according to 5 scales and provides one general mark which is nominated as Global Maltreatment Scale, which includes emotional, bodily, sexual damage, emotional and bodily neglect. To mark the items Likert five-point scale is used. Bernstein et al. [17] have reported the reliability of different factors of CTQ based on retest and Cronbach's Alpha between 0.79 and 0.94. **Beck's depression inventory**: This instrument has been extendedly used for the diagnosis of depression and other fields. By 1988, this questionnaire has been used in more than 1000 researches. Furthermore, this questionnaire is based on problems, which are related to mother's depression and child care's troubles [18]. This instrument extendedly is reliable and has an approximately 72% correlation to clinical and population judgment [18]. Gilbert et al presented these cut point: 0-8 without depression, 6-19 high unhappy mood and +16 depressed. Extended points which are used by behavioral-cognitive centers includes 0-9 without or minimum level of depression, 10-18 medium or slight depression, 19-29 medium to severe depression and +30 severe depression [19]. Based on most researches which use Beck's questionnaire, the used criterion for this study and cut point 18 are used to distinguish between depressed and undepressed individuals. In this study, individuals who have achieved the mark between 19 and 29, are known as a clinical depressed and they are known as seriously depressed while those who have gained the mark upper than 30 were severely depressed.

III. The Treatment Plan

A. First Session

Familiarity between group members and making a relation without bias and absolute client acceptance, talking about everything except that main subject and goal of solution-focused group therapy, because speaking about everything except that client's problem at the beginning of therapy session, which leads to convenience and peace feeling in clients [20]. Presenting general mental image about next session's and affairs to group members about therapy method and session's number and expressing aims of research plan.

B. Second Session

Speaking about problem and then expressing problem by clients, presenting technique of exceptional cases which are based on client's abilities and capabilities (at which times you do not feel depressed) and technique of miracle question about people who claim that they have not experienced exceptional case. (What will happen if you understand that your depressed mood has been removed due to a nightly miracle?) Transforming therapy from problem-focused dialogue to solution-focused dialogue. Presenting criterion of making goals and effective solution during group members dialogue includes: positive goal: goal should be positive instead of negative goals. (For example: goal: what can I do instead of depression rather than releasing of it). Process: how will I do this safer option? Present time: what do you do when you leave here today? Functional: how this goal is accessible. Perceptive and clear: certainly how do you reach to this solution? Client's self-decision-making: what will you do when this option happened? Using of client's language to set

goals. Attracting group to this point as each client is unique; each solution is unique too, requesting members for recognizing some duties and solutions based on considered criterion and acclaiming it to group. Ask about self-feeling at the end of session and summing up it.

C. Third Session

Following members' duties and suitable feedback to correct duty and remove problems of incorrect duties by clients and group members (to change goals to smaller solutions; each of these smaller solutions is changed to one goal) and presenting four considered guidance for choosing solution. If the solution is effective, try to fix it and do it frequently. If it is less effective, decide to do it more. If you think that there is no effective solution, imagine and examine some miracle. Decide to encounter with each session as last session.

D. Fourth Session

Brief explanation about what mentioned in the previous session by members and requesting duties; helping members to remove false in order to reach logical, clear, tangible, executable solutions and to strength clients efforts by other members and therapist, to ask about what are next small steps to reach perfect goal, ask "what change do you feel about yourself during previous sessions up to now", to sum up the session and create context for closing therapy end.

E. Fifth Session

Expressing solutions which they have done to reach their goals and its impact on their problems; helping group members in recognizing when they have improved sufficiently and how they try to repeat it after ending therapy sessions, directing generalization of session achievements to other situations, to ask about client's feelings and ideas related to therapy ending and their evaluations of sessions. Persuading Session: Evaluating clients' achievement during one month by clients and performing post-test in both control and experimental groups.

IV. Results

TABLE I
DESCRIPTIVE STATISTIC OF DEPRESSION PRE-TEST MARKS

Group	Number	Average	Standard Deviation
Experimental	11	43.54	4.1
Control	11	46.09	2.9

In Table II which is a comparison of two averages with independent T-test, it has been indicated that in the pre-test, the difference between averages is not significant ($p>0.05$). In other words, there is no difference between experimental and control groups in terms of depression severity from the beginning of the test.

TABLE II
INDEPENDENT T-TEST

Levin's value (variances equality)		T	Freedom Degree	Significance Level	Averages Difference
F	Sig	1.76	20	0.09	2.54
6.4	0.02				

TABLE III
DESCRIPTIVE STATISTIC OF DEPRESSION POST-TEST MARKS

Group	Number	Standard Deviation	Average
Experimental	11	3.9	27.81
Control	11	5.4	48.72

TABLE IV
INDEPENDENT T-TEST FOR TWO GROUPS (EXPERIMENTAL AND CONTROL)

Levin's test (variances equality)		T	Freedom Degree	significance Level	Averages Difference
F	Sig	10.7	20	0.000	20.9
0.48	0.49				

In Table IV, the independent t-test for two testing groups (experimental and control) indicates that the average difference between two experimental and control groups (20.9) is statistically significant ($p<0.05$) therefore, we can conclude that experimental interferences have affected experimental group.

TABLE V
AVERAGE AND STANDARD DEVIATION IN THREE STAGES

Standard Deviation	Average	Group	
1⁄4	43.54	Experimental	Pre-testing
2.46	46.09	Control	
3.9	27.8	Experimental	Post-testing
5.4	48.7	Control	
4.31	26.27	Experimental	Persuading
5.35	43.63	Control	

In Table V, average and standard deviation have been presented in three stages: pre-test, post-test and persuading. As we observe, the averages of experimental group in pre-test, post-test and persuading are 43.54, 27.8, 26.2 respectively. In addition, the averages of control group are 46.09, 48.7, 43.6, respectively in which we observe a decrease in the post-test and persuading averages of experimental groups. To observe the significance of the differences of averages at these two levels in comparison with control group, we used (MANOVA) Multi-variable Variance Analysis that we presented the results in Table VI.

TABLE VI
DIFFERENCE OF AVERAGES AT THREE LEVELS

Significant Level	F-value	Error Standard Deviation	Averages Differences	Group	Variable
.093	3.1	1.4	2.5	Experimental Control	Pre-test
000	105.5	2.03	20.9	Experimental Control	Post-test
000	67.9	2.07	17.09	Experimental Control	Persuading

In Table VI, difference of averages at three levels were compared statistically which indicates that the averages of both control and experimental groups in post-test and persuading have significant difference with each other ($p<0.05$).

In Table VII, according to continuous measurement of variance analysis at three times persuading of Beck's

questionnaire (by influence amount of internal testing p</.05 and f=33.47 and Mouchli Croweet amount 0.98 is significant. Therefore, average depression level is different.

TABLE VII
CONTINUOUS MEASUREMENT OF VARIANCE ANALYSIS AT THREE TIMES PERSUADING OF BECK'S QUESTIONNAIRE

Factor	F-value	Sig
Depression	72.08	0000

We observe in Table VIII that the average level has significant difference. Dependent variable average (depression marks) has been compared dually at three levels of pre-test (1) post-test (2) and persuading.

TABLE VIII
DEPENDENT VARIABLE AVERAGE (DEPRESSION MARKS) AT THREE LEVELS OF PRE-TEST (1) POST-TEST (2) AND PERSUADING

Levels		Averages Difference	Error of Standard Deviation	Sig.
1	2	6.45	1.64	000
1	3	10	1.78	000
2	3	3.45	1.22	0.03

We can conclude that a significant difference exists between three levels of marks and group solution-focused interference decreases depression marks that have been continued in the follow-up.

V. DISCUSSION

This research has been conducted aiming at identifying the effectiveness of using solution-focused group therapy on the decrease of depressed mood of child abuser mothers who referred to Shush and Naser Khosro Child House. The result of this research indicates that performing solution-focused therapy leads to the improvement of depressed mood in depressed mothers who live in the families, which child abuse occurs. In addition, the results indicate that this improvement is observable one month after therapy ending and in the persuading stage. According to results of this research, the mothers who are in the experimental group can better speak about their depressed mood and proceed for its improvement. Such findings are in accordance with fundamental precondition solution-focused therapy. Based on Kim Burg's thoughts, to change problem at the beginning, reality must be changed by language. Solution-focused therapy model looks at clients as suitable and capable experts who can solve their problems and look at therapy as a process in which client and psychologist reconstruct desire realities by it. Based on this research finding, changing from speaking about problem to speaking about solution has an important role in decreasing depressed mood. It is also occurred by focusing on the present and future time and what brings mothers to happier and safer path is safer and happier goals and solutions, which has been accessed during therapy sessions by self-decision-making and using group sessions. These positive and executable goals are under clients' control and their decision and sessions were directed based on this belief that change happens in every situation. Speaking about solution is for client guidance and is executed by developing and making exceptional moments and miracle technique. Friedman and Cumbs quoted from [21] describe searching exceptions as a way which people attain experience in opposite of their story. By elaborating different events they create new framework for writing a new story. At exceptional times, client is discovering some type of life which is without problem or at least severity of problem is reduced [21]. In other words, we- in consistency with solution-focused therapists, clients were helped to be aware of their exceptional pattern cases. The depressed mothers who live in a child abuser families and maybe themselves are annoyers owing to their depression too or they contribute to the reproduction of annoyance and neglect, while they are aware of these exceptional context, which is full of trouble can identify more cases of these exceptional moment by self-motivation, self-decision-making and receiving absolute acceptance from solution-focused therapist and coordinating to other group mother. On the other hand, based on Belski's finding, quoted from [22] parent's isolation and social limitation result in the annoyance and ignorance of children. Therefore, these parent's social relation is weak and people avoid making relation to them so that they will be captured in isolation cycle [23]. Moreover, mother's passiveness and isolation could be derived from their depressed mood which improved by solution-focused therapy. As if clients who enter in therapy process by focusing on family crisis, family members' expectations and depression could participate in childcare and enjoy being with children and participate in religious and sport activities in order to extend their access to supportive resources. Therefore, more ensure about their ability and suitable solution is created and they will not be child abuser and they will not suffer from neglect that is derived from depression outcomes, affecting bodily and emotional childcare, but it is replaced by care which has a positive and happy goal. Finally, this finding of the research concerning the effectiveness of psychological therapy on the improvement of depressed mood is consistent with the result of researches conducted by [21] and [9]. In addition, the result of the present research regarding the effectiveness of solution-focused group therapy is consistent with the result of researches conducted by [21], [24]-[26]. Finally, based on these research findings, we recommend that psychologists and social workers more use of solution-focused group therapy in relation to depressed mothers of child-abuser families.

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