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The Impact of Solution-Focused Brief Therapy on the Improvement of the Psychological Wellbeing of Family Supervisor Women

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***Abstract*—**The purpose of this study is to investigate the efficacy of the solution-focused brief therapy on improving the psychological wellbeing of family supervisor woman. This study has been carried out by semi-experimental method and in the form of pre-test, post-test performance on two groups (experimental and control), so that one sample group of 30 individuals was randomly achieved and were randomly divided in two groups of experimental (n=15) and control (n=15). To collect data, Ryff scale psychological wellbeing was used. After conducting pre-test (RSPWB) for two experimental and control groups, Solution-focused brief therapy interference was conducted on the experimental group during five two-hour sessions. Finally, Ryff scale psychological wellbeing was reused for the two groups as post-test and achieved outcomes that were analyzed using covariance. The results indicated that the significant increase of average marks of the experimental group in psychological wellbeing had better function than that of the control group. Finally, solution-focused brief therapy for improving psychological well-being of family supervisor women has a suitable capability and could be used in this way.

***Keywords*—**Solution-Focused Brief Therapy, Short-term Therapy, Family Supervisor Women, Psychological Wellbeing.

I. Introduction

FAMILY SUPERVISOR WOMEN (FSW) are one of the social groups who are exposed to damage and encounter with many problems and barriers. This deprived and damage-exposed layer has had a far little share of development furthermore life in isolation companied with depression and disappointment, false attitude of society towards them, lower level of education and technical and educational skills, unsuitable opportunities and social relations and cultural and social and educational situation for themselves and their children, and therefore distress in aging period will encounter them with various problems. These problems endanger psychological and social health of FSW [1]. In fact, FSW despite of their special conditions and situations are more exposed to damage and probably they encounter with many problems for the purposes of social health. FSW and widows are faced with problems such as isolation, seclusion, rejection, and lack of perception by others [2]. On the other hand, according to the reports of statistics center and strategic information [3] based on this subject in 2006 families with FSW had been 9.46 percent while this number in 2006 reached 12.7 percent, which indicates remarkable increasing in this layer of society. Furthermore, statics of FSW by itself are partly depended on statics of social damages like divorce rate, social crimes rate and the increasing number of prisoner and addiction and family segregation and the increase of these damages in society leads to the increasing number of this kind of women. We can mention that the category of FSW is a central point, which either is directly and indirectly influenced by other damages or it can be planner of other damages reinforcing them [4]. We should express that the sudden change of supervision from husband to wife results in some forms of instability and double responsibilities such as wasting income, nurture of children, and dual role (father and mother) and therefore has a reverse impact on women's psychological health leading to new hygienic matters. Since making decision in confronting with personal, psychological, social, emotional, economical, family, educational and behavioral matters and problems of children in the future are the responsibilities of family supervisor (mother) and she should do something in order to maintain the system of the present emotional relations in the family and she should, prevent from minimum tensions in family and support children spiritually and materially therefore, they demand more attentions [5] Most of these women confront with poverty, disability, powerlessness specially in economic affairs, so that their self-confidence and psychological health are confused and they provide the background for depression and other disorders [6]. Hence, attention to the psychological health of FSW (mothers) is essential to prevent and solve many family problems and troubles. On the other hand, since in recent years, pathological approach to the study of human's health has been criticized and against this views, which defines health as an absence of illness, other new approaches emphasize wellness instead of bad or illness [7]. In this viewpoint, the lack of symptoms of mental diseases is not the safe index, but adaption, happiness, self-confidence and positive features and so on are the indicators of safeness and the main purpose of individual in life and dehiscence of personal capability and theories such as Maslow self-dehiscence theory, Rogers Full functioning and mature human or Allport maturity in forming the concept of psychological health accepts this fundamental hypothesis and benefits from it [8]. Following the appearance of these theories and positive psychology movement, which

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emphasized the existence of positive features and development of individual abilities in mental health, a group of psychologists used psychological wellbeing instead of mental health expression. Because they believe that this word mostly induces positive dimensions [9]. Thus, owing to the above-mentioned safeness problems in the Supervisor Women and because of presenting the new definition of psychological wellbeing, more attention to psychological wellbeing of FSW seems extremely important. It is notable that Ryff considers psychological wellbeing as an effort for ideal in order to fulfil individual potential abilities, according to it, he defined six factors such as self-acceptance, purpose in life, personal growth, having positive relations with others, environmental mastery and autonomy, as a composer categories of psychological wellbeing [10]. If we want the summarization of these six dimensions of psychological wellbeing in one place, we can mention that prosperity and happiness are obtained through facing and encountering with life challenges, problems and needs will not through lack of any kind of conflict and opposition, having a routine and changeless life. In fact, human wellbeing depends on interaction and companying opposite categories such as pain and joy, ambition and hope against suffering and disappointment [11]. On the other hand, regarding the special dominance of philosophy on psychological therapies, one of these interferences, which can be useful for these group of women, is solution-focused therapy. Solution-focused therapy begins to interference with energetic pre-condition, clients are efficient and have abilities to create solutions that can improve their lives [12]. In reality, the main precondition of solution focused therapy is aims selected by clients; psychoanalyst guides activities toward client's goals respectably, irreproachable, and especially participatory, while he notices clients' 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 [13]. This interference emphasizes the present time and it believes that change always occurs, clients can improve their lives by concentrating on solution instead of problems. In fact, solution-focused psychoanalysts help clients to form different views in themselves concerning the future so that problems are solvable and they can discover and strength exceptional moments, which are experienced as a favorable without problem.in addition, they can recognize their special abilities and supportive resources and they find new and specialized definition of aims, strategies, and their abilities and supportive resources [14]. Roovan and O'Hanlon's researches quoted from [15] show that solution-focused therapy is a suitable crisis management. It is recommended for not only clients with adoption disorder, but also clients with psychological chronic problems [12]. Outcomes of other studies also have indicated that SFBT provides more satisfaction and autonomy for clients more rapidly [16]. Finally, considering all these issues, it seems that solution-focused therapy induces more proportion in working with this layer, therefore despite all of the above descriptions, the present research aims to answer this question that whether solution-focused therapy can affect the improvement of the psychological wellbeing movement of FSW or not.

II. Material and Method

This study is a semi-experimental research that is performed in 2015 in Qorveh social work clinic in the form of pre-test and post-test with control and experimental group. Among the covered women of this center who cooperated in this research, 30 individuals were randomly selected. These numbers were placed in two experimental and control groups by random sampling method. After conducting the pre-test on two experimental and control groups, the interference of group SFBT, which is performed collectively during five weeks, one session each week, and two hours each session on the members of experimental group. After the final session, psychological well-being questionnaire was conducted as a post-test in both groups and finally, data were collected and analyzed. In this research, two questionnaires are used, one questionnaire, which researchers made it consisted of demographic information and the other questionnaire was Ryff scale psychological wellbeing, Ryff's psychological wellbeing questionnaire by [8] was adopted into the Persian language in 2008 in Iran. Psychological wellbeing scale has six sub-scales of self-acceptance, positive relation with others, autonomy, environmental mastery, aimed life and personal growth. The significant correlation between Ryff's psychological wellbeing scales and questionnaires of life satisfaction, happiness, self-confidence indicates the validity of this test. Furthermore, [8], in order to analyze the factor of this test, evaluated the correlation between its scales and its general correlation that its results indicate the validity of psychological wellbeing scales. In the context of internal consistency, the retest reliability was obtained 0.89.

A. The Treatment Plan: First Session

Group member familiarity and psychologist to each other and making a relationship to make a relation without bias and absolute acceptation of clients. Asking group members and interviewing of them about their feelings related to session, presenting general image of next sessions activities to group members about therapy method and the number of session and expressing research plan goals.

B. Second Session

Introduction session affairs and program, speaking about problem and then expressing problem by clients presenting technic of exceptional cases which is based on client's abilities and capabilities (at which times you do not feel disappointment, distress and you have experienced better feeling) and miracle question technic about someone who claim that they have not experienced exceptional case. (What will occur if you find that all of your problems are removed one night by miracle?) Therapy transformation problem focused dialogue to solution-focused dialogue, Presenting factors of making goals and effective solution during dialogue of group members related to client's discussion include: positive goal: the purpose should be positive instead of

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negative goals. (For example I want to reduce problems instead of goal, purpose: what positive act should I do rather than combat with problems and trouble). Process: How will I do this safer choice? Present time: What will you do when you leave here today? Functional: How this purpose is available? Given and clear: How you reach to this solution specially? Client self-decision-making: What do you do when this choice happens?

Using client's language to set goal: attracting group as well as each client is unique so each solution is unique too; requesting members for recognizing some duties and solutions depends on given factors and acclaim it to group, motivating members to give feedback on others' solutions, asking about self-feeling at the end of session and summing up the session.

C. Third Session

Expressing briefly, what was presented in the previous session by members, persuading members' duties and suitable feedback to correct duties and remove problems of incorrect duties by clients and group members. Changing goals to smaller solutions, each of these smaller solutions is changed to one goal and presenting four traits for choosing solutions (group discussion about each of these matters) - If the solution is useful, you will not change it and you do that frequently. - If it is less useful you will decide to do more activity about it – If you think any solutions are not effective imagine some miracles and examine- Decide to face with each session as a last session. Changing is beginning now not next week.

D. Fourth Session

Helping to members to remove errors in order to reach rational, clear, objective, executable solution and strengthen clients' efforts by other members, asking about what are small next steps to reach the perfect goal. The answer of this question that "what change do you feel during past session till today" summing up the session and providing field for being close to end of therapy.

E. Fifth Session

Correcting errors- expressing solutions which they have done to reach their goals and its effect on their problems; helping group members in recognizing when they have been improved sufficiently and how they try to repeat it after ending therapy session, directing generalization of sessions achievements to other situations, asking about clients feeling and ideas related to end of therapy and their evaluation of sessions and finally executing post-test.

III. Results

In investigating the semi-experimental researches in which control and experimental groups exist and both groups are also examined in two stages (pre-test and post-test), we use covariance analysis. Therefore, we use covariance analysis in this research. Covariance analysis has special hypothesis which can be used. In tables below, each of hypotheses is analyzed, but firstly, the psychological wellbeing average of the control and experimental groups in the pre-test and post-test has been presented.

In Fig. 1 and Table I, we observe that the average of psychological wellbeing mark among group control mothers in the posttest stage has a little difference than in the pretest stage, but the average mark of experimental group in post-test has a significant difference with the pre-test stage. Therefore, we can express that SFBT has affected the psychological wellbeing of FSW.

TABLE I
AVERAGE OF PSYCHOLOGICAL WELLBEING MARK IN PRE-TEST AND POST-TEST STAGE

Number	Average difference between pre-test and post-test	Post-Test		Pre-Test		Group
		Standard Deviation	Average	Standard Deviation	Average	
15	1.13	28.05	291.37	27.98	290.24	Control
15	25.35	28.44	316.42	29.14	291.07	Experimental

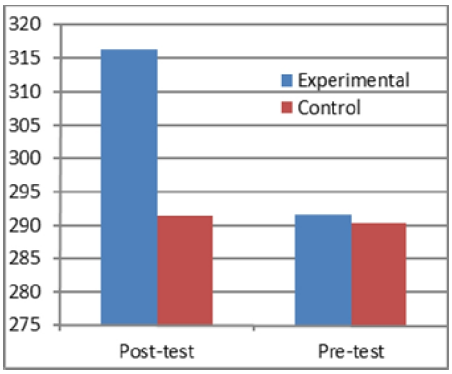


Fig. 1 Average of psychological wellbeing mark in pre-test and post-test stage and in control and experimental groups

Average comparison test has been used before performing covariance analysis (T2 of independent group) which this test has a special precondition that has been analyzed respectively at the follow:

1. Normal Distribution: to analyze the normality of data distribution Kolmogorov Smirnov test has been employed (Table II).

TABLE II
PSYCHOLOGICAL WELLBEING OF KOLMOGOROV–SMIRNOV TEST

Sig	Freedom degree	Test
0.971	30	0.488

As shown in Table II, the value of test is equal to 0.488 and the significant value is equal to 0.971 (sig>0.05), which indicates the normality of data distribution.

2. Variances Homogeneity: In analyzing variances homogeneity, Levene's test has been used, which is part of t-test output (Table III).

TABLE III
LEVENE'S TEST TO EXAMINE VARIANCES HOMOGENEITY

Sig	F
0.496	0.117

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In Table III, the result of Levene's test indicates that the significant value is 0.496, which does not reject zero hypotheses based on variances homogeneity. Thus, variances equality precondition (or variance non-difference between two groups) is confirmed.

3.

-test result: after recognizing that the present preconditions of T-test are confirmed, now the result of t-test is evaluated (Table IV).

TABLE IV
T- TEST FOR TWO INDEPENDENT SAMPLES

Sig	T	Freedom Degree
0.004	6,516	28

The result of independent group t-test is presented in Table IV. T-test value is 6.516 and the significant value is 0.004, which is less than 0.05. (Sig. < 0.05). Therefore, the difference between psychological wellbeing of the two groups among control and experimental groups is significant. Thus, we can state that solution-focused brief therapy has affected the psychological wellbeing of FSW.

The present data test was examined by covariance in order to control the effect of pre-test on this difference. As it was mentioned before, covariance test has pre-conditions, which is considered in next tables.

Normality of marks distributions: in analyzing this precondition and in the pre-test and post-test stage, Kolmogorov–Smirnov 's test is used (Table V).

TABLE V
KOLMOGOROV SMIRNOV'S TEST IN PRE-TEST AND POST-TEST STAGES

Sig	Freedom Degree	Test	
0.306	30	0.413	Pre-test
0.271	30	0.458	Post-test

Table V indicates the result of data distribution of the normality test in the pre-test and post-test stage. As shown, the significant value in both stages is higher than 0.05. Therefore, we can express that data distribution in both stages has a normal status.

Variances Homogeneity: in this stage, variances homogeneity in pre-test and post-test stages has been evaluated by using Leven's test. (Table VI)

As shown in table VI, the significant value in the two stages is higher than 0.05. Therefore, we can state that variance in the two groups has statistical homogeneity in both pre-test and post-test stages.

TABLE VI
LEVEN'S TEST FOR VARIANCES HOMOGENEITY IN PRE-TEST AND POST-TEST STAGE

Sig.	Freedom Degree 2	Freedom Degree 1	Levene's test	
0.175	28	1	0.182	Pre-test
0.196	28	1	0.117	Post-test

4. Pre-test reliability: In order to consider this precondition, pre-test data were evaluated by using Cronbach's alpha test, which its result indicates test reliability. (Alpha= 0.89)
5. Pre-test performance: for this purpose, the pre-test was performed before beginning of period.
6. Common correlation between pre-tests: this condition is considered when there is more than pre-test, which in this paper there is no need to do it.
7. Regression gradient homogeneity: in this precondition, by using F statistical index, the interaction between pretest and independent variable in the two groups has been analyzed that this index should be significant.

Common correlation between pre-tests: this condition is considered when there is more than pre-test, which in this paper there is no need to do it.

Regression gradient homogeneity: in this precondition, by using F statistical index, the interaction between pretest and independent variable in the two groups has been analyzed that this index should be significant.

TABLE VII
ANALYZING INTERACTION BETWEEN GROUP EDUCATION PERIOD ABILITY AND PSYCHOLOGICAL WELLBEING PRE-TEST

Sig. level	F	Average Squares	Freedom Degree	Total-squares rank 3	Resource
0.000	7.71	102.3	1	102.3	Stable amount
0.384	1.02	12.38	1	12.38	Educational period
0.007	8.36	110.94	1	110.94	Pre-test
0.289	1.24	14.08	1	14.08	Interaction between educational period and pre-test
		8.43	26	158.127	Error
			30	5673.01	Total

As shown in Table VII, F-value in the interaction between educational period and pre-test is 1.24 and the significant value is 0.289; since the significant value is higher than 0.05, we can accept zero hypotheses based on the homogeneity of regression line gradient. Therefore, until now, all of the analyzed conditions to use covariance will be considered.

8. Last condition (linear pre-test variable and independent variable): Index of this condition has been showed in the third row of covariance analysis main table and it is mentioned below:

As shown in the third row of Table VIII, the pre-test F-value is 28.64 and the significant value is 0.000. Since this value is lower than 0.05, we can express that the correlation between pre-test and teaching method is linear and the seventh condition has been considered.

TABLE VIII
RESULT OF PSYCHOLOGICAL WELLBEING PRE-TEST IN CONTROL AND EXPERIMENTAL GROUP

Eta	Sig.	F	Average Squares	Freedom Degree	Total Squares Rank 3	Resource
0.29	0.000	13.58	118.34	1	118.34	Stable amount
0.41	0.000	28.64	241.98	1	241.98	Pre-test
0.29	0.000	16.39	137.46	1	137.46	Educational Teaching
			8.41	27	155.024	Error
				30	5673.01	Total

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Covariance analysis: in the fourth row of Table VIII, F-value and significant value have been evaluated. As shown, the significant value is 0.00 and F-value is 16.39. These results indicate that FSW's beneficiary from SFBT period has had a significant effect on the improvement of their psychological wellbeing scale. Therefore, this difference derives from the participation of the experimental group in the therapy period.

IV. Discussion

This research aims to investigate the effectiveness of using group (SFBT) method on the improvement of psychological wellbeing in FSW. The results of this research shows that performing solution -focused brief therapy (SFBT) leads to the improvement of psychological wellbeing among FSW and according to the obtained results, we can express that solution -focused therapy can increase self-acceptance, goal in life, personal development, dominance feeling on environment, self-following and suitable communication with others in the experimental group and finally, it can increase psychological wellbeing. In explaining these findings, we can express that since in this therapy psychologists use clients' abilities and their resources, words and beliefs [16]. and one participatory approach in which clients play the most important role in making essential changes in their life according to an idea that they have about their life form in the future [17]. These features can help clients to choose more suitable method in facing problem through increasing solving-problem abilities, self-motivation and self-fulfilling qualities means. along with solution focused Psychologists helped clients to inform them of exceptional cases in their problem patterns. In other words, FSW who experience double stresses and face with many problems, when they can be aware of these exceptional cases full of problem and unsafe context and can identify more cases of these exceptional moments by self-motivation and self-making-decision and use it in daily life. The results of this research concerning the effectiveness of solution-focused therapy on the improvement of mental health are consisted with the results of researches conducted by [18]-[20]. It should be taken into consideration that the conclusion of this research in which solution-focused therapy is the only effective factor in the improvement of psychological wellbeing among FSW seems hasty and it is necessary to conduct more studies in this field .in addition, these interferences with financial and supportive interferences of this layer concerning women should be companied by controlling other variables and more researches should be carried out in order to analyze different relevant sub-cultures. Finally, according to these research findings, we suggest that group solution-focused brief therapy be used regarding this goal group (FSW).

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