

The survey effectiveness of parental education on the basis of Acceptance and Commitment Therapy (ACT) on parental monitoring in the parents of the high school girl students in Isfahan city

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Abstract

The aim of this study was survey the effectiveness of parental education on the basis of Acceptance and Commitment Therapy (ACT) on parental monitoring in the parents of the high school girl students in Isfahan city. The research method was a quasi-experimental research, a pre-test, post-test design with a control group and follow up. The research population was all of parents of high-school girl's students at 2019 year that from this population, 30 members were selected with available sampling and were randomly divided to an experimental and control group (each group with 15member). In experimental group, for 10 session (each session 90 minute), parental education sessions on base of Acceptance & Commitment Therapy (ACT) has been done as independent variable, but control group received any intervention. For data gathering, were used from parental monitoring questionnaire- researcher made. Data was analyzed with SPSS-23 and calculating decryption indicators and Anova with repeated measure. The results indicated meaningful difference between scores means of parental monitoring and its subscales between experimental and control group thus on this basis can be concluded that parental education sessions on the basis of Acceptance and Commitment Therapy (ACT) has been effect on parental monitoring ($p < 0.001$) and it's subscales (awareness, $p < 0.001$; communication, $p < 0.005$; supervision, $p < 0.001$, concern, $p < 0.005$ and acceptance, $p < 0.001$).

Keywords: Family instruction, Parental monitoring, Acceptance and Commitment Therapy (ACT), Girl students' parents, High school.

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I. Introduction

Parental performance plays an important role in shaping children's personality structure in cognitive, emotional, and behavioral dimensions (Harris & Curtin, 2002). Therefore, the quality of parenting plays an important role in completing or disrupting the child's normal developmental process (Rajabtabar Darvishi, Yahyazade & Hoseini, 2016). How parents interact with their children and how much they control their children play an important role in a child's life. The child's attachment style in adulthood determines his or her level of self-confidence and attitude toward life (Johnson, 2019). Although in the past, parents considered adolescent control to be their inalienable right, in recent year's parents have even hesitated to monitor adolescent behavior. However, in spite of various developments in parenting styles and how children interact, the concept of parental monitoring has always been considered (Lee, 2009). Parental monitoring is a psychological and theoretical concept that combines various components of parenting practices (Stattin & Kerr, 2000). So far numerous definitions of this concept have been proposed. Parents' knowledge of the child (children) in each developmental period (Dishion & McMahan, 1998), parental initiative in informing the adolescent and following his activities directly and indirectly (Bell, 2010) and adolescent desire to talking about his activities with his parents (Kerr & Stattin, 2003) is an example of a definition of this concept. In another definition, monitoring is the process by which a child does his or her work carefully and at the same time accesses interesting ideas and new information through parents (Kerr & et al., 2010). In general, by reviewing different definitions, it can be concluded that the concept of parental monitoring includes awareness of adolescent activities, parental concerns, parent-child relationship, parental supervision of child behavior and adaptation to individual changes (Hayes, 2004). The main element in monitoring is the parents' skill in being aware of the child, which changes during each period of adolescent development. In fact, monitoring is the awareness of parents about the activities of adolescents with whom, where and how they do activities away from their supervision (Belgrave & Brevard, 2015). In most definitions, parental monitoring is considered as an active factor in following the activities of adolescents to be able to keep her away from dangerous situations and communication with deviant peers (Biglen, 2003). So far, various models have been proposed to introduce the dimensions of parental monitoring (Laird & et al, 2010 'Hayes & et al, 2007). **In the model presented by Laird & et al (2010), the concept of monitoring and the factors affecting it are derived from the interactive model of real monitoring process under the influence of Bleski s parenting style (1984) and the family adaptability model with individual changes of Klins (1995).** This model is based on the study of these issues: Adolescent developmental and behavioral issues (independence, freedom, peer communication, etc.) as catalysts, communication processes (trust, acceptance, communication, and conflict), monitoring process (disclosure, rules, cooperation, and demand), monitoring knowledge (real perception), and behavioral adjustment (external behaviors: drug use, alcohol and internal behaviors of isolation, depression, etc.).

Parental attitudes and contextual factors are two categories that have a direct impact on most components of this pattern and act as moderators of communication between different components. Catalysts and the process of communication and monitoring are predictive of behavioral problems, but their impact is initially indirect and ultimately moderated through monitoring knowledge. In this model, an attempt is made to develop the psychological well-being of adolescents according to the components of monitoring and to improve the quality of parent-child

communication. Interventions focus on encouraging more parents to engage in behavioral behaviors. In Hudson's and Matthew's (2003) model, monitoring is examined in five steps. One step: pre-leisure monitoring that provides parents with opportunities to clarify their rules and expectations of adolescent behavior when not monitored. Two step: adolescent behaviors when not monitored. Three step: Monitoring after leisure that provides conditions for parents to pay attention to how, where, and with whom their teens spend their leisure time. Four step: Parents' answers provide an opportunity for them to find out if their teen has violated their rules or requests. Five step: Adolescents respond to their parents' behaviors. The Collins (1995) model states that everything in childbearing is dynamically related, and that the parent-child relationship is primarily important for parenting. Due to the emergence and expansion of postmodern therapies, it is necessary to apply new therapies in the field of parental skills (Mesbah & et al., 2018). Acceptance and Commitment Therapy (ACT) is one of the postmodern therapies that has been proven to be effective in some areas, especially parent-child interaction (Powers & Elmmckamp, 2009). In Acceptance and Commitment Therapy (ACT), it is assumed that humans find many of their inner feelings, emotions, or thoughts annoying and constantly try to change or get rid of these inner experiences. These attempts to control are ineffective and paradoxically lead to intensification of feelings, emotions and thoughts that the person initially tried to avoid (Hayes & et al., 2011).

Events in which one does not want to be associated with one's inner experiences (thoughts, emotions, memories, and physical feelings) and take steps to change the shape of these events or the context in which they occur. Even when trying to do so has a negative impact on quality of life - it's called experiential avoidance.

Cognitive fusion occurs when one's thoughts regulate one's overt behavior in an ineffective manner and cause one to pay attention to the products of thought (content) instead of to the process of thought (context). When these processes are overcome by the individual, they lead to psychological resilience (Hayes & Strosahl, 2010). One of the main goals of Acceptance and Commitment Therapy (ACT) is to increase psychological flexibility. That is, to help one get out of the cycle of avoidance and cognitive fusion, not through challenging or changing one's thoughts and emotions, but through the processes of acceptance and commitment. Acceptance and Commitment Therapy (ACT) is a treatment approach that includes six specific psychological processes: diffusion, self as a context, contact with present moment & committed action. These factors lead to psychological flexibility (Hayes & et al., 2005). So far, various studies in the country have been conducted on the effectiveness of acceptance and commitment-based therapy (ACT) on improving the quality of parent-child communication (Mesbah & et al., 2018), reducing the stress of parenting and the psychological flexibility of mothers with children with autism (Shirali & et al., 2016), decreased sense of inner shame and social adjustment of mothers with mentally retarded children (Hojjatkhah & Mesbah, 2016), psychological flexibility and mental health promotion of mothers, (Zare Bidaki & et al., 2016) have been done.

Abroad, the results of studies show the effectiveness of acceptance-based therapy (ACT) on increasing the psychological resilience of mothers with adolescent boys (Hayes, 2004), parental awareness of adolescent stress sources (Harots & Power, 2000). In one study, follow-up interventions were performed on a group of high school

graduates and their parents (Herbert & Forman, 2011). In one study, a series of monitoring interventions for parents of African-American teens in the form of a video to protect against AIDS were conducted.

In this way, a series of monitoring interventions were developed and distributed among a wide range of parents and adolescents. The results of this study showed a positive effect of the spread of monitoring interventions in helping parents monitor their children (Ruiz, 2010). Poor monitoring by parents with increasing symptoms of depression in adolescents (Millre, Rathus & Linehan, 2007 ; Gil-Rivas & et al., 2003), experience more stress (Hartos & Power, 2000), and low self-esteem (Bornstein, 2002) with an increase in suicidal ideation even after controlling mental illness and socioeconomic changes (King & et al., 2001). Higher parental monitoring is associated with higher academic achievement (Jaccard & et al., 2010) and lower monitoring is associated with lower levels of academic achievement (Yadavaia & et al., 2015). By presenting an exploratory model, Leird et al. (2010) emphasized the processes of communication and monitoring and defined the effect of real monitoring on the compatibility of adolescent external and internal behaviors.

During a two-year study of adolescents who started taking drugs, Stenberg et al. (2008) found that adolescents who were in the highest (quarter of a circle) of parental monitoring - compared to those in the lower quarter of the monitoring circle - began to use drugs. They are looking for like-minded peers to increase their consumption.

Therefore, the correlation between parental monitoring and low drug use is very strong in those who start taking drugs (Dittus & et al., 2017). Hayes (2004) found in her studies that parental monitoring of adolescent leisure time is effective in reducing her deviant behaviors and improving the quality of parent-child relationships.

The results of Dion and McMahan's (1996) study show that effective parental monitoring is associated with parenting dimensions that include communication quality, motivation, goals, values, beliefs, and parental behavior management skills and family context. It is natural that in early adolescence, due to increased conflict between parent and adolescent, the monitoring process is destroyed and the knowledge of monitoring as a function of real age and puberty decreases (Romos & et al, 2010). However, parent-child conflict increases when the parent or adolescent has different expectations of independence (for example, the adolescent expects more freedom and the parent's hearing increases). In early adolescence, independence expectations are at an all-time high. Contradicting parental and adolescent perspectives on the legitimacy of parental authority over their personal behavior increases, parents who believe in authority over these issues gain more control. Conflict between parent and adolescent increases when adolescent believes that parental control efforts are illegal. Adolescents resist parental control efforts and try to persuade them to adjust to parental behaviors or reduce behavioral behavior (Kousha & Sajedi, 2014a). Adaptability of adolescents' behavior and their relationship with their peers to monitoring knowledge is affected by the parent-child communication process. Also, the severity and frequency of external behavioral problems indicate the weakness and decrease of knowledge, which is related to even small changes in the quality of parent-adolescent relationship and the adolescent's authoritative beliefs (Khodadadi Sangadeh & Ahmadi , 2015).

Positive parent-adolescent communication is a stimulus to inform parents and provides opportunities for inquiry into adolescent activities, as well as a context in which adolescents can disclose to parents. Conversely, malicious and conflicting communication can make it difficult for parents to find out about a teenager. Adolescents who do not

trust their parents are less likely to make real revelations, and most of their activities are deceptive and against family rules) Anari & et al., 2014). Parental attitudes and contextual factors moderate the process of monitoring and the process of parent-child communication. The results of this study indicate that the quality of parent-adolescent relationship is related to parents' perception of themselves and their behavioral behaviors. In general, it can be said that due to the importance of parent-child relationship, especially in adolescence and due to the emergence of postmodern therapies and the effectiveness of these therapies and on the other hand due to the lack of research on the effectiveness of parental monitoring in internally, the present study was conducted with the aim of filling the research gap in this field.

In this study, a main hypothesis and a sub-hypothesis were examined. The main hypothesis is that family education based on commitment-based therapy (ACT) is effective in increasing parental monitoring. Sub-hypothesis is that family education based on commitment-based therapy (ACT) is effective on the dimensions of parental monitoring (information, communication, monitoring, concern and acceptance).

II. Method

The present research method was semi-experimental with pre-test, post-test design according to the research objectives and hypotheses. The statistical population of this study includes all secondary school girls in Isfahan in the academic year 2019. The research sample was selected as available and randomly assigned to two control and experimental groups.

In this way, it was selected from six districts due to the cooperation of three district, it was selected from among the schools of the district due to the cooperation of one school, and two classes from among the classes of this school were randomly selected. Then, 30 volunteer parents participated in the study and were randomly assigned to the experimental and control groups. In this research, criteria were considered for the subjects to enter the research, which are as follows :achieving a lower score than the cut-off point in the Parental Monitoring Questionnaire (researcher-made) did not occur during the course of research under treatment or other group training: the exit criteria in this study were: Existence of acute psychological disorders, including psychotic disorders, absence of more than one session, delay of more than twenty minutes in three sessions, failure to perform tasks specified in more than one session.

Instruments

In this study, two questionnaires of demographic characteristics and a researcher-made parental monitoring questionnaire were used to collect data, which are introduced in the following.

Demographic questionnaire

In this study, a researcher-made questionnaire was used to measure the demographic characteristics, which included age, gender and degree.

Parental Monitoring Questionnaire (PMQ)

In this study, a parental monitoring questionnaire developed by the researchers of this study was used to measure parental monitoring. To construct this questionnaire, various theories and models of monitoring were referred and the results of the monitoring of the monitoring were accepted in five dimensions: information, supervision, communication, concern, and acceptance. The draft survey questionnaire was designed in five dimensions (information-monitoring-communication-concern-acceptance) with 90 questions and was approved by five family counselors. Then the number of questions in the questionnaire was reduced to 30 questions

This questionnaire measures parental monitoring based on five subscales of information (6 questions), monitoring (6 questions), communication (6 questions), concerns (6 questions) and acceptance (6 questions). The scoring of this questionnaire is based on the five-point Likert scale from 1 (always) to 5 (never) and the scoring of questions 4, 9, 11 and 13 is done in reverse. The reliability of the questionnaire using Cronbach's alpha method for the whole scale was 0.87 and for the subscales of information, monitoring, communication, concern and acceptance were 0.84, 0.76, 0.78, 0.81 and 0.79 was calculated. Narrative validity of the total score of this questionnaire with the scale of conflict tactics (Straus & Gelles, 1990) for the three subscales of reasoning, verbal aggression and physical aggression were 0.54, -0.76 and -0.68 Calculated. Also, the convergent validity of the total score of this questionnaire with the questionnaire of psychological capital (Luthans & et al., 2007) is equal to 0.86 and for the dimensions of optimism, self-efficacy, resilience and hope, respectively, is equal to 0.79, 0.65, respectively. 0.55 and 0.57 were calculated.

Interventions

Table 1- Summary of training sessions

Sessions	Title of session	Summary of session descriptions
First	Communicate and be prepared	Feedback from previous sessions, express the rules of the meetings Pre-test, Investigating the interpersonal problems of parents and adolescents Measuring parental control over parental thoughts and feelings
	Make parental love relationships	Feedback from previous sessions, Review the assignments of the

Second		<p>previous session, Talk to parents about parental pleasure, Expression of metaphorical metaphor and emphasis on parental values, Provide homework on recognizing romantic relationships</p> <p>and main values parental for main purpose and porpoise of monitoring</p>
Third	<p>Creating creative helplessness is problem control</p>	<p>Feedback from previous sessions, Expression of well metaphor</p> <p>Find wells and shovels</p> <p>The short-term and long-term consequences of using them</p> <p>Expression of mental traps , times & traits, assignments</p>
Fourth	<p>Willing & Acceptance</p>	<p>Feedback from previous sessions, Continue to talk about the desire and expression of ACT allegories</p> <p>Expressing pure and impure suffering</p>
Fifth	<p>Clarifying of values</p>	<p>Feedback from previous sessions, identifying of values, Introducing the concept of values, clarifying of values, actions, purposes, Internal and external barriers</p>

Sixth	Mindfulness	<p>Feedback from previous sessions</p> <p>Reminder of previous sessions</p> <p>Doing mindfulness exercises</p> <p>Understand acceptance & diffusion, explain the uses and allegories of ACT</p>
Seventh	Self as context	<p>Feedback from previous sessions,</p> <p>Expressing the concept of self-conceptualization,</p> <p>Transcendent self</p> <p>Emphasis on the present</p> <p>Time, re-emplaning on parental monitoring, assignment</p>
Eighth	Commitment action	<p>Feedback from previous sessions,</p> <p>Emphasis on parental values & their concerns, How to act committed based on values</p> <p>assignment</p>
Ninth	Psychological flexibility	<p>Feedback from previous sessions</p> <p>Emphasis on mental flexibility through key treatment processes (acceptance, diffusion, self as context, being at present time, Values & committed action) in monitor of adolescences</p>

Tenth	conclusion	Review of previous topics, review of assignments of the previous session, Get feedback from members about the use and quality of topics Conclusion, post-test
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III. Research method

After coordination with the General Directorate of Education of Isfahan Province and the Provincial Counseling Center, permission was granted to conduct research in one area of the District 3 schools, only one agreed to conduct research. After informing the subject, a summary of the content and time and place of the series of educational discussions to the parents of the two classes, a list of parents volunteering to participate in the research (48 people) was prepared.

In order to select the desired sample, a parental monitoring questionnaire was first performed among the members. Then, 30 parents who scored less than the cut-off point were randomly assigned to the experimental and control groups. In both groups, the parental monitoring questionnaire was administered as a pre-test and training sessions were performed for the experimental group. The sessions included 10 (each session 90-minute) sessions for the experimental group, which were held once a week. Members of the control group did not receive any intervention. After the training sessions, the post-test was performed again between the members of the two groups and after one month, follow-up of the two groups was performed. It should be noted that a series of training sessions for members of the control group were conducted after completing all stages of the research.

Moral considerations

In this study, the following ethical principles were observed: 1- Participants have been assured that the questionnaires will be used only for the effectiveness of the training and will not be abused. 2. The questionnaires were distributed and collected by the researchers themselves so that participants would not have to worry about being studied by other people. 3. All members participated with full desire. If they did not want to continue the meetings, there was no compulsion for them. 4. The information and names of the people in the research were kept completely confidential.

IV. Findings

The present research project was in accordance with the goals and hypotheses of the semi-experimental research with the experimental and control group. The mean age of participants in the experimental group (5.67) was 38.20 and in the control group (5.97) was 39.20. In the experimental group, 1 person (6.7%) had a bachelor's degree, 4 person (26.7%) had a diploma, 5 people (33.3%) had a postgraduate degree and 5 people (33.3%) had a bachelor's

degree. In the control group, 2 people (13.3%) had a diploma, 7 people (46.7%) had a postgraduate degree and 6 people (40%) had a bachelor's degree. In the experimental group, 1 person (6.7%) was male and 14 (93.3%) were female, and in the control group, 13 (86.7%) were female and 2 (13.3%) were male. The main hypothesis in this study was that family education based on Acceptance and Commitment Therapy (ACT) to parents of female school students in Isfahan is effective in establishing parents. Descriptive results of this hypothesis for three measurements (pre-test, post-test and follow-up) are presented in two experimental and control groups in Table 2.

Table 2. Descriptive results for intra-case factor (three times measurement of parental monitoring score) in two control and experimental groups

Three-time measurement of parental monitoring score				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	3/033	3/0567	3/0433
	SD	0/149	0/144	0/197
Experiment	Mean	3/0777	3/805	3/747
	SD	0/203	0/284	0/26

In order to analyze the data related to this hypothesis, the statistical method of analysis of variance with repeated measurements has been used. The results of the multivariate analysis of variance test with repeated measurements for three-time measurement of parental monitoring scores in control and experimental groups are presented in Table 3.

Table 3. Multivariate Variance Analysis Test Results for Three-Time Measurement of Parents' Monitoring Score in Control and Testing Groups

Effect		Value	F	Hypothesis df	Error df	Sig	Observed Power
Parental	Pillais Trace	0/591	32/549	2	45	0/000	1

monitoring scores	Wilks Lambda	0/409	32/549	2	45	0/000	1
	Hoteling s Trace	1/447	32/549	2	45	0/000	1
	Roy s Largest Root	1/447	32/549	2	45	0/000	1
Interaction of parental monitoring scores and groups	Pillais Trace	0/565	29/201	2	45	0/000	1
	Wilks Lambda	0/435	29/201	2	45	0/000	1
	Hoteling s Trace	1/298	29/201	2	45	0/000	1
	Roy s Largest Root	1/298	29/201	2	45	0/000	1

As can be seen in Table 3, there is a significant difference between parental monitoring scores (0.05) in three measurements (pre-test, post-test and follow-up) and this significant difference has been confirmed by all four tests. Statistical power 1 indicates a significant accuracy in these causal relationships. The interaction of parental and group monitoring scores is significant (0.05) and this significant interaction was confirmed by all four tests.

Table 4 presents the results of the analysis of variance test between subjects and subjects for the three-time measurement of parental monitoring scores in control and experimental groups.

Table 4. Results of the analysis of variance test between subjects and subjects to examine three times the measurement of parental monitoring scores in control and experimental groups.

Sources	SS	df	MS	F	Sig	Observed Power
Between Subject						
group	5/917	1	5/917	49/118	0/000	1
Error	5/541	46	0/12			
Inside the						

subjects						
Parental monitoring	2/722	1/336	2/037	56/152	0/000	1
Monitoring parents and group	2/464	1/336	1/844	50/825	0/000	1
Error	2/23	61/45	0/036			

As the results of Table 4 show, the factor between the case groups is significant (0.05). In other words, there is a significant difference between the two groups in terms of parental monitoring scores. The intra-case factor of parental monitoring is significant (0.05). In other words, the parental monitoring scores on pre-test, post-test, and follow-up are significantly different. The interaction between the case factor of the group and the intra-case factor of parental monitoring is significant (0.05). The sub-hypothesis of this study was that family education based on Acceptance and Commitment Therapy (ACT) is effective on the dimensions of parental monitoring (information, communication, monitoring, concern and acceptance). Descriptive findings related to this hypothesis have been presented in Table 5 for three measurements of parental monitoring dimensions scores in two control and experimental groups.

Table 5. Descriptive results for the intra-case factor (three times the measurement of information, communication, monitoring, concern and acceptance) scores in the two control and experimental groups.

Three-time measurement of parental monitoring score (parental information)				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	3/266	3/283	3/316
	SD	0/438	0/416	0/474

Experiment	Mean	3/326	3/927	3/861
	SD	0/550	0/408	0/397
Three-time measurement of parental monitoring score (parental relationship)				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	3/116	3/133	3/1
	SD	0/333	0/366	0/361
Experiment	Mean	3/221	3/780	3/675
	SD	0/44	0/49	0/381
Three-time measurement of parental monitoring score (parental monitoring)				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	3/1	3/066	3/066
	SD	0/195	0/195	0/325
Experiment	Mean	3/078	3/644	3/627
	SD	0/294	0/378	0/386
Three-time measurement of parental monitoring score (parental Concern)				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	2/983	3/016	3
	SD	0/355	0/404	0/43
Experiment	Mean	3/60	3/711	3/701

	SD	0/633	0/612	0/612
Three-time measurement of parental monitoring score (parental acceptance)				
Group	Descriptive Statistic	Pre-test	Post-test	Follow-up
Control	Mean	2/7	2/701	2/733
	SD	0/414	0/351	0/361
Experiment	Mean	2/701	3/964	3/870
	SD	0/45	0/442	0/403

To examine the research hypothesis that there is a difference between control and experimental groups in improving the scores of parental monitoring (parental awareness, parental communication, parental supervision, parental concern and acceptance), the variance analysis test with repeated measurements with intra-case factor Measuring the scores of parental monitoring dimensions was used three times in a row (pre-test, post-test and follow-up) and the interdisciplinary factor of the group (control and testing). The results of the multivariate variance analysis test with repeated measurements for three-time measurement of parental monitoring scores in control and experimental groups are presented in Table 6.

Table 6. Results of a multivariate analysis of variance test to examine three times the measurement of parental monitoring scores in control and experimental groups.

Effect		Value	F	Hypothesis df	Error df	Sig	Observed Power
Parental information scores	Pillais Trace	0/214	6/118	2	45	0/004	0/867
	Wilks Lambda	0/786	6/118	2	45	0/004	0/867
	Hotelling's Trace	0/272	6/118	2	45	0/004	0/867
	Roy's Largest	0/272	6/118	2	45	0/004	0/867

	Root						
Interaction of parental information scores and groups	Pillais Trace	0/203	5/729	2	45	0/006	0/843
	Wilks Lambda	0/797	5/729	2	45	0/006	0/843
	Hotelling s Trace	0/255	5/729	2	45	0/006	0/843
	Roy s Largest Root	0/255	5/729	2	45	0/006	0/843
Parental relationship scores	Pillais Trace	0/186	5/126	2	45	0/01	0/798
	Wilks Lambda	0/814	5/126	2	45	0/01	0/798
	Hotelling s Trace	0/228	5/126	2	45	0/01	0/798
	Roy s Largest Root	0/228	5/126	2	45	0/01	0/798
Interaction of parental relationship scores and groups	Pillais Trace	0/172	4/676	2	45	0/014	0/758
	Wilks Lambda	0/828	4/676	2	45	0/014	0/758
	Hotelling s Trace	0/208	4/676	2	45	0/014	0/758
	Roy s Largest Root	0/208	4/676	2	45	0/014	0/758
Parental monitoring scores	Pillais Trace	0/218	4/676	2	45	0/004	0/867
	Wilks Lambda	0/782	6/285	2	45	0/004	0/867
	Hotelling s Trace	0/279	6/285	2	45	0/004	0/867
	Roy s Largest Root	0/279	6/285	2	45	0/004	0/867
Interaction of parental	Pillais Trace	0/262	6/285	2	45	0/001	0/943
	Wilks Lambda	0/738	6/285	2	45	0/001	0/943

monitoring scores and groups	Hotelling s Trace	0/354	6/285	2	45	0/001	0/943
	Roy s Largest Root	0/218	6/285	2	45	0/001	0/943
Parental concern scores	Pillais Trace	0/146	0/385	2	45	0/028	0/87
	Wilks Lambda	0/854	0/385	2	45	0/028	0/87
	Hotelling s Trace	0/171	0/385	2	45	0/028	0/87
	Roy s Largest Root	0/171	0/385	2	45	0/028	0/87
Interaction of parental concern scores and groups	Pillais Trace	0/129	3/334	2	45	0/045	0/802
	Wilks Lambda	0/871	3/334	2	45	0/045	0/802
	Hotelling s Trace	0/148	3/334	2	45	0/045	0/802
	Roy s Largest Root	0/148	3/334	2	45	0/045	0/802
Parental acceptance scores	Pillais Trace	0/518	24/158	2	45	0/000	1
	Wilks Lambda	0/482	24/158	2	45	0/000	1
	Hotelling s Trace	1/704	24/158	2	45	0/000	1
	Roy s Largest Root	1/704	24/158	2	45	0/000	1
Interaction of parental acceptance scores and	Pillais Trace	19/739	19/739	2	45	0/000	1
	Wilks Lambda	19/739	19/739	2	45	0/000	1

groups	Hoteling s Trace	19/73 9	19/73 9	2	45	0/000	1
	Roy s Largest Root	19/73 9	19/73 9	2	45	0/000	1

The statistical power of 0.86, 0.84, 0.76 and 0.87 indicates a significant accuracy in these causal relationships. Also, in all four dimensions of interaction, the scores of the dimensions of parental monitoring (information, communication, monitoring and concern) and groups are significant (0.05). And this meaningful interaction has been confirmed by all four tests. Table 7 presents the results of the analysis of variance test between subjects and subjects to examine three times the measurement of parental monitoring scores in control and experimental groups.

Table 7. Conducting a variance test between subjects and subjects to examine three times the measurement of parental monitoring scores in control and testing groups.

Sources	SS	df	MS	F	Sig	Observed Power
Between subjects						
group	4/115	1	4/115	9/534	0/003	0/856
Error	19/853	46	0/432			
Inside subjects						
Parental Information	1/914	1/34	1/424	10/105	0/001	0/936
Parental Information and group	1/548	1/34	1/152	8/176	0/003	
Error	8/712	61/806	0/141			0/878
Sources	SS	df	MS	F	Sig	Observed Power
Between Subjects						

group	4/648	1	4/648	15/535	0/000	0/971
Error	13/764	46	0/299			
Inside subjects						
Parental relationship	1/433	1/559	0/919	7/566	0/002	0/888
Parental relationship and group	1/337	1/559	0/883	7/272	0/003	0/875
Error	8/712	71/73	0/121			
Sources	SS	df	MS	F	Sig	Observed Power
Between Subjects						
group	3/296	1	3/296	19/4	0/00	0/991
Error	7/815	46	0/17			
Inside subjects						
Parental Monitoring	1/449	1/753	0/827			
Parental Monitoring and group	1/841	1/753	1/05	8/49	0/001	0/942
Error	7/849	80/62	0/097	10/787	0/000	0/980
Between subjects						
group	5/728	1	5/728	9/138	0/004	0/841
Error	28/832	46	0/627			
Inside subjects						
Parental Concern	2/378	1/553	1/531	6/047	0/007	0/875

Parental Concern and group	2/034	1/553	1/31	5/174	0/013	0/816
Error	18/086	17/458	0/253			
Sources	SS	df	MS	F	Sig	Observed Power
Between subjects						
group	14/206	1	14/206	46/607	0/000	1
Error	4/021	46	0/305			
Inside subjects						
Parental Acceptance	8/651	1/564	5/53	37/608	0/000	1
Parental Acceptance and group	7/079	1/564	4/525	30/778	0/000	1
	10/581	71/966	0/147			

As Table 7 shows, there is a significant difference between the two groups of control and testing in the scores of the dimensions of information, communication, monitoring and concern and parental acceptance. Also, the interaction between case and intra-case factor of parental monitoring dimensions is significant (0.05). Therefore, it can be concluded that family education based on Acceptance and Commitment Therapy (ACT) has a significant effect on the dimensions of parental monitoring and the passage of time from post-test to follow-up has not reduced or increased the effectiveness of this method.

V. Discussion

The aim of the present study was to investigate the family education based on Acceptance and Commitment therapy (ACT) on the dimensions of parental monitoring of female high school students in Isfahan. The main hypothesis in this study was that family education based on Acceptance and Commitment Therapy (ACT) is effective in monitoring the parents of female students. The results of variance analysis with repeated measurements in Table 3 showed that the independent variable had an effect on parental dependence. In other words, family education based on Acceptance and Commitment Therapy (ACT) leads to increased parental monitoring ($P < 0.01$). This finding is

consistent with the results of studies by Leird et al. (2010), Hayes (2004), and Dation and McMahan (1996) on increasing the quality of parental monitoring based on Acceptance and Commitment Therapy (ACT). In explaining this research finding, it can be said that behavioral patterns that arise from a person's cognitive beliefs are influential in parenting. In general, parenting styles are based on the patterns of behavior that individuals learn through their parents, family members, community, and culture. These behaviors are sometimes used as flexible methods in a person's life, but in adulthood they cause problems in people's normal communication and lead to more suffering for the person. In experiencing avoidance, one is reluctant to accept one's experiences, so one seeks to escape or control those experiences, which in the long run will cause more harm (Hayes et al., 2002). Family education based on Acceptance and Commitment Therapy (ACT) does not seek to eliminate schemas and the suffering they cause, but rather to avoid the suffering associated with schemas or internal experiences that destroy communication. One of the schema-based behaviors is to avoid the experience associated with the concept of acceptance-based therapy, which requires inconsistent methods for hiding, disabling, managing, controlling and suffering. There are six areas that can activate schemas: Job, friends and family, intimate relationships, parents and community. The focus of these areas is to examine the sensitivity of schemas in changing relationships, to observe the situation that activates schemas, and to pay attention to the activated consequences of schemas. Focusing on these issues creates a greater chance for interpretation in the problematic interpersonal behaviors of parents. In the present study, we first introduce the efforts of parents in various ways to avoid or get rid of the feelings of certain thoughts or experiences related to the schema so that parents can pay for their avoidance both in the long run and in the short term evaluate. Using well metaphors or sandstone metaphors from parents, you tried to eliminate your thoughts and feelings in a particular situation, such as when your child disobeys and you have a series of thoughts and feelings. Is it possible to avoid the initial suffering that comes to you from these thoughts and feelings, or are you stuck in a well of feelings and thoughts and working on it?

At this point, the parents were faced with the fact that using this method in the long run has led to failure. At this point, they became creatively helpless, and treatment shifted from recognizing the problem to the healing process. In this situation, with mindfulness exercises, parents were able to increase their experiences related to their schema or internal experiences and also motivate them to choose a different answer related to their experiences. Here is an opportunity for parents to create a space for inner experiences.

The hypothetical hypothesis in this study was that family education based on Acceptance and Commitment Therapy (ACT) is effective on the dimensions of monitoring (information, communication, monitoring, concern and acceptance) of parents of female students. The results of analysis of variance with repeated measurements in Table 6 showed that the independent variable affected the dimensions of parental monitoring of students.

In other words, Acceptance and Commitment Therapy (ACT) leads to increased parental monitoring dimensions ($P < 0.001$). This finding is consistent with the effectiveness of Acceptance and Commitment Therapy (ACT) on the first increase after parental monitoring (awareness) with the results of Hayes' (2004) studies on the effect of communication quality and parental awareness on adolescent disclosure. His findings show that when the quality of communication is low, parents are less knowledgeable and collect information from adolescents' leisure time at a

lower level. Legislation and positive communication with follow-up of adolescent activities and higher demand of parents, provide more information about adolescent activities. Positive parent-adolescent communication motivates parents to inform the adolescent, and this communication provides opportunities for parents to learn more about adolescent activities and to have more disclosure. Conflicting and destructive communication with the news makes it difficult for parents.

Given that getting information from children on their feet indicates interest and attention to them, how to get information about adolescent behaviors is a more important issue. Although it is not enough to know a teenager to monitor, this can be done with the help of variables such as better communication and monitoring. One of the components of family education based on Acceptance and Commitment Therapy (ACT) is the process of cognitive integration.

Cognitive fusion is created through people's attitudes toward events, temporal dependence, and evaluations. When parental information is based on pre-learned thoughts and feelings, cognitive faults are the best option. For this purpose, it is better to use four skills for this purpose: seeing thoughts, naming thoughts, allowing thoughts to pass and distancing oneself from thoughts.

During this intervention, ask parents of students how much you know about your child's school activities and leisure time. Most parents did not know much. They said the problem was the teenager's lack of interest in expressing her activities and low communication. In this study, repeated exercises in four areas of cognitive impairment encouraged parents to have their own internal experiences to find the correct information about their child. Weather metaphor was used in this regard. Parents were encouraged to separate from their thoughts and feelings, and the best way to separate the desire to experience these experiences was to control them not diffusion. In this study, the parents were explained in detail that they did not look at the daily events of adolescence with their attitudes and judgments as parents, and in this case, there is a greater tendency to deal with the facts. Another finding of the effect of Acceptance and Commitment Therapy (ACT) on the relationship dimension (the second dimension of parental monitoring) with the findings of Leird et al. (2010) on increasing the high level of behavioral problems by reducing the quality of parent-adolescent communication and independence His demand is consistent. This finding is also consistent with the results of the studies of Crater and Head (2002) and Kerr, Stattin, Trieste (1999) on the positive relationship between parent and child as a factor in strengthening the monitoring process that is correlated with monitoring knowledge. Explaining this research finding, it can be said that what is important in family education based on Acceptance and Commitment Therapy (ACT) is to encourage parents to commit to values and to emphasize how commitment can be a motivator for changing behavioral patterns. During the intervention, parents were asked a few questions about their relationship with their teenager. Evidence suggested a low quality of communication and difficulty communicating with children. Also for parents, cognitive barriers, negative labels to themselves and thoughts about failures in past relationships, emotional barriers, activation of blame schemes, failure and inadequacy in previous communication patterns, and behavioral barriers to lack of behavioral skills Interpersonal and logical problems such as physical distance and close contact with the child were explained to the parents. Also for parents, cognitive barriers, negative labels to themselves and thoughts about failures in past

relationships, emotional barriers, activation of blame schemes, failure and inadequacy in previous communication patterns, and behavioral barriers to lack of behavioral skills. Interpersonal and logical problems such as physical distance and close contact with the child were explained to the parents. Parents were also taught to accept the obstacles they face in communicating based on their values and communication goals. Another study found that the effect of family education on Acceptance and Commitment Therapy (ACT) on student parental supervision (the third dimension of parental monitoring) is consistent with Hughes' (2004) research. Explaining this finding, it can be said that Acceptance and Commitment Therapy (ACT) tries to develop values by emphasizing on recognizing values, defining values, and introducing behaviors. The goal of parental persuasion is to change previous behavioral patterns and to choose between past behaviors and important life goals. In this study, parents were asked questions about parental supervision over adolescent behavior. Evidence suggested poor communication quality, insufficient information, adolescents' reluctance to disclose, and low supervision of assignments and other areas of their behavior. Parents were asked about their values and how they talked to their teenage child about it, helping her to make behavioral changes and develop goals that reflected in their interpersonal values with their children. To clarify the values, the difference between the values and the goals was explained to the parents. It was explained that the difference between the values and the goal is that a goal may help a person to do something in a situation, but values are the path of life that cannot be completed. Life goes on. For example, in relation to the child, it cannot be said that this value is over and the parents can only move in the direction of the value of being a good parent.

Values are often expressed in general ways and are not dictated by social norms, the expectations of others, or even what parents think. To change the overall values of the goals, techniques were explained to the parents and they were asked to formulate specific goals. Creating specific goals helped parents develop behavioral changes based on values and assess their impact on their lives. The easiest way to review parental activities was to use a compass of values. Another part of the study found that the effect of family education on Acceptance and Commitment Therapy (ACT) on parental concerns (the fourth dimension of parental monitoring) was found by Leird et al. (2009) that adolescents' association with deviant peers was a parental concern. Increases their requests are consistent.

Although it is possible to increase the knowledge of the foot, on the other hand, having trouble with distracted friends conflicts with the parent-adolescent relationship and reduces the adolescent's revelation and weakens the knowledge of the foot. The study's findings are consistent with the study by Crater and Heid (2002) that parents who are concerned about their children are looking for information about her. Changes in parent-child relationships and developmental accelerators lead to changes in parents' individual activities to find information that concerned parents may obtain from adolescent friends' parents, depending on the adolescent's level of disclosure and parental trust in the adolescent and quality. The parent-adolescent relationship depends. Explaining this finding, it can be said that Acceptance and Commitment Therapy (ACT) deals with the development of goals that reflect people's values. During the intervention, members of the parents' group were asked about their concerns about their child. They were more responsive to their concerns. Here is the difference between concern and concern. It was explained to parents that when parents are concerned about their child, they have a feeling that they can guide them towards long-term goals and give up fleeing goals and live according to the values that are among the therapeutic goals of Acceptance and Commitment Therapy (ACT). The latest part of the research on the impact of family education on Acceptance

and Commitment Therapy (ACT) on parental acceptance (the fifth dimension of parental monitoring) can be said to be very important in the Acceptance and Commitment Therapy (ACT) to treatment and commitment.

Therefore, parents were introduced to the knowledge of internal experiences (thoughts, feelings, memories and physical symptoms) and their acceptance without any action to reduce these internal experiences. In this context, control costs, which in the long run increase internal experiences, were noted, and the difference between acceptance (as an active action) was tolerated and surrendered (as a passive action) with different metaphors and exercises.

Parents' opinions were also explained that a person can accept anything his inner experiences (including thoughts, feelings, and memories) without the need to defend against them, and instead of focusing on changing thoughts by accepting thoughts and feelings in order to have a life. This research like other researches, had some limitations, some of which are mentioned below. The study was conducted on parents of high school girls, and therefore caution should be exercised in generalizing findings to the parent group of male students. The time interval between the post-test and follow-up steps was about one month, and it would have been better to follow up six months later, which was not possible due to time constraints.

It should be noted that the sample only included parents, so caution should be exercised in extending the results to other populations. The population of this study included parents of Isfahan female students, so caution should be exercised in generalizing the results to other provinces and cities. In the end, it is suggested that due to the effect of this approach on changing the relationship between parents and their children, it is suggested that research be done with this approach to improve the mental health of parents. It is also suggested that in a research study, Acceptance and Commitment Therapy (ACT) be compared with other methods in this field. Given that training education based on Acceptance and Commitment Therapy changes parental monitoring and enhances the quality of parent-child communication, it is recommended that this counseling be used as part of an educational program to change parental monitoring. Due to the impact of Acceptance and Commitment Therapy learning (ACT) on changing interpersonal problems, this treatment method can be used in counseling and psychotherapy centers (in clinical settings). Finally, we would like to thank all the people who helped us with this study.

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