

Original Article

The effectiveness of solution-focused brief therapy couples' therapy on irrational thoughts and marital adjustment of incompatible couples

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Abstract

This research aimed to investigate the effect of short-term solution-focused couple therapy on irrational thoughts and marital adjustment of incompatible couples. This is a quasi-experimental research with pretest/posttest and control group. The population consisted of all couples visiting Behzisti counseling centers in Rasht between 2019 to 2020. The sample for this study was selected 16 couples and couples who wished to participate in the study were selected using convenience sampling, and randomly assigned to experimental and control groups. The instruments used in this study included Spanier Dyadic Adjustment Scale (DAS) and Irrational Beliefs Test-Ahwaz (4 IBT-A). After random assignment of experimental and control groups, the experimental intervention (solution-focused therapy), was performed on the experimental group for 7 sessions of 90-minute once a week and after completing the training program, posttest was taken from both groups. The results of covariance analysis (univariate) of data showed that the solution-focused training through helping couples remind the days that they were compatible with each other and pointing to their past successful relationships resulted in increasing marital adjustment and also by encouraging them to positive talk, reduced irrational thoughts of couples in experimental group compared with the control group.

Keywords

Solution-focused approach
Marital adjustment
Irrational thoughts
Couple therapy

Received: 2022/02/11

Accepted: 2022/03/07

Available Online: 2022/08/30

Introduction

In recent decades, Iranian families have undergone many changes due to the developments in global culture. In other words, the family is shrinking its traditional forms and rapidly becoming discarded. In the current century, the main feature of family life is its very diverse patterns (Mirzavand, Riahi, Mirzavand, & Malekitabar, 2016).

Family plays an important role among those factors influencing human mental health. Many human mental and behavioral abnormalities are rooted in the family and at the same time, many human developments come from the family. Family can be the place for healing all wounds of its members, and at the same time it can be the source of deep wounds (Nazari, 2013). World Health Organization (WHO) has introduced family as the basic social factor in improving the health and well-being (Campbell, 2003; quoted in Beyrami, Babapour Khairuddin, Hashemi Nosratabad, Esmali, Khosroshahi,

2013). Marriage and marital relationships are the source of support, intimacy, and pleasure of human, on the other hand, marriage requires cooperation, empathy, compassion, kindness, patience and responsibility (Fisher, 2008). One of the most important factors that influence the survival, viability and growth of the families is healthy relationships based on mutual adjustment and understanding between the members especially the couple (Sinha & Mackerjee, 1999). Many factors are involved in marriage continuation, and the essential point of this important issue is to adapt to the effects of stressors. Adjustment to situations is not easy, when it is the tension period Of rapid social changes. Epidemiological studies indicate that marriage incompatibility is an important risk factor for morbidity and mortality. Additionally, adversarial relationships affect psychological and physical health of couples (Keicoat & Janice, 2005; Rios, 2010). Grief (2000) defined adjustment state as compatible couples are wives and husbands having good consensus, satisfied with the

type and the level of their relationships, satisfied with the type and the quality of their leisure time and having good management of their own time and finances, he describes adjustment as the ability of adaptation and problem solving. According to various studies, marital adjustment has four main components including dyadic satisfaction: dyadic consensus, dyadic cohesion and affectional expression. Dyadic consensus is the amount of agreement the couples have on important issues such as managing family finances and making important decisions. Dyadic cohesion points to the fact how often couples are involved in joint activities together and the affectional expression is related to how often other couples express their love and finally dyadic satisfaction covers the amount of happiness in relationships and also the frequency of conflicts experienced in the relationship (Huston & Melz, 2004). According to Halford, Lizzio, Wilson and Occhipinti (2007), factors affecting marital adjustment include three categories: personal characteristics (age, physical and personality condition), situational factors (income, social position, education and culture) and life events (premarital relations, stressful events and dangerous incidents). According to various studies, factors such as family environment (Shariatmadari, 1995), attachment style (Mohammadi, 2006), and irrational thoughts (Momenzadeh, Mazaheri, & Haideri, 2005) are associated with marital adjustment. Solution-focused brief counseling as one of the state-of-the-art and effective approaches in resolving marital problems was developed by a couple named Steve De Shazer and Insoo Kim Berg in Milwaukee brief family therapy center in Wisconsin, U.S.A., and is widely known as an ultra-modern brief therapy (WHO, 2017). The solution-focused approach claims that individuals are capable enough to promote the quality of their lives by creating appropriate solutions (Mahmudi, Sanai, Nazari, Davarniya, Bakhtiari, Shakarami, & 2015).

Thinking and understanding are the most important factors affecting marital satisfaction. In his book "*Couple therapy based on rational-emotional theory*", Elils (1989) discussed the role of thinking in the development of marital dissatisfaction. He believes that marital disruption is due to the understanding that wife or husband has of his wife's or her husband's behavior rather than the behavior itself. In fact, couple's understanding of their behaviors is more effective than their behaviors in causing anger and other emotions chaotic interactions (Reza Zadeh, 2002; quoted Jafaripour, 2005). Irrational beliefs in marital relationships have been classified in a different way. For example, based on Beck's classification (1976, quoted by Azkhos and Asgari, 2007), some unique and specific beliefs of couples include: a) selected experiences (considering a small part of a negative event), 2) exaggerated generalizations (taking into account any negative event as a complete defeat), 3) attaching negative labels (insisting on negative and cynical reasons for behavior and speech of the spouse), 4) personalization (attributing all problems to oneself and one own capabilities,), 5) hasty judgment (judging, mind-reading and predicting our thoughts with

no strong reason), 6), all or nothing thinking, and 7) exaggeration (highlighting issues and exaggerating mistakes). According to Malherb (1990, quoted by Azkhosh & Asgari, 2007) some inefficient beliefs of partners in marital relations include being entitled, blaming another, knowing oneself as victim, humiliation, expectation and desperation.

According to the Office of Registration of the Islamic Republic of Iran in 2009, 125,747 divorces i.e. one divorce in every 14 hours have been recorded in the country, of which 106,548 divorces occurred in the cities and 19,199 divorces in the villages (Farhanian 2010, quoted by Zarei et al., 2011). On the other hand, despite of all marriages that end in divorce, there are many failed marriages that couples do not divorce (Grief & Malherb, 2001). For example, some couples divorce for reasons such as financial hardship or personal and cultural conceptions of divorce decide to continue living together (Crow & Reedly, 2010). Thus, the field of family psychology today faces several challenges, on the one hand, many couples are on the verge of divorce and separation and on the other hand, some couples have come into common life without being prepared to face the challenges of married life (Markman & Halford, 2005). Many studies from different perspectives have been conducted for couple therapy and reducing marital maladjustment and increasing marital adjustment. One of the approaches, which have found increasing popularity, is the short-term, solution-focused approach. Solution-focused therapy, given its popularity and spread, is probably the treatment of choice of the current era (Nichols & Schwartz, 2009).

This treatment, which is expressed by De Shazer et al., is one of the most popular approaches to treatment and the reason for this popularity is the emphasis on non-pathological attitude toward individuals, limited therapy sessions, practical nature and ease of learning techniques (Ahramian, Sudani, & Hosseinpour, 2010). Cornelius and Alesie (2007), in their study concluded that couples having been influenced by family trainings have shown a significant increase in marital adjustment and marital satisfaction. In research by Odel, Butler, and Dielman (2005), couples reported less conflict in their relationships after solution-focused training. Nelson (2001), in a study examined the effectiveness of solution-focused group therapy in reducing marital conflicts and reported a significant increase in marital satisfaction of their sample. The results of the study by Zimmerman, Prest and Wetzel (1997), recognized the effectiveness of the solution-focused approach the increasing marital satisfaction. Eakes, Walsh, Markowski, Cain and Swanson (1997), in their study concluded that in solution-focused counseling can change the attitude of couples towards difficult situations and create more positive views in couples toward problems. Roeden Maaskant, Bannink and Curfs (2012) concluded that the solution-focused training would lead to improved thinking, progress towards the goal, improved quality of relationships, increased self-efficacy and increased positive thinking. Due to the fact that in Iranian societies

and cultures, it is sometimes impossible to talk about marital problems and incompatible thoughts and according to the above research literature on the efficacy of the solution-focused therapy and also given the importance of marital adjustment components as an indicator of the overall quality of marital relationship of couples as well as the importance of irrational thoughts component in marital adjustment and since it seems a little research has been conducted in this area, in this paper we will discuss whether short-term, solution-focused therapy is effective on irrational thoughts and marital adjustment of incompatible couples. To the best of researchers' knowledge, there is no study on the effects of solution-focused approach on irrational thoughts and marital adjustment of incompatible couples in Iran. Thus, considering the high prevalence of divorce in Iran, and due to the absence of similar studies conducted in Iran, the present study was conducted to determine the effects of solution-focused irrational thoughts and marital adjustment of incompatible couples in Iran.

Method

Participants

The study has a quasi-experimental design with pretest/posttest and a control group. The population consists of all couples visiting Behzisti counseling centers in Rasht between 2019 and 2020. The sample size for this study was estimated 16 couples. Couples who wished to participate in the group were selected using convenience sampling and were randomly assigned to experimental group and control groups. Groups using the existing case file in the courts were matched according to age, education and marriage time and after the formation of the two experimental and control groups, all couples completed marital adjustment and irrational beliefs questionnaires and then members of the experimental group were treated with solution-focused therapy. At the end, the questionnaires were completed by the participants again.

Entry and Exit criteria of this research include: Exit criteria: 1) Being associated with another disease, 2) Participating in other treatment sessions simultaneously. **Entry criteria:** 1) Conscious satisfaction, 2) Suffering from irrational thoughts, 3) Ability to participate in group intervention sessions, 4) Not participating in other educational and medical classes at the same time, and 5) Being fully aware and able to cooperate.

Instrument

Instruments used in this study in both pretest and post-test include:

Dyadic Adjustment Scale (DAS):

The scale was designed in 1976 by Spanier and is a 32-item scale widely used in the assessment of adjustment of relations and is one of the most versatile tools in the

area of family and couples (Spanier & Thompson, 1982; Busby, Christensen, Crane, & Larson, 1995). Factor analysis shows that the scale measures four dimensions of the relationship, these four dimensions are: dyadic consensus, affectional expression, dyadic satisfaction and dyadic cohesion. Answering to these 32 questions is on Likert scale and to increase its reliability, some questions are designed as positive and some as negative, thus, some questions require reversing the direction of scoring (Spanier, 1976). In a study, the Cronbach's alpha coefficient of DAS was calculated to be 0.85 (Abedi et al., 2014).

4-Factor Irrational Beliefs Test-Ahvaz (4 IBT-A):

Ebadi and Motamedin (2005) developed the questionnaire based on the, 10-Factor Irrational Beliefs of Jones (1969), using factor analysis. To assess the test reliability and the internal consistency of the four extracted factors, Cronbach's alpha coefficient and split testing were used. To evaluate the reliability and the validity by a random method, 143 subjects were selected randomly of the population (other than the initial sample for the factor structure of the test) and two irrational beliefs test-Ahvaz and 100-question irrational beliefs Jones tests (1969, quoted by Ebadi & Motamedin, 2005) were run simultaneously. Based on the results, internal consistency coefficients of the four factors were satisfactory. Test validity coefficients were estimated 87% by convergent validity method and the coefficient was also significant at the significance level of 0.001. Ebadi and Motamedi (2005) for a more detailed examination of the test reliability coefficient also used bisection method that similar results with those of Cronbach's alpha coefficient were obtained.

Solution-Focused Brief Therapy Program:

In the intervention group, therapy sessions based on solution-focused approach were held weekly for a period of six weeks in the form of 30 minutes. The therapy sessions were conducted individually and were held by one of the researchers. The following part summarizes therapeutic targets in each solution-focused therapy sessions:

Session I: Introduction of the group members and the group therapist, expression of the rules of the group and setting the frameworks and general principles of solution-focused couple therapy.

Session II: Helping participants to develop positive, specific, tangible and measurable goals. The second session focused on the familiarity of participants with the concept of quality of life and solution-focused approach. The aims of the first session include highlighting general principles of solution-focused and providing proper definitions of irrational thoughts and marital adjustment to clients

Session III: Helping participants to understand that there are different interpretations of an event in the

family and to efficiently change their consideration of the problems and helping them realize their capabilities and resources and appreciate each other.

Session IV: Helping participants to identify positive exceptions of their common life and accordingly hope is created and they can reduce the scope of their problems. Clients were encouraged to discover exceptional opportunities of living as a couple.

Session V: Disturbing disrupted behavior patterns that participants have designed using the miracle question. With the help of miracle questions, participants were able to recognize their destructive behavior patterns. One of the main elements in this approach is the miracle questioning. This question actually encourages the person not to think about how and the chances of achieving the goals. Instead, the question arises as to what would occur to them if miraculous things happen, such as a miracle. This question helps people to have a very positive and different attitude towards their lives. With this question, one’s mind shifts its focus from the cause of what is happening. Instead, the mind goes in a direction where the person has nothing as a problem.

Session VI: Helping members find other ways of thinking, feeling and behavior, rather than what they do currently and experience new emotions by using words important rather.

Session VII: Summarizing and concluding and

determining whether members have achieved their objectives. A conclusion was made from the whole previous sessions to help the clients replace and experience their former thoughts and behaviors with the new ones.

The control group was also given several training brochures used in the judiciary

Procedure

In order to study the normal distribution of variables, homogeneity of variance test was applied. In order to compare between the two groups of intervention and control at baseline, covariance analysis test was used. Since the residual distribution of variance between the two groups was not normal and there were no parametric covariance analysis (ANCOVA) assumptions, nonparametric ANCOVA was used to compare the variables between the two groups after the intervention. The data were analyzed using SPSS.16 software.

Results

By describing the data collected in this study, in addition to demographic characteristics of participants based on gender, education and marriage time (Table 1), mean scores of marital adjustment and irrational beliefs (Table 2), were obtained:

Table 1. Demographic characteristics of the participants in gender, education and marriage time

Variable	Group	Frequency	Percent
Gender	Male	16	50.0
	Female	16	50.0
	Total	32	100.0
Education(total)	Diploma	10	31.2
	Diploma	2	6.2
	BS	20	62.5
	Total	32	100.0
Marriage time	3 years	8	25.0
	4 years	12	37.5
	5 years	4	12.5
	6 years	4	12.5
	8 years	4	12.5
	Total	32	100.0

Table 2. Descriptive statistics of variables in pretest and posttest

Variable	Status	Group	Mean score	SD	Minimum	Maximum	Frequency
Marital adjustment	Pretest	Experimental	74.75	5.69	66	88	16
		Control	77.00	5.60	68	86	16
		Total	75.87	5.67	66	88	32
	Posttest	Experimental	104.50	6.67	92	113	16
		Control	76.18	5.50	64	88	16
		Total	90.34	15.59	64	113	32
Irrational beliefs	Pretest	Experimental	138.43	15.15	114	169	16
		Control	134.37	14.88	106	165	16
		Total	136.40	14.91	106	169	32
	Posttest	Experimental	74.25	6.88	65	88	16
		Control	137.00	17.09	108	166	16
		Total	105.62	34.35	65	166	32

As shown in Table 2, there are differences in the mean scores of pretest and posttest between marital adjustment and irrational beliefs variables.

The hypotheses of the study were examined using analysis of covariance to determine the significance of

this difference. Before analyzing the data, to examine the variance homogeneity of structures of marital adjustment, happiness and irrational beliefs, Levene's test was used:

Table 3. Homogeneity of variance test for marital adjustment structure

Status	Levine statistics	Df ₁	Df ₂	Sig
Pretest	0.011	1	30	0.916
Posttest	1.66	1	30	0.207

As shown in Table 3, the level of significance in Levene's test is more than 0.05 and it can be said that

the variance of groups is homogeneous.

Table 4. The results of covariance analysis between the scores of marital adjustment variable

Variable	Sources of change	Sum of squares	Degree of freedom	Mean squares	F	Significant level	Eta coefficient
Marital adjustment.	Pretest	290.70	1	290.70	10.13	0.003	0.259
	Group	6703.14	1	6703.14	233.71	0.001	0.890
	Error	831.73	29	28.681			
	Total	256175.0	32				

In order to investigate the hypothesis that solution-focused brief couple therapy is effective on the adjustment of incompatible couples, adjustment scores were compared between the two experimental and control groups using analysis of covariance. The results of this method shown in Table 3, shows a significant

difference between the scores of the experimental and control groups ($F = 233.71$, $p < 0.001$). This result suggests that the short-term, solution-focused couple therapy has an effect on increasing the adjustment between incompatible couples.

Table 5. homogeneity of variance test for irrational thoughts structure

Status	Levene's statistics	Df ₁	Df ₂	Sig
Pretest	0.007	1	30	0.936
Posttest	8.33	1	30	0.067

As shown in Table 7, the significance level of the Levene's test is more than 0.05 and it can be said

variance of groups is homogeneous.

Table 6. Results of covariance analysis between scores of irrational thoughts variable

variable	Sources of change	Sum of squares	Degree of freedom	Mean squares	F	Significant level	Eta coefficient
Irrational thoughts	Pretest	77.208	1	77.208	0.446	0.510	0.015
	Group	30471.64	1	30471.64	176.03	0.001	0.859
	Error	5016.29	28	179.15			
	Total	387834.00	31				

In order to investigate the hypothesis that solution-focused brief couple therapy is effective on irrational thoughts of incompatible couples, irrational thoughts scores were compared between the two experimental and control groups using covariance analysis. The results of this method shown in Table 8, shows a significant difference between the scores of the experimental and control groups ($F = 176.03$, $p < 0.001$). This result suggests that the short-term, solution-focused couple therapy has effect on reducing irrational thoughts of incompatible couples.

Discussion

The present study aimed to evaluate the effectiveness of short-term, solution-focused couple therapy on irrational thoughts and marital adjustment of incompatible couples. The results showed that short-term solution focused therapy has an effect on marital adjustment and irrational thoughts of incompatible couples. The results are consistent with those of the studies by Odel et al. (2005), Cornelius et al. (2007), Russell (2006), Eakes (1997), Mudd (2000), Zimmerman et al. (1996), and Roeden et al. (2012).

In relation to the first research hypothesis, as Table 4 shows, there was significant difference between posttest scores of the experimental group and the control group in terms of marital adjustment. Thus, the first hypothesis is confirmed. In other words, the findings of this research, on the first research hypothesis, demonstrate the effectiveness of the solution-focused therapy on the increase in marital adjustment of couples in experimental group compared with the control group. The results of this study are consistent with the results of the study by Cornelius and Alesie (2007), who concluded in their study that couples who have been affected by family training, have shown a significant increase in marital adjustment and marital satisfaction. Mudd (2000) examined the efficiency of solution-focused couple therapy in improving marital satisfaction. The results showed that the experimental group showed a significant difference in marital adjustment scale and its subscales in posttest with the control group that recognized the effectiveness of the solution-focused approach in increasing marital satisfaction. In another study, Zimmerman et al. (1997) stated that the experimental group has made significant improvements compared to the control group, and the results recognized the effectiveness of the solution-focused approach in increasing marital satisfaction. The findings of this study are consistent with the findings of the study by Lee (1997) who found that the solution-focused counseling provided the families participating in training sessions with the opportunity for talking and resolving communicational and behavioral problems in the family. The findings of this study are also consistent with results of studies by Odel, Butler, and Dielman (2005) who indicated that couples who were treated with solution-focused therapy, expressed less conflicts in their relationships after the training. In relation to explaining this finding, it can be stated that in the solution-focused approach there are several solutions and they just have to be discovered. In this view, the therapist and the client working together create within new useful framework and systems causing to solve problems. Solution-focused family therapy is a feature-based approach focusing on development of solutions instead of problematic behaviors. Features and solutions are recognized focusing on positive and non-problematic interactions and results. In this view, due to the focus on positive things (what needs to be increased), instead of defects, resistance is removed (Nazari, 2013). In the present study, couples who participated in training sessions were helped to increase adjustment in all aspects of married life through a focus on positive and non-problematic interactions and also a focus on positive things rather than on weaknesses.

Regarding the second hypothesis of the study, as Table 8 shows, there is a significant difference in posttest scores between the couples in the experimental group and the control group in terms of irrational beliefs. Thus, the hypothesis is confirmed. In other words, the results showed the effectiveness of solution-focused approach on the amount of irrational beliefs of couples

in the experimental group compared with couples of the control group. The results of the study are consistent with the results of the study by Eakes et al. (1997), who concluded in their study that solution-focused counseling can change couples' attitude towards difficult situations and create a positive attitude towards problems in couples and enhance their abilities to deal with problems and difficulties. The results of the current study are consistent with the findings of the study by Spilsbury (2012) who noted that the use of solution-focused therapy has reduced significantly the frequency and the severity of addressing dark thoughts that had plagued the patient before. This result is also consistent with the findings of the study by Rodin et al. (2012) that the solution-focused therapy would lead to improved thinking, progress towards the goal, improved quality of relationships, increased self-efficacy and increased positive thinking. The results are also consistent with the findings of the study by Corcoran (2006) that stated a solution-focused group therapy approach is effective in improving clients' attitudes and reducing their stress. For the explanation of these findings, it can be said if clients can successfully achieve a cognitive, emotional change, their ability to solve and control the problems is shown (Nazari, 2013). De Shazer (1993, quoted by Nichols & Schwartz, 2010), claims that "a wet bed, sounds of no man, depression, none of them exist; just the words of a wet bed, the words of the sounds of no man and the words of depression exist." All we need to do is to change the way people talk. The solution-focused objective arises from this idea and clients are directed to talk of the solution rather than the problem. Thereby changing the way people talk about their problems, is all needed to be successful, because as the therapist and the client talk more about the solution they want to achieve by collaboration, they will be more aware of what they talk about deeply and truthfully. That is why the solution-focused therapy may be short and brief. Encouraging the client to talk about the problem in a different way is much easier than making major changes in behavioral patterns or mental structures. However, it is assumed that encouraging client to positive talk, helps him or her have "positive thinking", and ultimately leads to the formation of positive behaviors to solve the problem. The research also by helping couples change the way they talk, i.e. talking about the solution rather than the problem, reduces negative thoughts or beliefs that were created as a result of the discussion of problems and ultimately increases marital adjustment.

Conclusion

Generally, the results of this study showed that the use of short-term, solution-focused therapy improves marital adjustment and irrational thoughts of incompatible couples. And given the increasing divorce rate in the country in the past two decades, solution-focused therapy can increase marital adjustment and prevent divorce by helping couples develop effective

solutions, find exceptions in their life, create enthusiasm and good feeling, cognitive and emotional changes and finally the ability to think positively through positive talk. This study, like other studies had some limitations that are addressed as follows: because of administrative problems, the present study lacks information about the follow-up and thus the long-term effects of the therapy on the marital adjustment of the couples cannot be predicted, therefore it is recommended that in the future research the implications of solution-focused therapy on marital adjustment of couples should be followed. Also, all subjects participating in the research, had diploma and higher education and this limits the generalization of the results to couples who had a lower level of education, so it is recommended that in future studies, the effectiveness of solution-focused should be examined with more typical samples.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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