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The Effectiveness of Solution-oriented Group Teaching on the Increase of Resiliency in Orphan Female Adolescents

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ABSTRACT

Background: The absence of one of the parents can bring about major problems in adolescents' psychological conditions. The objective of the present study was therefore to investigate the effectiveness of solution-oriented group consultation on the increase of resiliency in orphan (fatherless) female adolescents in the city of Isfahan.

Methods: The present study was quasi-experimental with pretest, post-test, follow-up and control group research design. The statistical population of the study included all orphan (fatherless) female students in the city of Isfahan in the academic year 2014-2015. Convenient sampling method was used to select the samples; hence, 40 female adolescents were selected as the sample size and were assigned into two groups of 20. eight ninety-minute therapeutic interventions (solution-oriented approach) was administered on the experimental group once a week. The control group, however, did not receive any teaching. Connor-Davidson Resilience Scale was used as the study instrument. And the collected data were analyzed through repeated measures ANOVA via $SPSS_{23}$ software.

Results: The results of the study showed the solution-oriented group teaching being effective on the resiliency of orphan adolescents at the post-stage and follow-up stages ($p<0.001$).

Conclusion: Predicated on the findings of the present study, the solution-oriented teaching method can be applied to increase orphan (fatherless) female adolescents' resiliency.

Key words: Solution-oriented, Resilience, Adolescent, Child, Orphaned

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Introduction

Adolescence is a time of exciting physical, cognitive, emotional and social changes often associated with an increase in negative emotions in adolescents (Farley, 2005). This period can, in effect, be described as a period of conflict because adolescents strive for intimacy, but they themselves fear intimacy and often avoid it, revolt against control while in need of guidance and organization. They are usually very selfish and shy and bear a mental preoccupation with their world. In such situations, adolescents feel very unstable and bewildered, which is very stressful and anxious for them. In addition, the process of instability in adolescence makes them vulnerable to psychological disorders (Foti, Kotor, Klein, & Hajcak, 2011; Barger, Vitale, Gaughan, & Feldman-Winter, 2017). In addition, during their developmental cycle they may experience various losses in life, may lose their father, mother, sister or brother to death, or lose contact with one or more loved ones through divorce or adoption. But in the meantime, parental death seems to be the most critical and painful of them all (Kasen, Cohen, Brook, & Hartmark, 2003). Parental death bears a short- and long-term impact on children's psychological adjustment although most children and adolescents who experience the problem show adaptation within the first year (Worden, 1996). However, many experience symptoms of depression, social withdrawal, and long-term academic difficulties after parental death. (Brewer and Sparks, 2012). And about the question of "Which parent plays a more important role in growth?" there is no consensus, but most researchers agree that both father and mother and their proper role are requisite for the children's desirable social and personality development. Children most often imitate and emulate their parents such that father has been identified to have a special role in preventing behavioral, social and psychological problems. In families who experience lack of father, children fail to have a proper image of the father's role so as to identify with it (Seelza, 2010). The presence of a mentally healthy and powerful father in a family helps children augment their adaptation and reduce aggression, and also plays a critical role in proper sexual orientation of the boys and girls (Baydev, 1998; Diner, Magelsdorf, Mchale and Frosch, 2002).

When a father dies, the family is deprived of his management. There are psychological changes in children that are difficult for many children and adolescents to tolerate and cause their mental balance to be disturbed. The death of a father may cause stress, anxiety, and insecurity in children and adolescents, leading them to become mentally disturbed and their relationship with their surroundings severed (Seelza, 2010; Sear and Mace, 2008). Numerous studies have shown that children of the families under the guardianship of mothers are weaker compared with those living in normal families, in terms of psychological adjustment, sex-role development, self-esteem and academic achievement; they have concluded that absence of the father in a family bears a negative impact on children's lives (Choi & Jakson, 2011; Vinking, Gurven & Kaplan, 2011). Accordingly, the psychological components of adolescents without presence of a father are changed and their resiliency is affected (Watkins, 2010).

Resiliency refers to the ability to overcome stressful events, including severe injuries, deaths, catastrophes, economic losses, political unrest, and cultural change, and to maintain mental health and humor despite experiencing these unpleasant events (Nikouzadeh, 2010). Resiliency comprises the skills, characteristics, and competencies that enable an individual to constructively adapt to difficulties, problems, and challenges (Ayyash-Abdo, 2016). According to Shannon (quoted by Ogleman & Erol, 2015) resiliency is the capacity to face and overcome difficulties, and become even stronger by experiencing problems or injuries. Resiliency is the opposite of vulnerability. According to Jowkar, Kohoulat & Zakeri (2011) resiliency focuses on groups of people who are exposed to risk factors, but encounter few negative

consequences and may even gain positive consequences.

Vulnerability can also be applied to people who, despite not being exposed to risk factors, experience negative consequences or fail to achieve positive consequences. According to resiliency theories, two groups of factors play a key role in this regard. One is the risk factors including poverty, child abuse, racism, and societal violence, and the other is protective factors, which encompass strong family support, community relationships, personality traits, and the like (Jowkar, Kohoulat & Zakeri, 2011). Zakeri et al. (2010) divide the factors affecting resiliency into two categories: external and internal. Among the external protective factors affecting resiliency, we can name the family and its individuals. Currently, most research on the family focuses on who is able to cope with the stressors of life and how the family affects this ability (Keshtakaran, 2009).

Various methods have been used to escalate resiliency in different people. One of these is group training with a solution-oriented approach. Problem-oriented therapy is an approach that is based on constructing solutions rather than problem-solving. (Iverson, 2002). This therapy initiated with the effects arising from short-term problem-oriented treatment practiced in a short-term treatment clinic and evolved into a solution-oriented philosophy (Gonzalez, Estrada, & O'Hanlon, 2011). In the solution-oriented approach, it is believed that individuals have the necessary competencies and creativity to change within themselves (Cheung, 2005). However, the results of various studies show the effect of solution-oriented group training on various psychological components such as increasing the adjustment of orphans (Safarpour et al., 2011), reducing stress and improving attitude (Corcoran, 2006), increasing children's self-efficacy (Lisbeth, Ragnhild, Vivian, Siren & Gerd, 2010), and lowering students' emotional problems (Daki & Savage, 2010). In addition, Quigney and Studer (1999), Newsome (2004), De Castro and Guterman (2008); Guterman (2012); Farrokh and Bakhshipour Jouybari (2009), Hosseini and Moghtader (2009) and Dortaj, Asadzadeh and Masaebi (2009) have also confirmed the effectiveness of the method. Considering the effectiveness of solution-oriented treatment and also the lack of research in the field of studying the effect of solution-oriented method on the resiliency of adolescent girls deprived of a father, the researchers decided to study the effect of solution-oriented group training on the resiliency of adolescent girls deprived of father.

Methods

The design of the present study was quasi-experimental: pretest-posttest and follow-up with the control group. The statistical population included all female students deprived of father in Isfahan studying in 2014-2015 academic year. In the present study, the available non-random sampling method was used. At first, the charitable associations of Isfahan that were willing to cooperate as available to the Imam Zaman (AS) Aid Association, were selected. Then, the resiliency questionnaire was distributed among the adolescents covered by this center, and after collecting and scoring the people who scored lower than the average in this questionnaire, 40 people were selected. In the final step, these people were randomly divided into two groups of 20. The criteria for samples' participation in the study included: period of adolescence, father deprivation, involvement in academic studies, female gender, and acquisition of a low score through the resiliency questionnaire (scores lower than 60). Exclusion criteria encompassed absence from training sessions as well as expression of the subject's reluctance to participate in the training sessions. Finally, 2 people from each group withdrew from the study and each of the experimental and control groups continued with 18 people for the research. The experimental group received a solution-oriented educational intervention for eight ninety-minute sessions.

The Connor-Davidson Resilience Scale (2003) has been prepared by reviewing the research

resources of the field of resiliency in 1979-1991. Psychometric properties of this scale were performed in six groups: general population, patients referred to the primary care ward, psychiatric outpatients, patients with generalized anxiety disorder, and two groups of patients with post-traumatic stress disorder. The constructors of this scale believe that the questionnaire is well able to distinguish between tolerant and non-tolerant individuals in clinical and non-clinical groups and can be used in research and clinical situations. The Conner & Davidson Resilience Scale has 25 items scored on a Likert scale between zero (completely incorrect) to four (always correct). Therefore, the range of test scores is between 0 and 100. High scores denote higher resiliency of the subjects. Results of factor analysis indicate the test bearing 5 factors of perception of individual competence (questions 10-11-12-16-17-23-24-25); trust in individual instincts / tolerance of negative emotions (questions 6-7-14-15-18-19-20); positive acceptance questions of change and secure relationships (questions 1-2-4-5-8); control (questions 13-21-22) and spiritual effects (questions 3-9) (Connor and Davidson, 2003). In Iran, Mohammadi (2005) determines the validity of this scale by first calculating the correlation of each item with the total score of the category and then using the factor analysis procedure. Connor and Davidson (28) reported the Cronbach alpha coefficient of the Resilience Scale as 0.89. Also, the validity coefficient obtained from the retest method in a four-week interval was 0.87. In Iran, too, this scale has been standardized by Mohammadi (2005). He used Cronbach alpha method to determine the reliability of Connor and Davidson's Resilience Scale and reported a reliability coefficient of 0.89.

Methods

To conduct the research, a referral letter was first obtained from the university and submitted to the selected charity center. After obtaining consent from the participants, the sample size was selected for the necessary research and cooperation. It should be noted that Afra written consent was also received. Then, the participants were randomly assigned to the experimental and control groups, and the research questionnaires were administered to them. In order to observe ethics, consent was obtained from the mothers and students for their participation in the study; they were informed of all stages of the intervention. The control group was also assured that they would receive these interventions after the completion of the research process. Both groups were also assured that their information would remain confidential and that no names would be required. Finally, intervention was performed on the experimental group according to Table 1, while the control group was trained in the same usual way.

The interventional program (30) of the present study was conducted in eight one-and-a-half hour training sessions, one session per week for two and a half months as follows.

In this research, descriptive and inferential statistics were deployed to analyze the data. And the following tests were used: for descriptive statistics, mean and standard deviation; for inferential statistics, Shapiro-Wilk test to check the normality of the distribution of variables. Also Levin test was applied to check the equality of variances, and analysis of covariance to test the research hypothesis. The statistical results were analyzed using SPSS-23 statistical software.

Participants took part in this study voluntarily. The survey questionnaires were anonymously collected. Only the researchers who were named on the research application form had access to data. Procedures for securing informed consent were provided. Complying with medical ethics, principles of anonymity and confidentiality were considered. Protecting the human subjects according to Helsinki Declaration was taken into consideration. Regarding the code of ethics at Azad University, there was no committee at the time of the research to give the code of ethics to the studies, and only the observance of ethical considerations had to be approved by the Azad University.

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Results

In the results section, first the descriptive findings of the research (mean and standard deviation) will be examined followed by the presuppositions of parametric tests (Kolmograph-Smirnov test to check the normality of sample distribution and Levin test to examine the homogeneity of variance of scores), and the inferential findings of the research will be presented at the end.

As evidenced by Table 2, the mean scores of the experimental group in the post-test and follow-up stages increased compared to the control group. Therefore, to evaluate the significance of this increase, the results of analysis of variance with repeated measures are examined. Before presenting the results of variance with repeated measures, the statistical assumptions of this analysis are examined. In order to check the normality of the distribution of scores in the pre-test stage, the Sminnerov Kolmograph test was used, the results of which indicated that the condition of normal distribution of the scores in the pre-test stage is met ($p> 0.05$). The results of Levin test also revealed the condition of homogeneity of variance of scores having been observed ($p> 0.05$). Analysis of variance with repeated measures displayed that the results of the Bax's test, based on the assumptions of homogeneity of the variance matrix, were not significant ($p> 0.05$). The results of the Mauchly test (presuppositions of repeated measures analysis of variance) also indicated that the data Sphericity assumption is established ($p> 0.05$).

As the result of repeated measures analysis of variance reveals the mean scores of resiliency, regardless of the effect of grouping, changed significantly during post-test and follow-up stages, which illustrates a significant difference compared to that of pre-test. On the other hand, results also indicated that the grouping variable (solution-oriented education) regardless of the stages (pre-test, post-test and follow-up) bears a significant effect on the resiliency of adolescents deprived of the father. This projects the effect of solution-oriented training being significant compared to the control group. Findings also exhibited that solution-oriented training with the interaction of stages has a significant effect on the test stages (pre-test, post-test and follow-up). Results also demonstrated that 31% of the dependent variable changes are explained by the interaction of the variable of stages and grouping. However, in order to investigate which stage of the test is affected, the Bonferroni post hoc test was examined.

As the results in Table 4 reveal, only the difference between the mean scores of the pre-test and post-test proved to be significant while no significant difference was observed between post-test scores with the follow-up. This denotes that solution-oriented training can exert a significant effect on the resiliency component at the post-test phase, and keep on the effect over time.

Table 1. Summary of Solution-Based Training Sessions (Franklin, Moore, & Hopson, 2008)

Session	Aim	Details
First	Introduction and expression of the rules, leader's connection with the group	Acquaintance of group members with each other and with the leader, explanation of goals and stages of treatment, expression of group rules and duties of clients, execution of the tasks for the first session.
Second	Goal setting	Examining the tasks of the previous session, teaching the principles of goal setting, teaching the principles of solution-oriented circuit, presenting homework.
Third	"replaced technique" training	Examining the tasks of the previous session, performing group exercises for practical acquaintance with the concept of "replaced technique ", performing exercises, listing personal solutions and brainstorming, presenting homework.
Fourth	Using scale questions	Reviewing the assignments of the previous session, teaching the technique of "scale questions", practicing deductive questions technique in the session, presenting homework.

Table 1. Summary of Solution-Based Training Sessions (Franklin, Moore, & Hopson, 2008)

Session	Aim	Details
Fifth	Discovering Exceptions	Examining assignments of the previous session, teaching the exception question technique, practicing the exception question in the group, using the adaptation question technique, presenting homework.
Sixth	Using the technique of magic question	Checking assignments of the previous session, keeping on finding solutions in different situations, teaching the miracle questioning technique, using "techniques of competencies appreciation", presenting homework.
Seventh	Training Master Key Technique	Checking assignments of the previous session, Master Key Technician training, group practice on Master Key technique, presenting homework.
Eighth	Summarizing and closing	Reviewing the assignments of the previous session, summarizing the topics, conducting the post-test

Table 2. Mean and standard deviation of the resiliency in control and experimental groups in three stages: pre-test, post-test and follow-up

Statistical index/variable		pretest	pretest	posttest	Follow-up
Resiliency	control	mean	55.80	57.05	27.15
		SD	9.48	19.39	9.70
	intervention	mean	56.12	66.05	66.10
		SD	11.75	10.25	10.25

Table 3. Results of repeated measures analysis of variance to examine the effects within and between groups

	Total squares	Degree of freedom	Mean Squares	F value	P value	Effect	Test Power
Stages	.11840	2	420.05	29.59	0.0001	0.44	1
Grouping	1116.30	1	1116.30	139.81	0.0001	0.78	1
Stage interaction and grouping	495.95	2	247.97	17.47	0.0001	0.31	1
Error	1078.60	76	14.19				

Table 4. Examining paired difference

Test Stages	Total squares	Mean differences	SD error	Significance
pretest	Posttest	-5.57	0.85	0001.0
	Follow-up	-5.65	0.91	0001.0
Posttest	posttest	5.57	0.85	0001.0
	Follow-up	-0.07	0.75	0.96
Follow-up l=	Posttest	5.65	0.91	0001.0
	Follow-up	0.75	0.75	0.96

Discussion

This study investigated the effectiveness of solution-oriented group teaching on rising resiliency in orphan (fatherless) female adolescents in Isfahan. The results revealed that solution-oriented education bears a positive effect on the euphoria feeling of adolescent girls deprived of father in the post-test and follow-up stages ($p < 0.001$). These results are in line with the findings of Franklin et al. (2008), Kojani and Ostader (1999), Newsam (2004), Farrokh and Bakhshipour Joybari (2009), Hosseini and Moghtadar (2009) and Dortaj, Asadzadeh and Masaebi (2009).

Studies by Kojani et al. (1999) are consistent in that they consider short-term, solution-based intervention to be positive in addressing behavioral problems, including adaptation. Newsham (2004) also states that short-term solution-oriented treatment has been effective in reducing high-risk social behaviors as well as

high school students' adaptation. Franklin et al. (30) believe that short-term solution-oriented therapy is useful in adapting, externalizing, and internalizing problems and can reduce student aggression. Addressing the research conducted by Farrokh and Bakhshipour Joybari (2009), it is known that solution-oriented treatment proves a significant effect on reducing behavioral problems in children and adolescents and hence on social adjustment. In Hosseini and Moghtadar's (2009) research, coping strategies that is one of the solution-oriented approaches exerts a positive impact on social adjustment. Solution-oriented therapy focuses on solutions and believes that people have strengths, resources, and problem-solving skills (Gutterman, 2012). Such an approach allows female fatherless adolescents to focus on their resources and strengths rather than focusing on their problems. Focusing on one's resources and talents is something that may never have preoccupied a person; therefore, during treatment, the individual finds opportunity and awareness to focus on such resources. This focus on such resources makes one aware of his/her strengths and, as an incentive, can increase one's resiliency. One of the principles of solution-oriented treatment is that small changes can lead to larger ones. In this therapeutic approach, an attempt is made to trigger small changes for the clients so as to induce reinforcement for the individual, and finally, from the accumulation of these small changes, bring about bigger achievements. During this intervention, predicated on the principles of solution-oriented treatment, an attempt is made to prepare the ground for small changes for female adolescents; these small changes can increase their resiliency by engendering strength and hope in them (Franklin et al. Et al., 2008).

Another principle of solution-oriented treatment is to focus on goals. As a result, healthier and happier goals can lead people to a healthier and happier future. We cannot certainly change our past, but we can alter our goals. Better goals can lead us to a happier future (DiCastro and Gartman, 2008).

During the present intervention in working with adolescents, effort was made to set goals based on the criteria of solution-oriented treatment. The goals being positive, process-oriented, with an emphasis on the present time, practicality and specificity also helped to improve resiliency in adolescents deprived of a father. The focus of these therapies on solution also helped to make these adolescents resilient. Prior to treatment, the participants focused on their problems and their cause and neglected to concentrate on their solution. Focusing on solutions during the intervention, adolescents gained the message that despite their problems, they can focus on and benefit from some solutions, and thus augment adaptation to their problems.

One of the features of solution-oriented therapy is emphasizing how, instead of why. During the intervention, students were asked how they could increase their resiliency and ability to deal with maladaptation and problems. The answer to this question, while could increase the sense of hope in the participants, also made them aware of how to cultivate resiliency and thus develop the trait in a real and objective way.

Another phenomenon that could be observed in the process of treatment was that the group members were affected by each other's positive changes and took their example from their peers. During the intervention, the members of the group, observing each other's efforts to face the calamities and inadequacies of life and in fact enduring them, took the example of them and tried to cultivate this feeling in themselves. Although resiliency is partly a personal trait and the consequence of environmental experiences, individuals can develop their resilience capacity by acquiring certain skills. Given the feasibility of cultivating resiliency, inclusion of it in educational programs should also be emphasized; this proves possible through creating and increasing resiliency by inducing internal motivation and self-efficacy of individuals and strengthening protective factors in

education. Of the limitations of the present study we can refer to geographical boundaries (limiting research to adolescents deprived of the father in Isfahan) and gender restrictions (girls only). Therefore, it is suggested that the research be conducted in other geographical areas, and for other age groups as well as male gender to access a higher generalizability.

Conclusion

Based on the findings of previous research and the results obtained from the present study, it can be asserted that solution-oriented approach in a group manner can be considered as an effective approach affecting the psychological characteristics of individuals, and thus demands to be paid attention to by mental health professionals. In human life, almost anything that is inherently labeled good or bad can have both positive and negative aspects. According to the solution-oriented approach, if a person can focus on the abilities, virtues, and positive points of something, he/she can experience an easier and carefree life.

Conflict of interest

In this study, no conflict of interest was reported by the authors.

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Authors' Contribution

Conceptualization, M.A.; Methodology, Y.G.; Formal Analysis, Y.G.; Investigation, M.A.; Writing -Original Draft, M.A. All authors read and approved the final manuscript and are responsible about any question related to the article.

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