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Ph.D. Thesis

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"Man achieves whatever he wants

Man's thought is the builder of his life”

Zoroaster

ABSTRACT

Autism spectrum disorder (ASD) is a developmental disorder that is diagnosed based on early symptoms of social and communication disorders and intense behavioral patterns and interests. Family members who are actively involved in their child's life are more likely to engage in risky behaviors related to the mental health and well-being of their son or daughter with autism. According to research, families of children with ASD face more challenges than families of typically developing children. Families are also the main educators of the child, and mental health of the family is the strongest factor in the child's development.

The purpose of this study is to evaluate mental health in two stages. The first step is to compare the mental health of families with children with autism and family without children with autism. The second step is to assess the mental health of the family with children with autism before and after systemic counseling. The participants in the first stage include 60 families with children with autism with families without children with autism, and in the second phase, 30 families with children with autism are randomly selected. This study is a combined quantitative and qualitative type, with a pre-test in the first stage and a pre-test and post-test in the second stage. GHQ-28 test is used to evaluate mental health. GARS-3 test is also used to confirm childhood autism.

Studies clearly show that there is a significant difference between the mental health of family with children with autism and family with children with autism. Also, in the second phase of the research, the effect of systematic counseling on the mental health of family with children with autism have shown a significant difference in improving the mental health of the family. Finally, by teaching correct behavioral management techniques in 5 sessions, you can help improve the health of family with children with autism in a regular program and consider it a preferable intervention to increase mental health in counseling and psychotherapy centers.

Keywords: autism spectrum disorder, mental health, family, systemic counseling.

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I thank all the relatives and loved ones who supported me spiritually in the worst situations. In the end, I would like to thank God for always making the best things happen to me in the worst situations.

AmirHossein Montazeri

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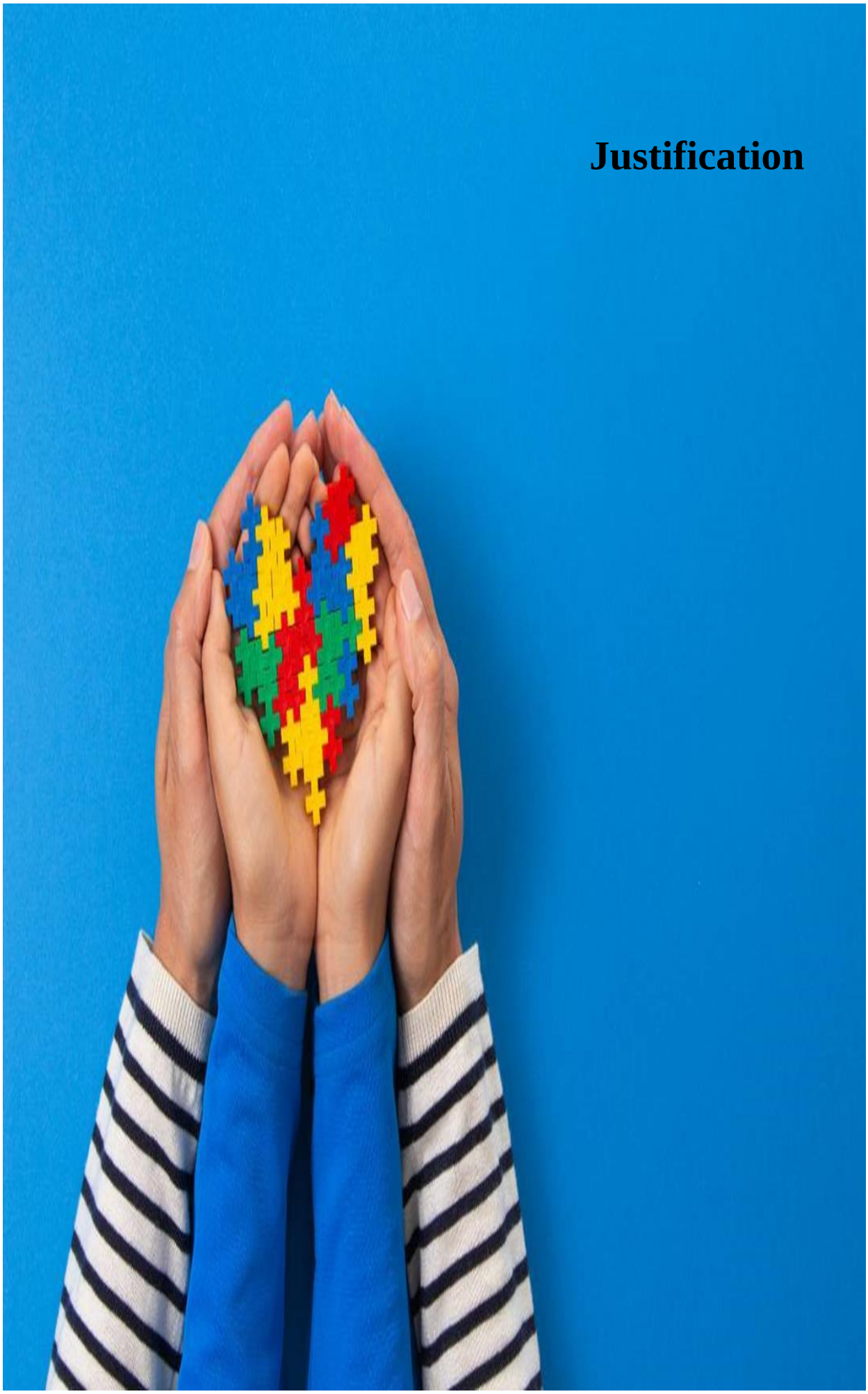
Justification



1. Justification

Autism Spectrum Disorders (ASD) (*) is a neurobiological developmental disability, first described by Kanner (1943), characterized by a wide range of social impairments, nonverbal and verbal communication difficulties, and an overrepresentation of restricted, repetitive, and stereotyped behavioral (American Psychiatric Association [APA], 2013; National Institute of Neurological Disorders and Stroke, 2014). Three intensity levels include level one. Need support and level three needs basic support. Raising a child with ASD brings various challenges. In addition, the core features that define ASD can disrupt family dynamics. In this regard, the most negative impact of autistic children is on the family. The family is an important element of the society and a healthy family depends on the fact that its members benefit from mental health and have a desire to communicate with each other. The concept of mental health is actually an aspect of the general concept of health. Support for parents of children with ASD is important and there is an awareness of the caregiving burden for families raising children with ASD (Postorino et al., 2019).

1.1 Problem statement

Family is an institution that provides the basis for the education and psycho-social development of children; it plays an important role in the mental state of children and is composed of members who are dynamically and related to each other, and therefore their behavior cannot be examined completely separately from the whole family (Lubhana Malik Mental ,2019). The function of the family as a social unit has an undeniable role in establishing the way of interactions and social reactions of children (whether children have a disorder or are healthy) and is also a guarantor of social health. Therefore, parents need professional and extensive support to provide care and adapt to these painful conditions (Marshall et al,.2010). Psychological well-being in parents of children with autism spectrum disorders (ASD) has been around for decades, and they have tried to identify the "stressors" associated with poor outcomes (Zakirova-Engstrand et al,. 2020).

(*) To facilitate the reading of the thesis, the terms "autism" and "autism spectrum disorders (ASD)" are combined, although the perspective of the study follows the DSM-V parameters.

Actually, family plays a major role in his way of thinking, mental health, and emotion throughout her life. If the family meets the basic needs of the child and provides a calm and healthy environment for his development, the child will have high mental health and will have positive effects throughout his life; on the contrary, if the family, is the first place of children growth,

has a weak foundation and insecurity for the child and does not meet the psychological and emotional needs of them in a healthy way then it will have a negative impact on their lives (Talebizadeh, Z., 2013).

Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community", according to the World Health Organization (WHO). Mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others (World Health Organization, 2014).

Actually, good mental health can improve life quality whereas poor mental health can worsen it. There is growing evidence that is showing emotional abilities are associated with pro-social behaviors such as stress management and physical health. There is no general agreement on the definition of mental health.

The role of the family in the growth and mental health of individuals can be examined from different perspectives. But it should be better to briefly examine the concept of mental health. considers a person with mental health to have characteristics such as the ability to interact sincerely, to have a realistic view of their talents and abilities, to have a sense of humor, and to have a cohesive philosophy, such as seeing in life. Other prominent psychologists have each offered different definitions of mental health according to their approach, and the descriptions of each of them are part of the reality of defining this concept (Allport et al., 1978).

One of the most authoritative and comprehensive definitions of mental health has been proposed by Austrian-British social psychologist, Tengland (2001). She mentioned that mental health does not the absence of disease in the individual simply. She considers mental health in the group of eight major concepts, which are:

-Positive attitudes towards herself/himself and realistic perception of abilities;

-Proper growth and development;

-Proper satisfaction of needs and reaching the stage of self-fulfillment;

-Achieving a sense of purpose in life;

-Having personality cohesion and the ability to delay immediate pleasures;

-Self-control or independence of the individual from the influence of others;

-Realistic perception of events and environment;

-The dominance of the environment means the ability to meet the needs of life and communicate sincerely with others and the ability to adapt to problems and lifetime stresses (Tengland et al 2001).

On the other hand, mental health is a specialized field in psychiatry and psychology and its purpose is to help mental health by preventing mental illness, controlling the factors affecting the incidence of mental illness, early detection of mental illness, preventing complications due to the recurrence of mental illness, and create mental health. An environment for efficient human communication (Tušková et al,.2020.)

Considering these definitions, we can now examine the role of the family in the growth and mental health of individuals from different perspectives: One of the most important characteristics of mental health is the level of self-worth and maintaining self-esteem. Family members, especially parents, are the first people the child comes in contact with (Tahira Batool et al., 2020). The child subconsciously accepts and imitates all the behaviors and thoughts of his parents without any reason as the most correct principles of life; To the extent that children's self-esteem and self-esteem are highly dependent on parents' behavior and way of thinking about them (Salomone et al,.2018).

Parents are the main educators of the child and living in the family is the strongest factor in the development of a person's mental health. For instance, if parents behave aggressively, reprimanding or are too strict with their children, the children's self-esteem will be damaged and it will have very detrimental effects on all aspects of their lives (Begum R et al,.2019).

At the other hand, family plays a very important role in the way children think and their worldview. If parents and family members are positive people and have the ability and courage to solve various problems in their lives, children will automatically become a positive and courageous person. On the other hand, the way of thinking of people and the courage and

boldness that they show in the face of the occurrence of various events also directly affect their mental health (Dickinson et al,.2016). Therefore, the family plays a vital role in this regard. In fact, the higher the positivity and characteristics of a capable personality character in people, the higher their mental health, and this advantage is an important factor in mental health, the formation of which is strongly influenced by the way of thinking and attitude of the family (Salomone et al,.2018).

The formation of the beliefs and the value system of each soul depends on the value system of the family basically. This beliefs and values in the mind of every human being depend to a large extent on her environment, and the family, as the first organization in which people are present, largely determines their value system (Karst et al ,.2012).

In addition to meeting the physical and mental needs and providing the necessary support, the importance of leading children to individual independence by parents should not be overlooked. The family has a very important role in the process of forming self-esteem and strengthening individual independence in children (Rodriguez et al,. 2021). achieved an interesting result in their research. They found significant differences in the performance of family with children with autism and family without children with autism. They believe that family health is very important in how children with autism grow and develop. Autism is a disorder that is affecting more and more children (Quesnel-Vallieres et al ,.2019). Autism is a lifelong, multifaceted, and pervasive status disorder characterized by deficiencies in communication and social interaction and limited and repetitive patterns of behavior, interests, or activities (Hobson et al,.2019).

Autism spectrum disorder (ASD) is a developmental disorder diagnosed based on early signs with social and communication disorders and severe behavioral patterns and interests (Nemirovsky et al ,. 2015).

This issue has been changed in the latest version of the DSM 5 book, The last version Dsm5(2013) about Autism says a neurodevelopmental disorder, characterized by persistent deficits in social communication and interaction, together with the presence of restricted and repetitive patterns of behavior, interests, and activities. Autism is a pervasive clinically impairing disorder with symptoms presenting early during development. The etiology of autism is multifactorial, and the diagnosis is made on the basis of the behavioral phenotype. The currently most often used autism diagnostic criteria are those of the DSM-5(American Psychiatric Association, 2013).

Autism Spectrum Disorder (ASD) is a developmental neurological disorder characterized by disorders in two areas, including limited, repetitive, and social behaviors and interests Communication (American Psychiatric Association, 2013).

ASD signs vary according to age and ability, and parents usually pay attention to the symptoms in the first two years of their child's life. Early cognitive-behavioral interventions can help the child acquire communication, social and personal support skills, but few of these children reach this level of development. The culture of dealing with autism has grown so that some seek specific therapies, and others consider it as a difference rather than a disorder (Breitenkamp et al,. 2014).

Results of some studies showed that autism is not a disease but a developmental disorder of the brain. Three symptoms emerge in the affected person, including poor social relationships, verbal and nonverbal communication problems, and limited interests and activities in the first three years of life, and seem to continue throughout life (Drigas et al ,.2021). Although there is no specific drug to treat autism and early training is necessary to improve social development, reduce undesirable behaviors, and bring people with autism to normal lives (Awatif et al,.2020).

Developmental neurological disorders, such as autism spectrum disorder, cause many problems for the individual and their families, and studies showed that parents of children with autism spectrum disorder are at increased risk of experiencing psychological problems (Baio et al,. 2018). Therefore, it is necessary to study the family experiences of autistic child in various researches and to provide effective solutions to solve their problems. Considering this issue, the main goal of this research in the first phase was to examine the mental health of family with children with autism and family without children with autism

In the second phase, the aim of this research is to the effect of systemic counseling intervention on the mental health of family with children with autism.

In this regard, providing educational opportunities for parents and improving the interaction skills of family members is very important. This research aims to improve the mental health of the family with children with autism by using the integration of the systemic counseling approach and the training of appropriate models based on this approach.

It is noteworthy, the systemic approach has been one of the important developments in the field of family therapy and the mental health of the family. The systemic approach discusses the change of hidden rules in the current interactive communication patterns of families and

emphasizes that a person cannot be understood and identified separately from the family system. The theories of family therapy state that the functioning of the family and the individual are interdependent, meaning that the problems of the individual reflect the problems of the family and vice versa (Peckman et al,. 1985).

1.2 Necessity of research

Autism is one of the types of pervasive developmental disorders that can vary in severity. On the one hand, more severe autism creates more problems for the child, and on the other hand, the family faces many problems that affect the relationships between the members.

Also, can say the family is a social system in which a disorder in each of its members disrupts the entire family system, and this disjointed system, in turn, aggravates the family members and creates new problems with this attitude, the autism of one child often negatively affects the whole family and its various functions.

Having an autistic child causes a lack of mental health in the family, and parents of autistic children suffer a lot of stress. Having an autistic child can have profound effects on the family because the problem and the resulting behaviors are persistent and affect the interactions children have with their parents and siblings. Part of this impact is due to the additional care that some autistic children impose on the family, which causes mental disorders and imposes many problems on the family, such that each family member experiences a crisis (Akrami et al., 2019).

The concept of mental health is actually an aspect of the general concept of health. Adler (1973) considers mental health as having specific goals, favorable family and social relationships, helping others, and controlling one's emotions and feelings.

Currently, looking at family mental health in Iran, from the perspective of psychology, it is necessary for systemic psychologicals to pay more attention to improvement and reconstruction. It is obvious that not paying attention to the damage to the family, which is rooted in the faulty interactions of its members, has heavy consequences and, in addition to individual destruction, brings more deadly angles to the family.

In this regard, considering that much research has been done in the field of the family and its movements from different dimensions, the state of mental injuries that affect children makes

researchers eager to identify the issue of mental health of the family more seriously and provide suggestions.

Therefore, considering the vital role of mental health in parents' behavior and its essential role in the life and promotion of children's mental health, the researcher first compares family with children without autism and then investigates the impact of this approach using the systemic counseling model.

1.3 Research purposes

As mentioned above, in this research, the mental health of autism families is examined. The researcher will answer the research questions and real problems related to the mental health of family with children with autism and that the mental health may be different in people, he has used the quantitative and qualitative case study approach. Considering the fact that the mental health of autism families is not investigated in Iran, and the mental health of the family can play a significant role in strengthening the family foundation and the recovery process of autism patients, and also prevents the occurrence of mental illnesses in people. Therefore, it has been decided to investigate this matter. It has been decided to conduct this research in two phases. In the first stage of this research, the mental health of families with autism children and family without children with autism were examined and compared, and in the second stage, the mental health of family with children with autism and the effectiveness of the systematic counseling approach were evaluated in 5 sessions. It is worth mentioning that all these researches were done in Iran.

In accordance with the objectives mentioned above:

First phase:

Comparison of mental health components of parents of autistim and non-autistim children.

The second phase:

Determining the effectiveness of systemic counseling on improving the mental health of autism families.

Objectives

2. Objectives

The objective of the current study is:

To Assess the role of systematic therapy in mental health of families with children ASD

The specific-objectives of the current study are:

1) To identify the characteristics of mental health in families with children with ASD.

2) To identify the characteristics of mental health in families with children with neurotypical development.

3) To compare the mental health characteristics of families with autistm children and families with non-autism children.

4) To describe the systemic therapy.

5) To analyze the mental health of families with children with ASD who have attended systemic therapy.

Theories

3. Theoretical framework

This chapter, that includes research literature, consists of two parts. The first part presents the theoretical foundations of the research in such a way that it firstly deals with the definition of autism and intervention methods for treatment, then mental issues and mental health as well as their theories have been discussed. Finally, this study discusses it in relation to family and systemic counseling. In the next part, background and theoretical basis of parent-based therapies are presented.

3.1 Autism

Autism is a complex disorder which it is not only an individual but also a social one.

Caring for a child who does not have eye contact or cannot express his needs has social dimensions, because its consequences affect one of the most important pillars of a society, the family.

If these consequences are not managed and right planning is not considered, it will cause great harm to both the family and to any society with which the family with children with autism members are inter-connected.

Specialists right time diagnose of the autism cause will play a significant role in changing the autistic children quality of life and will greatly help to reduce the pain and inner stress (pressure) of autism children's parents.

Parents of autistic children deal with a lot of mental pain when they find out that their child suffer from that disorder.

Some reasons behind these pressures, arising from the complex treatment plans of that disease, besides, work and professional responsibilities, and duties which are concerned to family other members.

On the one hand, it is difficult for parents of autism children to respond to the needs of an autistic child, and on the other hand, to meet the needs of other family members who often engaged in this issue problems.

Autism has many negative emotional effects, generally on family members, and especially on parents. The effect on mental health is an obvious example of the negative emotional aspects of autism concerned parents. The first factor putting a couple, at risk of having an autistic child is lack of in mental health and mutual understanding between members as well.

Therefore, in parallel with providing psychological services to autistic children (occupational therapy, speech therapy, rehabilitation, etc.), parents are also asked to consult with a counselor or psychologist to reduce stress or improve mental health relationships.

3.1.1 Concept of ASD

Since autism has been introduced by Leo kanner (1943) and Hans Asperger (1944), several studies have been conducted to evaluate therapies for that disorder. A number of these studies were derived from theoretical approaches which their effectiveness has been indicated/confirmed through some other researches.

This study concerns those families who have children with ASD (medical problem). It is necessary to overview autism spectrum disorder, including recent updates to the definition of the diagnosis to understand the topic more fully.

ASD is a developmental disability that can/may cause significant challenges in social, communicational, and behavioral realms (Robles-Bello et al., 2021). ASD is marked by deficits in social interaction, communication, and the presence of restricted, repetitive behaviors. Challenges in social interaction and communication may include deficits in sharing of emotions, interests, and initiating and responding to social interactions (Spain et al., 2020).

Autistic child may experience challenges like engaging in nonverbal communication during social interactions, and difficulties with understanding, developing, and maintaining social relationships (Ata Sawalha, 2020). Restricted, repetitive behaviors may include: stereotyped or repetitive motor movements, use of objects, or speech; insistence on sameness, rigid adherence to specific routines or rituals, experiencing difficulty with minor alterations; unusually intense, focused interests; and, either excessive or lacking responsiveness to sensory input or unusual interests in sensory aspects of the environment (Daysal et al., 2021).

ASD is depending on age, language level, and cognitive development. Symptoms typically present in early childhood, though in some children, they are not recognized until later, when in social situations which these signs exceed their capacities (Zakirova-Engstrand et al., 2020).

As a spectrum disorder, these traits express diversely in (different) people. Reciprocal social interaction can include lack of social-emotional reciprocity, failure to seek shared enjoyment, and poor use of nonverbal communication. Communication deficits refer to a kind of inability to speech without getting help of other communication methods, using stereotyped speech or echolalia, and difficulties with conversing (talking). Restricted and repetitive behaviors include unusual preoccupations and limited interests, repetitive hand and finger movements, whole body mannerisms, compulsive behaviors and rituals, and preoccupations with parts of objects (such as unusual sensory seeking behaviors) (Murphy et al.,2016).

There is no scientific consensus regarding the causation of ASD. In this regard, several risk factors have been identified including genes (though no single genetic marker is identified), having a parent or sibling with ASD, other medical conditions including Down syndrome (among others), and ingestion of certain drugs during pregnancy (Avramidi and Drossinou-Korea, 2020). The median age for diagnosis of ASD is 4 to 5 years of age. Recent data suggests there is typically a gap of two years between developmental concerns to diagnosis (Gallardo et al., 2021).

When it is assessed by a clinician, having experienced with autistic toddlers, a stable diagnosis may be reliably made; that is, diagnoses made at or earlier, tend to remain stable upon follow up at age three and beyond diagnostic changes.The diagnosis for autism spectrum disorder underwent significant changes between the Diagnostic and Statistical Manual (DSM)-IV-TR (2000) and DSM-5 (2013). Previously, Autism Disorder, Asperger's Disorder, Pervasive Developmental Disorders-Not Otherwise Specified (PDD-NOS), Rett's syndrome, and Childhood Disintegrative Disorder (CDD), all were grouped (classified) under one category of Pervasive Developmental Disorders, and therefore ASD was referred to as autism spectrum disorders (Frame et al., 2019).

As of DSM-5, published in 2013, the previously separate categories, with the exception of Rett's syndrome, have been placed in one category, reflecting scientific consensus that they are actually a single condition with different levels of severity in the two core domains of "social communication and interaction" and "restricted and repetitive behaviors."

Rett’s syndrome was dropped as recent evidence reveals that it is a genetic disorder (Winter et al., 2020).

Based on research, the prevalence of autism is 3.8% per 1000 boys and 0.8% per 1000 girls (Yücehan et al., 2020). In the DSM-5, the problems of recognizing the difference between autism, Asperger's syndrome, Rett syndrome, and disability in children are all referred to as "autism spectrum disorder" (Sanderson, 2021).

An autistic child communicates differently with others and behaves differently. If the symptoms are not severe, the sufferer may look somehow (partial) unbalanced in communicating with others, sometimes insulting others in their comments.

In more severe symptoms, the patient seems to have no interest in others and does not communicate with them (Hayes et al., 2021). They also do not make eye contact with others, while professionals, teachers, and others try to reinforce these skills in the individual. In most cases, eye contact can be considered as non-severe symptoms (Ozcelik et al., 2021).

Everyone displays behaviors and symptoms to attract the attention of others, but those with autism defect, are (not able) unable to identify these signs and do not use them to communicate with other people (Rasmussen et al., 2019). They prefer to communicate with a certain person or group, yet, compared to those of others, their communication abilities are lacking a number of items. Generally, speaking people with autism, are unable to communicate or engage in normal childhood activities.

A child with autism, frequently has a hard time adapting to regular life adjustments. For example, any changes and transformation may cause catastrophic and miserable reactions on the part of the autistic child (Tahira Batool et al., 2020). while Repetitive behaviors such as aimless strolling, body shaking, finger shaking, or being preoccupied with something like a ceiling fan seem to be enjoyable in an autistic child. Autistic children are very interested in arranging and lining up their toys and are fascinated by monotony. They are attracted by certain objects, such as special toys, rocks, pebbles, or picture books (Ozcelik et al., 2021).

A person with autism may also have difficulty in empathizing with others' emotions, and there is no way for them to be able to sympathize with others. just because it is not in their nature. By constantly reminding them of others' feelings and empathizing with them, they will improve empathy (Lubhana Malik Mental, 2019). Empathy improves and becomes natural in some cases as a result of regular exercise. This emotion is common among autistic persons, but it can lead

to complications. Talking to a person with autism is usually one-sided, and exchanging opinions, thoughts, and feelings is less frequent (Zakirova-Engstrand et al., 2020). They may like a topic a lot and talk about it a lot. As a normal do, almost everyone likes to talk about himself/herself more than others. A person with autism tends to talk about himself more than others (Begum and Mamin, 2019).

Not all of them, but some autistic children dislike being caressed or touched by others. Numerous children repeatedly hug a single person, generally their mother, father, grandmother, grandfather, or teacher. Loud and unexpected noises can be frightening and upsetting to someone with autism. This sensation can also be triggered by certain fragrances or changes in light or temperature in the environment (Quesnel-Vallieres et al., 2019). The suddenness and unpreparedness of an individual who is shocked by an autistic person rather than light, sound, or commonplace cause this emotion. Moreover, an autistic person usually reacts in the same way, confronting with

sudden physical contact with others. Awareness in the autistic person of what is about to happen makes it much easier to deal with it (Nemirovsky et al,.2015).

Autism in infancy might manifest as significant sleep abnormalities or frequent nighttime awakenings. These children's eating disorders might lead to significant cognitive problems as well as physical and gastrointestinal problems (Drigas et al,.2021). Autistic children are also known to bite their wrists or other body parts, resulting in blood or calluses on their limbs (Robles-Bello et al.,2021).

The Anxiety and Depression Association of America (ADAA) states that 40 million American adults over 18 and one in eight children have anxiety disorders. About 6.5 to 10% of children and adolescents are affected by an anxiety disorder, and about 15% are exposed to mild anxiety. Furthermore, 40% of children with autism spectrum disorder experience anxiety (Awatif et al., 2020). The percentage of persons with autism who suffer from anxiety can exceed 80% (Baio et al., 2018).

Anxiety episodes in autistic child spectrum conditions make severe suffering and dysfunction. People who are in close contact with people with such a defect, should be fully aware of anxiety disorder as well, in order to help the person with autism and anxiety (Murphy et al.,2016).

Many of the behaviors exhibited in autistic children are in common with children suffer from other kinds of anxiety disorders. For example, children with autism spectrum disorder may exhibit repetitive(recurrent) and stereotyped behaviors, comparable to obsessive-compulsive

disorder (Ozcelik et al., 2021). It seems that in different levels of autism spectrum disorder, those (children) who are more involved with anxiety have level 1 autism spectrum disorder, and they are also called mild autism or high functioning autism or Asperger's disorder.

Numerous studies have linked high degrees of cognitive impairment in autism spectrum disorder in adolescents to an increased awareness of their surroundings and other people's views. The closer they get to adulthood, the children with autism spectrum disorders may become more and more aware of the differences between themselves and others, and it leads to anxiety (Ata Sawalha, 2020).

On the other hand, autistic children with low cognitive levels may experience less anxiety, and consequently, this lackness makes it impossible for them to convey their anxiety recognizable to others, and then the situation becomes more complex (Daysal et al., 2021).

Autism spectrum disorder patients, in general, have a hard time talking about their worry, and most of them only show signs of anxiety (such as persistent anxiety, etc.) in their minds (Avramidi and Drossinou-Korea, 2020). Some researchers proposed a number of methods to measure anxiety in people with autism.

For example, one of the best ways is to interview adults who constantly contact children with an autism spectrum disorder (Gallardo et al., 2021). The validity of these interviews also fluctuates in some cases. For example, Lubhana Malik Mental (2019) found that teachers reported higher levels of anxiety behavior in children than parents did. Therefore, some argue that these interviews may not be reliable in diagnosing anxiety in children with autism, or the anxiety symptoms at school may be greater than at home.

Bedford et al. (2020) developed an adaptation of the Anxiety Disorders Interview Schedule (ADIS) that can be applied to autistic children. In this two-hour clinical interview with the parents, they added other factors such as fearing of change or lacking security, escaping from social situations and other factors that can raise red flags of anxiety in autism spectrum disorder. For instance, in the case of fear of change, the question "Does your child react to change?" "(For example, going to school earlier than usual) "is asked.

The interview also asks such questions about the child's past, like, does the child want to leave the community because he/she has been socially coerced or excluded?" Anxiety is not considered a diagnostic feature of autism spectrum disorder, and much research is needed to determine

whether anxiety is a major feature of autism spectrum disorder or is a related illness common in these individuals.

When an autistic child is exposed to social circumstances, he or she becomes confused and modifies his or her behavior. As a result of this development, the child may begin talking to him/herself or repeating words. Other than behavioral changes, they complicated body motions such as squeezing or shaking, leaping, or rotating and shaking the head (Winter et al., 2020).

Uncomfortable conditions can intensify an autistic child's existing sensitivity, making it worse. It is possible to reduce recurrent behavioral changes such as hypersensitivity to smell, taste, sound, and touch by being aware of settings and surroundings that are not ideal for an autistic kid. The atrial balance and neurological system of an autistic kid might be impressed by these elements, which is essential to keep them in mind (Yücehan et al., 2020).

Most people with autism have strict adjustments to eating, dressing, or certain objects. Frequent hand washing or checking the lock(clock) frequently can cause symptoms of obsessive-compulsive disorder. Therefore, in such cases parents, especially counselors and psychiatrists, should carefully and delicately monitor the child's behavior and even record their repetition in an hour and a day so that later they can use this information to think about treatment (Frame and Casey, 2019).

Those with autism spectrum disorders and adults with lesser symptoms of preoccupation should be aware that autism spectrum disorders are diseases linked to obsessive-compulsive disorder (Nemirovsky et al., 2015). People with autism spectrum disorders are more likely to have obsessive-compulsive personality characteristics, highlighting the connection between the two conditions (Drigas et al ,. 2021). Awatif et al. (2020) have done research and analyzed a subset of adult patients with OCD and found that they lacked social and communication skills. Another research on the behavioral features of persons with OCD done by Gallardo et al. (2021) revealed low levels of activity and sociability, as well as high levels of shame and shyness, similar to those of Awatif et al. (2020). On the other hand, autism spectrum disorders, especially Asperger's syndrome, have been well demonstrated in samples of people with obsessive-compulsive disorder. According to research, between 3 and 7% of patients with OCD are also diagnosed with Asperger's syndrome (Avramidi and Drossinou-Korea, 2020). A study on 109 children with obsessive-compulsive disorder indicated that autism spectrum traits were common in these patients. Patients with comorbidity, tics, or attention deficit hyperactivity disorder had higher levels of autism spectrum traits (Salomone et al., 2018).

There is a major problem in interpreting the existence of autism spectrum traits in obsessive-compulsive disorder. When autism spectrum traits are above the threshold, it is considered a disorder with obsessive-compulsive disorder, or both, with a distribution of different symptoms (Quesnel-Vallieres et al., 2019).

The main point is to pay attention to autism spectrum traits at a lower level than the threshold in other disorders. It seems that people of all ages are exposed to the pathology of other disorders without the identification and help of specialists despite having autism spectrum traits. Increasing knowledge in the field of facts and accompanying features that maintain and expand the characteristics of the autism spectrum throughout life is essential (Begum and Mamin, 2019). On the other hand, parents are critical members of any family. As persons with autism enter maturity, the amount of outside help they get declines, and they increasingly rely on their families for assistance. Therefore, these parents need professional and extensive support to care for children with autism and adapt to these painful conditions (Hayes et al., 2021).

ASD is characterized by persistent deficits in social communication and interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining and understanding relationships.

In addition to the social communication deficits, the diagnosis of autism spectrum disorder requires the presence of restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2013).

3.1.2 Prevalence of Autism

Although it may be a difficult task, obtaining information on the identification of children with ASD in different countries and cultures has many benefits. It can alert governments to the need to adapt or extend education and other services to meet the particular needs of these children and their families in line with the population.

Since the introduction of autism (1970s) to 2000, the rate of autism has increased almost tenfold from 1 in 2500 to 1 in 166 children (Cai et al., 2018).

1 in 68 children and 1 in 42 boys are diagnosed with autism spectrum disorder today. It is doubtful whether the incremental number of children with autism spectrum disorder reflects improved (increased) awareness among professionals (Chan et al., 2018) or not? whether those previously diagnosed as retarded are now in the shade advancements in autism diagnostic

methods, are known indicator? In fact, the establishment of diagnostic criteria has led to the diagnosis of autism in mild cases with higher intelligence (Firth, 2014). It can also be a true increase that is the result of changes in environmental or genetic factors (Chan et al., 2018). There are no accurate statistics on the prevalence of this disorder in Iran especially in big industrial cities like Isfahan and Tehran). According to Saber (2021), based on the latest Iranian statistics confirmed by the Welfare Organization, one out of every 150 people has autism. Also, according to Dr. Hosseini (2019), there are 2,800 autism spectrum students in 58 exceptional autism schools in the country. They are studying with government funding and 400 additional classes, and the number of autism-specific schools will reach 70 schools by the end of 2022.

3.1.3 Etiology of Autism

Autism is a long-term disability that leads to a neuro-psychological disorder in a person. Although its main cause is not fully known, many researches and studies have been conducted in this field in recent years. As an early writer on autism, According to Demaria Severson et al (2007) Bettelheim's work focused on the education of children, emotionally disturbed, as well as Freudian psychology more comprehensively.

He introduced refrigerator mother’s theory and argued that because mother does not form a strong emotional relationship with child, the child does not get along well with his mom and lives in her own privacy apart from social relationships (Hayes et al.,2013). Improving genetic studies rejected the theory that children develop autism due to (because of) their parents’ emotional distance. Today, it is proved that autism is a biological neurological disorder (Hendrickson et al.,2019) and various causes are reported for its occurrence. For instance, since the prevalence of autism in siblings of children with autism is 75 to 100 times more than the normal population, genetics is considered as a cause of a subgroup (sub class) of children with autism (Jahromi et al.,2019). Although genetics is considered to have serious impacts that are related to autism in the form of gene mutations, gene deletions, copy number variances, and etc., but none of them cover more than a few cases (Jones et al., 2014).By 48% and common environmental factors (2%) and non-common (0%) were also significant.

Some environmental factors such as fetal and delivery complications, viral infections in pregnancy, maternal age, immunological abnormalities, vaccines, birth season (Keenan et al.,2017), and the order of birth (Koo et al., 2016), which means that autism is more common in

the first and fourth births are considered as risky factors. Exposure to xenobiotics, as an unavoidable feature of contemporary life, is found in food, water, air and other substances, in addition to heavy metals such as arsenic, lead and mercury can play a role in combining genetic risk factors (Mazefsky et al., 2014). Several scientists such as Auyeung, Baron-Cohen, Ashvin Nikmeire, Taylor, and Hakta argued the role of the male sex hormone (testosterone) in etiology of autism and reported that prenatal testosterone exposure is related to children exhibiting more autistic traits. Also, some studies indicated that autism can be defined more by evaluating the biological neuroprotective mechanisms (Mazefsky et al., 2016).

Recent studies have assessed sub-threshold characteristics of autism in parents are a genetic cause of the disorder. For instance, Kuhaneck et al. 2010 and Piven et al. (1997) stated that compared to non-autism parents, parents of children with autism have certain behavioral characteristics. According to Baron Cohen and Hammer (2007), the presence of certain genes causes these traits to occur in parents of children with autism.

Besides behavioral cases, these characteristics include psychiatric disorders such as anxiety and depression, in addition to (Koo et al., 2016). Zou et al. (2018) studied the interaction between the characteristics of a child with autism and the environment around the child in which he/she grows up. They used animal models and reported that developing autism in a genetically-predisposed person(children) is higher in those who lack sensory-motor experiences.

Waldman et al. (2006) indicated that Watching TV in early childhood probably could be an environmental risk factor for the onset of ASD symptoms. Some features of autism particular deficiency in social interaction along with resistance to change in parents of children with autism, can decrease the variety of sensory-motor experiences of the child at risk of autism.

According to Fairthorne et al.(2014), in family with children with autism, the autism can represent the genetic basis of autism and the influences of difficulties of raising a child with autism on parents who are forced to be a part of society due to their child's specific features. On the other hand, some psychiatric disorders such as depression are a part of part of the autism phenotype. But it should be noted that the etiology or treatment of autism is affected by the differences in the families of children with autism.

More than four decades have passed since the introduction of autism and in this regard, a lot of information has been obtained. Autism is characterized by challenges with severe isolation, pervasive deficits in language, social skills, strange and repetitive behaviors, speech, and

nonverbal communication. Autism is usually diagnosed between the ages of 2 and 5 (Berkovits et al., 2017).

3.1.4 Overview of ASD in the DSM

Autism's curious history in the Diagnostic and Statistical Manual, the American Psychiatric Association's diagnostic bible, reveals how dramatically the diagnosis has evolved over the past half-century or more. The term "autism" has become much more common in the DSM, replacing childhood schizophrenia and childhood psychosis. Autism clinical characteristics and criteria have also changed and expanded.

This matters for two reasons:1. The DSM have guided diagnostic decisions, 2. those decisions have also governed eligibility for educational services and health insurance coverage.

In the first edition of the DSM, published in 1952, the word autism appeared in connection with schizophrenic reactions in young children, much like what was meant when the term was first coined in 1911 by Eugen Bleuler, the same person who introduced "schizophrenia," only once.

In the first DSM, children presented a different clinical picture than older individuals with severe mental illness, only because of their "immaturity" and "plasticity".

By 1968, in DSM-II, "autism, atypical, and withdrawn behavior" was still associated with the presentation of schizophrenia in childhood. The fact that says it could also result in mental retardation was added, however. Not until the DSM-III in 1980 would Infantile Autism appear as a diagnosis that was separate from schizophrenia. Six diagnostic criteria including appearance before 30 months of age, gross distortions or deficits in language development, and peculiar, sometimes rigid attachments to objects, were required, The DSM-IIIR (1987) changed the title of the diagnosis to autism disorder and described autism as a "pervasive lack of responsiveness to other people."

When DSM-IV was published in 1994, the number of possible diagnostic criteria had increased to sixteen, and four subcategories were listed under Autism Disorder: Asperger's Disorder, Pervasive Developmental Disorder, NOS (not otherwise specified), Rett's Disorder, and Childhood Disintegrative Disorder. Asperger's became the best known. Named after Hans Asperger, the Viennese pediatrician who first described "autistic psychopathy" in 1944, Asperger's was understood as "high-functioning" autism. Associated with fictional characters

like Spock on “Star Trek” and “The Big Bang Theory’s” Sheldon Cooper, Asperger’s was a diagnosis relative to people who lacked social awareness and savvy, despite having considerable skill, especially in technical, scientific, or musical fields, Rett’s Disorder and Childhood Disintegrative Disorder were applied to those children whose development were typical initially but who lost significant skills and regressed toward autism in early life.

PPD-NOS was a category dedicated to children who do not meet all the criteria for Autistic Disorder and presented atypical symptom profiles. Children with PPD may not have conformed to the onset age required for autism or did not display the required number of behavioral symptoms common to children with the diagnosis: mutism or speech impairments, repetitive behaviors and restricted interests, failure to engage with others or develop imaginary play, fixation on objects.

When the DSM-V appeared in 2013, the diagnostic terminology changed yet again. All four subcategories were swept under one new heading, autism spectrum disorder or ASD. This revision was intensely controversial. The removal of Asperger’s generated particularly heated debate (raised the debate) among psychiatric, research, and advocacy communities, where there was no agreement about the need for greater precision in drawing diagnostic boundaries. Some important questions were raised about whether eliminating previous diagnoses would result in the denial of needed services to many children and families or not.

Autism Spectrum Disorder was a compromise (agreement). It offered the appearance of a more bounded syndrome while still made enormous internal variation allowed. With the official definition of ASD, autism with or without intellectual disability, with or without language impairment, and with severity levels ranging from “requiring support” to “requiring very substantial support Became allowed or applicable”.

Like earlier episodes in the history of autism as a diagnosis, autism spectrum disorder combined the quest for scientific rigor with purposeful vagueness. Since 1952, Autism’s appearance and treatment in the DSM, illustrates that autism’s rise to prominence had a great deal to do with the heightened awareness of the term, more expansive diagnostic criteria, and a greater willingness to label autism children than in the past.

Autism itself whether it is one syndrome or many remains elusive and uncertain.

3.1.5 Clinical description of Autism

Autism spectrum disorder (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges in childhood. Autism is defined as impairments in social interactions and communication, as well as repetitive behaviors and restricted interests. Deficits in social communication and interaction like less nonverbal communication (e.g., eye contact, pointing gestures) and inability in experience-sharing are both the result of impairments in interactions.

Also, the children with ASD express more difficulties such as lack of spontaneous imitation, limited imaginary play, and problems in understanding social cues i.e., ambiguous facial expressions. Reduced social interactions are naturally related to communication problems. Some children with ASD experience language learning delays and some of them may never develop oral speech and language skills. Others have problems with the structural aspects of language.

Children with ASD express repetitive and restricted behaviors. Some of them may show recurrent movements (touching, jumping, swinging, walking, etc.).

At a higher cognitive level, children with ASD may focus on a restricted subjects or objects e.g. construction signs, train schedule, vehicle type and they may be very impulsive in the face of changing their environment. To conclude, we can acknowledge that children with ASD express hypersensitivity to sensory stimuli, including specific tissues (clothing, food, etc.), sounds, smells, and movements (De los Reyes et al., 2009).

3.1.6 Conditions comorbid to Autism

There are many conditions such as nervousness and anxiety disorders, social anxiety, obsessive-compulsive disorder, specific phobia, intellectual disability, attention deficit hyperactivity disorder, conduct disorder, and conflict (Ellis et al., 2018), behavioral abnormalities, movement problems, epilepsy and gastrointestinal disorders that occur in 80% of people with autism that are associated with autism spectrum disorders (Ellis et al., 2018). Children with autism spectrum disorder are also diagnosed with behavior disorders such as physical violence, destroying objects, ignorance or disobedience, difficulty in shifting attention from one task to another, crunching (Faja et al., 2019), mental retardation with behavioral symptoms. It should be

considered that a child with very high stereotyped behaviors and a very low tendency for social interactions is diagnosed with autism and mental retardation (Gioia et al.,2015).

3.1.7 Treating children with Autism

When it comes to early autism treatment options, there are a dizzying (confusing) variety of therapies and approaches. Some autism therapies focus on reducing problematic behaviors and building communication and social skills, while others deal with sensory integration problems, motor skills, emotional issues, and food sensitivities. With having so many choices, it's important to do research, talk to autism specialists and ask questions. The goal of treating autism should be to treat a unique set of symptoms and needs of the child that it often requires a combination therapy approach, incorporating several different types of treatment (Hayes et al., 2021).

3.1.7.1 Child-centered treatments

Many of the behavioral problems or mental health symptoms that can keep children and adolescents from leading happy, successful lives can be effectively treated through evidence-based therapies. With these treatments, psychologists and other mental health providers help parents and children learn how to work and live better with others, and to build the skills and habits that help them succeed in life.

All mental health therapies for young people are not effective, and some treatment options do not work the same for all behavioral and mental health disorders.

Several therapies techniques that have been proved to work(practical) are outlined in follow. All of the treatments listed below use techniques that are based on scientific evidence to understand and treat various behavioral and mental health issues in young people.

3.1.7.1.1 Non-educational therapies

This type of therapy includes taking medicine such as antipsychotics including risperidone and haloperidol (Mazefsky et al.,2016), antibiotics, antihistamines, anticonvulsants, anti-stress, sedatives, mood stabilizers (Mazefsky et al.,2013), diet (casein-free diet and no Gluten)

(Mazefsky et al.,2011), vitamin therapy (including vitamins such as magnesium and omega-3 fatty acids (Mazefsky et al., 2012). Exercising with some animals such as horses and dolphins has also been recommended for autism, which have a relaxing effect (Neece et al.,2014).

3.1.7.1.2 Educational therapies

Educational approaches are often a core feature of the overall treatment plan for children with an autism spectrum disorder (ASD). There are many different strategies currently being used, and the most recent of them are being promoted on a regular basis. Many of these interventions differ in treating children with ASD not only in their implementation, but also in their philosophical approach Limited evidence-based research is available for most educational-based programs. It is particularly difficult to study these approaches by making use of traditional research methods.

For one thing, a classroom or therapist's office is a far cry (away) from a laboratory setting. It is difficult to control so much factors that can interfere with or bias research results. It is also often hard to exactly reproduce any single intervention across settings.

Author	Strategy	Object
ABA (Applied Behavior Analysis)	Positive reinforcement and repetition	Behavioral improvements
TEACCH Method	Structure and organization through the use of schedules and routines	Behavioral improvements
Developmental Models	Activities to promote symbolic thought and enhance interpersonal communications	Improve relationships
Speech and Language therapy	Includes the use of alternative communication modalities	Improve relationships
Occupational Therapy	Instruction related to activities of daily living	Enhance functional independence
Sensory Integration	Activates to aid interactions particularly in children with aversion to touch and sound	Improve interaction
ESDM (Early Start Denver Model	Encourage the child through games and interactive activities Improve interaction	Improve relationships
PRT (Pivotal Response Treatment)	Improving communication and language skills, increasing positive social behaviors and getting rid of self-destructive behaviors.	Behavioral improvements

RDI (Relationship Development Intervention)	They try to increase the child's dynamic intelligence by making maximum use of family elements.	Behavioral improvements

Table 1-Educational Therapies

3.2 Mental Health

Mental health is the existence of balance in all aspects of social, mental, emotional, and emotional life that are effective in controlling and managing a person's environment, providing chances in life and are considered to be a significant part of being fully healthy.

Mental health can be defined as a pleasant and harmonious behavior in relation to society, understanding and social realities adoption and adapting to them, satisfying one's needs in a well-adjusted manner, and flourishing one's innate gifts (Mitter et al,.2019). In other words, keeping in mind the definition of the World Mental Health Organization (2016), it is the health status of each person that determines the potential talents, the ability to cope with the normal stresses of life, doing useful and productive work and being able to contribute to society (World Health Organization, 2016). Psychologically, the individual believes in vital balance. From this point of view, a person who has a balanced system with good performance and disturbing this balance makes he/she ill , has mental health (Murray et al,.2019).In other words mental health can be defined as follows: A mental state with main properties such as getting benefit of wellness and emotional recovery, having no anxiety and symptoms of life-disturbing agents, profited by the ability to have a proper and satisfying relationship with others, and dealing with life stresses and contradictions properly.

The other definition of mental health is the state of balance between a person's life and his environment, adopting with himself and others, and understanding of the realities of the individual, people, and the environment (Ng et al,.2020).

Health dimensions are divided into physical, psychological, spiritual, social, intellectual and environmental elements. Mental health, like physical health, is an issue beyond the concept of

illness or not being a problem. Mental health is defined as emotions, feelings or thoughts. It includes the awareness and acceptance of a wide range of emotions, the ability to express them, individual action, and the ability to deal with stressful problems and problems in everyday life (Noda T et al, 2018). Although mental health is connected with the mind, points to the individual's mind, and tries to promote a person's mind healthy towards himself and others, that's mean it is a phenomenon outside the mind. Since mental health is a phenomenon directly connected to the quality of human relationships, areas of external activities of the mind (social, economic, and cultural areas) it can be considered as the real center of mental activities (Oshima et al,.2018).

Mental health experts use the standard definition (Descriptive) terms in order to diagnose mental health disorders. These definitions are presented in the diagnostic and statistical manual (DSM) of mental disorders which was first published by the American Psychiatric Association in 1952. However, to provide up-to-date information about mental health disorders, these definitions are revised from time to time. At the present time, the 5th edition is available. Based on DSM 5, the definition of mental disorder is as follows: A behavioral or psychological syndrome characterized by clinically significant disturbance in an individual; and is associated with significant distress such as "irritating signs", disability such as "a disorder in one or more important areas of functioning", significantly increased risk of death, pain, disability, or losing freedom. Moreover, these symptoms or patterns should not be only a predictable response and culturally confirmed on special occasions such as losing a loved one (Patra et al,.2019).

Eventually, just as physical health is not only the absence of problems, illness, or fever, mental health encompasses both our emotional states and our mental states that is our emotions and our thoughts. A healthy soul can be a brief but complete definition of the state of pleasure and happiness in this world. This definition was presented by John Locke, a famous English philosopher, in 1693 (Oshima et al.,2018).

It can be noted that the essential issues of everyone's life are physical, mental, and social wellness which are greatly associated with each other. The understanding of this issue has been developing and it has been clear to everyone that being healthy is very important for the well-being of communities.

3.2.1 Characteristics of mental health

The following characteristics have been presented by psychologists to recognize a mentally healthy person. A person, who is mentally healthy, has no internal conflicts and does not argue with himself. This person is compatible, coping with the world around him. He is open to criticism and does not get distressed easily.

He is looking for his identity.

He knows (is aware of) himself, his requirements, problems, and goals (he has self-awareness).

This person can perfectly control himself and make a balance between logical and emotional feelings.

While coping with difficulties, he tries to solve them realistically and deal with pressures and excitements (Porter et al., 2019).

Mental health assessment tools such as questionnaires can be used to evaluate a society's level of mental health and should be applied by professionally-trained interviewers. Mental health questionnaires are based on some scales as follows:

Scale A: Somatic symptoms

Scale B: Nervousness symptoms

Scale C: Social function

Scale D: Symptoms of depression (Pastorino et al., 2019).

3.2.2 Prevalence of mental health

The prevalence of mental health in any country is very important. This statistic shows the health of people in a society. More than half of patients with mental illnesses are not diagnosed by doctors. So, it is very understandable that our family or friends cannot recognize mental illnesses or disorders. Women are at twice the risk of men. The importance of women's health has increased in the last two decades. Women of all ages experience regular outbreaks of anxiety

disorders. However, the prevalence of these disorders decreases in older age (Pastorino et al., 2019).

According to studies conducted by World Health Organization experts in developing countries, the prevalence of depression, anxiety and physical symptoms in developing countries has been augmenting (Quesnel-Vallieres M et al., 2019).

Various variables including individual, social, economic and family variables have been investigated in the evaluation of women's mental health. Nowadays women spend most of their time outside the home participating in various jobs, so it is necessary to examine this issue and its effects on mental health. The age difference between spouses at the time of marriage and the number of children is also significant (Pastorino et al., 2019).

Omidi et al. (2018) conducted a study in Natanz in Iran and reported that mental disorders are more common in married women than single women. It was 25.9% in married women and 4.3% in single women (Quesnel-Vallieres M et al., 2019). This could be due to the economic and social stress that married women have to deal with.

3.2.3 The importance of mental health in family relationships

One of the important factors in ensuring children's mental health is the proper and balanced relationship of parents with them. In the private and intimate atmosphere of the family, children learn how to feel about themselves, how they will react to them, and how they should think about the emotional reactions of others. (Baumrind, 1994). One of the most important topics in the discussion of mental health is the discussion of parental stress, which can be seen in fathers, mothers and children.

Stress in mental health every person experiences stress during his life and it seems that this category has become an integral part of modern life and it can rarely be avoided. Stress is perhaps the most common problem in human life that all humans struggle with in their daily lives. Many experts refer to stress as the common disease of the century. Stress has positive and negative effects on people's lives, in other words, the stress is necessary and useful for humans, but its amount is of great importance, so severe or long-term stress can put a heavy burden on the psyche and health makes us vulnerable to stress-related disorders, from digestive disorders to allergic diseases, heart disease, and depression. Some common stressors include:

- New tasks or increased workload
- Raise the expectations of those around you
- Mental or physical problems
- Exposure to a severe accident
- Financial pressure
- The loss of loved ones
- Problems at home
- Sudden changes in life
- Stress also has symptoms such as:
- Sleep problems, sudden high blood pressure, rapid heartbeat, feeling confused, feeling overwhelmed, physical weakness.

3.2.3.1 Stress in parents

The family with children with autism are exposed to the most severe psychological damage and each of the fathers and mothers experience conditions that eventually cause them mental damage, and stress is one of the biggest damages that cause a lot of damage to people.

The fathers of children with autism are suppressing their feelings most of the time at the cost of anger (Zhang, 2019). One study confirmed that any child's disabilities have a greater impact on the mother than on the father (Courtney L. Fernelius et al,.2017). The association between gender and stress levels was examined. This study revealed that mothers reported higher stress levels than fathers (Gregory et al., 2018). In addition, it is parents of children with ASD have significantly higher divorce rates than families of children without disabilities. A study results indicated that due to having children with autism stressful life events are very common like divorce, separation, moving home, the death of a family member, and economic, job, or legal problems that decrease family functioning (Jachyra et al., 2020).

Stress is a natural practice and is related to parenting. This stress is also associated with household tasks of caring for a child and it is related to ASD and other developmental disorders.

It has been shown that though mothers are involved in the care of their children all the time so they are facing more challenges than fathers in this regard (Quesnel-Vallieres et al., 2019). In another study concluded that reducing difficult behavior in children with ASD may improve the relationship between parent and child (Hendrickson et al, 2019).

A study was conducted on parental stress in families of children with autism and other developmental disabilities.

The level of stress of mothers with children with autism was considered. This study proved that higher rates of depression were reported by mothers of teenage girls (Dickinson et al, 2016). Another review of studies found parents of a child with ASD had decreased parenting efficacy, increased parenting stress, and an increase in mental and physical health problems compared with parents' children with other developmental disorders in high-income countries (Karst, 2012). Another study recorded that there are no differences in the level of stress, coping mechanisms, and the level of support comparing parents of children with ASD (Ocay et al, 2018). Parents especially mothers are getting embarrassed and do not understand the condition of autism and its symptoms.

Another study found that parents of children with autism had higher levels of maternal depression and lower social support than parents of children without autism because the mother of children with autism are more time engaged in child care and maintaining the household and have no free time for leisure activity (Seymour et al., 2019; Weiss et al, 2017). One study reported that if an Autism child improved in adaptive functioning ultimately increased maternal well-being (Weiss et al, 2018). But another study showed no association between parental stress and adaptive skills (Wong et al, 2019).

3.2.3.2 The stress of sibling

Being a sibling of a child with ASD has different consequences and meanings based on the time period being considered. The concerns of an adolescent sibling will be different from those of a child sibling. During childhood siblings may fail to understand a complex disability like ASD and may not understand why their brother or sister will not play with them, why their brother or sister gets different rules, and why their parents spend more time with their brother or sister, while during adolescence, teenagers begin to spend fewer time with siblings and family and more

time with friends. They may begin to better understand ASD and feel some sense of guilt for their previous less-than-sympathetic behaviors toward their sibling. They have usually formed strong social awareness and may become embarrassed by the disability in the family, potentially resulting in a conflict between their loyalty to their sibling and a desire to fit in with their peer's mental stress in parents and siblings of autism children. Some studies found positive and some related studies indicated negative impacts in children with autism. Another study also indicated mixed (positive and negative) results (Lin et al., 2019). Most brothers and sisters of children with ASDs interfered in the total life cycle like vocational, marital, and family planning. Another study confirmed that siblings are reporting the negative impact of having a brother/sister with autism is feelings of embarrassment or shame. Reported that of siblings ages 8-15, 84% reported aggression produced by their brother/ sister with autism when they are trying to interact with them during playing (Orsmond &, Seltzer 2007).

3.2.4 Mental health from different perspectives

Different definitions of mental health have been presented: absence of disease, having emotional balance, social compromise, feeling of comfort and comfort, integrity of personality, knowing oneself and the environment, being original and not playing a role, and many other definitions. What can be seen in the examination of different explanations of the concept of "mental health" are the differences of opinion that exist between thinkers and experts in psychology and counseling. Some of these theorists such as Allport, Eric Fromm, Rogers, Maslow, Erikson, Jung and Frankel deal with the healthy side of human nature. These psychologists try to enrich the human personality and provide a unique perspective on psychological development and human perfection. According to them, mental health is much more than not having neurosis or psychosis. Psychoanalysts emphasize the low use of defense mechanisms and establishing a balance between the three levels of the personality through the mediation of the "I". Behaviorists describe abnormality or mental illness and then conclude that mental health is actually the absence of mental illness. Systemists suggest the use of multiple methods to enrich the interactions of family members and integrators with regard to different aspects of personality.

In this section, the approaches of several pioneers in this field have been fully reviewed in the form of a table.

Personality Theory	Key Proponents	Assumptions	View of Personality	Personality Assessment Methods
Psychoanalytic	Freud	Emotional disorders spring from unconscious dynamics, such as unresolved sexual and other childhood conflicts, and fixation at various developmental stages. Defense mechanisms fend off anxiety	personality consists of pleasure-seeking impulses (the id), a reality-oriented executive (the ego), and an internalized set of ideas (the superego	Free association, projective tests, and dream analysis
Psychodynamic	Adler, Horney, Jung	The unconscious and conscious minds interact. Childhood experiences and defense mechanisms are important	The dynamic interplay of conscious and unconscious motives and conflicts shapes our personality	Projective tests, therapy sessions
Humanistic	Rogers, Maslow	Rather than examining the struggles of sick people, it's better to focus on the ways healthy people may strive for self-realization	our basic human needs are met, we will strive toward self-actualization. In a climate of unconditional positive regard, we can develop self-awareness and a more realistic and positive self-concept	questionnaires, therapy sessions

Trait	Allport; Eysenck, H.; Eysenck, S.; McCrae; Costa	We have certain stable and enduring characteristics, influenced by genetic predispositions	The scientific study of traits has isolated important dimensions of personality, such as the Five traits (conscientiousness, agreeableness, neuroticism, openness, and extraversion)	Personality Inventories
Social-Cognition	Bandura	Our traits interact with the social context to produce our behaviors	Conditioning and observational learning interact with cognition to create behavior patterns. Our behavior in one situation is best predicted by	Observing behavior in realistic situation

Table 2-The Approaches of Pioneers in this field

3.3 Family

Regarding the investigation of autism and mental health, the family is another important pillar of this research that we will talk about. The family is a social system where the disorder in each of its members disturbs the whole system and this disturbed system in turn aggravates the

disorders related to the members and creates new problems. One factor that affecting the family system is the disability of children. The disability of the child in the family prevents the family from being able to perform its normal functions in a desirable way. Consider family as a group of people who live together for a long time. Family members are committed to each other through marriage, consanguinity, or adoption. Family members have common goals and a common future. They communicate with each other because of the realization of their common goals. Turcotte (2002) considers family as a group created through birth, marriage and adoption, and its members live together collectively. According to this definition, people are considered family if they live in the same place.

3.3.1 Types of family

Due to the combination of different cultures in Iran, different families can be found in Iran. The most common types of families in Iran include nuclear families, extended families, single-parent families, reconstructed families, and families without children, which we will discuss further.

3.3.1.1 Nuclear family

The nuclear family is also called the primary family in psychology. The nuclear family was once recognized as the most basic and universal form of social organization.
In terms of form, they are related to the dominant nuclear family unit, the conjugal family and the family. As the name suggests, the conjugal family is mainly connected through marriage and consists of mother, father, children and some close relatives. It is also very common for children to live with two parents, but some may consider a child to be an only child without siblings. The nuclear family is considered the "ideal family".

3.3.1.2 Extended family or joint families

This group of family types may be considered psychologically in contrast to nuclear families, and may also be seen as a very basic category. An extended family is several generations of the same family living in the same household or in close proximity to each other. Extended families

include aunts, uncles, grandparents, parents, grandchildren, children, etc. This family may prefer to live under the same roof due to the desire to be close to each other. Some of them may see this kind of life as a sign of care, affection and compassion towards their family members.

3.3.1.3Types of single-parent families

Single parent families have the same concept as their name, one parent lives with one or more children. They basically have to raise their children given that they don't have a spouse. Many factors can cause the creation of single-parent families, including the death of a spouse, divorce between two couples, etc.

A single mother or father has to work long hours and this makes them lose quality time to spend with their children. Even long hours away from the family may cause financial problems in the family and not only the mother or father is under pressure, but also affects the children.

3.3.2 Family of autistim children

In recent decades, supporting family with children with autism has become vitally important, because research has shown that supporting these families has had positive results on the family and the child (Dempsey et al., 2008). Families having a child with autism are essential. Autism is one of the most unknown disorders of childhood, where many ambiguities seen in its territory, since it is characterized by serious defects in social interaction, the ability to communicate verbally, and stereotyped patterns. Therefore, it is associated to this fact that the presence of an autism child affects the entire family system (Benderix et al., 2006). Just as parents affect the child's growth, the child's growth and his characteristics also affect the family's functioning (Altiere et al., 2008). What comes from the research background, family with children with autism are exposed to experience more stress (Webster et al., 2004; Dabrowska and Pisula, 2010) and this stress also has a negative effect on their self-efficacy (Hill and Rose, 2009). On the other hand, Johnson et al. (2011) stated that high levels of stress are associated with poor family functioning. Altiere et al. (2008), believe that the family with children with autism are exposed to experience more stress have less cohesion and compatibility than others families. Moreover, being parent of an autism spectrum disorder (ASD) family member can be a unique and difficult experience for parents and families. Frequent and severe problems in children with ASD cause

problems in families, including decreased mental health of parents, increased stress and increased physical health problems compared to parents of non-autism children and children with autism disorder, in addition to significant financial pressure and time pressure reduces the quality of family mental health compared to families with non-autism children. As Ingersoll et al.(2011) argued, the first period of depression in family with children with autism are exposed to experience more stress , is usually before the birth of the child. According to the above reviews, the etiology of ASD is not yet fully understood and the studies on the environmental factors causing autism have been developing. But it should be noted that the etiology or treatment of autism is affected by the differences in the families of children with autism. The family is a basic social institution and the health of a society depends on the health of the families within it. Therefore, in general, it can be stated that to have a healthy family, members must be psychologically healthy and have favorable interpersonal relationships. At the diagnosis of ASD in parents, they suffer from increased psychological pressure that can lead to different reactions: psychological distress, despair, depression and anxiety (Ingersoll et al,.2011). It is natural that in these situations, parents' distance themselves and reject the children and create severe problems for the children, which can provoke all kinds of maladaptive behaviors. A review of the latest research in this field shows that attention to the parent-child relationship is increasingly growing (Hock et al.,2015).

3.3.2.1 Family environment of Autism children

Autism influenced family life to a large extent. To count its effects, we can point finger towards high degrees of anxiety, stress, isolation and uncertainty in family with children with autism (Figee et al., 2017). In the first years of autism diagnosis, parents go through a period of very stressful environment. At this time, the child's problems become more obvious and parents try to make a correct diagnosis for their child (Kurlan et al. 2016). In addition, mothers of children with autism have more negative stress than mothers of the normal group and mothers of the delayed autism group. It can be argued that some degree of care should be provided by parents to meet their child's physical, emotional and cognitive needs. Although this amount decreases as the child grows older, this level of care continues throughout the child's life (Bina et al., 2018) and this creates special conditions for parents and requires more interaction. In general, psychological stress and family functioning problems that increase the likelihood of psychiatric and developmental disorders are common due to the experience of growing up in a family with

children with autism (Figee, M et al., 2018). Therefore, all family members of an autism person need attention, i.e., the need to coordinate parenting interactions with the situation of each family based on their background.

There is a basic principle in the design of interactions: the child's development cannot be separated from the environment in which it takes place. This means that child-related interactions should not be only a child-centered treatment, but attention should be paid to the child's environment, parents, and the education of the whole family that is effective in the child's developmental opportunities (Figee et al., 2018). In fact, the program should be personalized. A program in which family characteristics are well known to increase the relevance of the techniques taught to the family situation to ensure that the family will use those techniques over time (Segar et al., 2015).

In general, the dropout rate of participant parent in autism education programs is high. Of course, it will be reduced, if the program appears to be useful to parents (Park et al., 2017).

After the completion of the intervention to maintain its effects, the effectiveness of many clinical interventions has failed, which can be the result of stopping the intervention techniques by parents (Gaitanis et al., 2016). All the mentioned issues indicate the importance of organizing a parent-centered intervention with the situation of each participant based on their history because we do not know which characteristics of the child or parents lead to success in different programs and since the results of treatment programs are varied so that some participants progress is more and others is less, so the appropriate intervention is defined as achieving success.

Children and their families engage in therapy and then they organize therapy with family skills and approaches, rather than vice versa.

This method of paying attention to the environment of each child and family is an appropriate intervention (Rojas-Charry et al., 2021).

3.3.2.2 The influence of heredity in the family

Kanner (1943) first identified autism 70 years ago, he pointed to the lack of warmth among the mothers of autistic children. The reason which he introduced for parents' characteristics was then rejected and this was argued that autism has a biological basis and the biological causes of autism are genetic. Over the time, some researchers such as Folstein and Rutter (1977) reported evidence

related to the genetic component of autism (Termine et al.,2021), that special characteristics in these parents is still confirmed (Bhat A.N.,2020). Although autism-related traits have not been well documented, but a higher rate of psychiatric disorders and distance personality traits have been reported in the parents of these children (Bourne et al., 2019).

Piven and Palmer (1997) reviews some studies on families and twins and argued that a broader behavioral phenotype that is qualitatively similar to features of autism is prevalent in first-degree relatives of individuals with ASD more than in the general population. The prevalence of this phenotype in parents of children with ASD is reported to be 12 to 30% (Davis et al,.2008), while in parents of non-autism children is 5 to 9% (Bedford et al., 2020) and it occurs in fathers more than mothers (De Jesus O et al.,2020). This represents the special features of these children's family. For instance, the family with children with autism have limited friendships and work in areas needs less social understanding such as mathematics, engineering, and physics (De Jesus O et al.,2020).

3.3.2.3 The effect of Autism on family finances

The impact of children with Autism affects negatively the family's lifestyle and their socioeconomic status (Wolstencroft, 2018). A study showed that childhood autism is associated with a large loss of annual household income and another study also confirmed that caring for children with ASD is a costly matter (Ito, 2012). The low-income caregivers suffer an uneven burden because of monthly out-of-pocket expenses (Dekker, 2019). A study showed that Families of children with ASD, face significant economic burdens. This study also revealed that mothers of children with ASD earn an average of 35 % less than mothers of children with another health limitation and 56% less than mothers of children with no health limitation (Gates,2017). Another study showed that there were associated with creased odds of living in a higher-income household. Childhood autism is linked with a large loss of annual household income.

3.3.2.4 The effect of Autism on family social status

Autism is interfering in interpersonal relationships. The symptoms of autism consist of communication, socialization, behavioral and interest impairments, as well as minimal social

skills (Weiss, 2017). The families of children with autism and their families are facing various types of challenges. The challenge starts early and it lasts a lifetime. It is associated with other problems such as personal, professional, marital, and financial. These problems occur across a wider social context. Not only parents but also the entire family including; the marital system, the parental system, the sibling system, and the extended family system are affected by autism. It is for the sake of parents hesitant to send their child out into any family program, the community to play or for social participation (Kuravackel et al, 2017). Students with ASD their functioning in a school environment can be complicated through their limited understanding of social situations (Lai et al., 2019). Children with autism usually have rigid and limited play patterns and are unable to share their desires and capacities for play, make a friendship, and develop a peer-group (Yorke, 2018).

3.3.3 Family therapy

As autism is defined as a complex disorder with extensive mental, emotional and physical health consequences for which no cure has been found up to now, and a wide range of this disease effects on the mental health and its consequences for other members in family, "Family therapy "is used to help the mental health of the family, and the appropriate approach is chosen regarding the conditions of the family.

Family therapy means that people are better known through the evaluation of interactions between family members, and the behavior of one family member is inevitably related to other family members, there is no doubt that when the members behave correctly(properly), the mental health of the family is guaranteed.

The origin of the term family therapy dates back to 1938 and the establishment of the National Council of Family Relations. The 1940s and 1950s were the peak and beginning point of the family therapy movement. One of the reasons for the growth and expansion of family therapy is the outbreak of World War II. in Iran, Dr. Baqer Sanai has started his professional activity in this field since 1977(Mousavi,2020)

Family therapy is an intervention that focuses on changing the interactions between family members and tries to improve the functioning of the family as a unit consisting of individual family members. Ballinger family therapy attempts to break inflexible intergenerational patterns

that cause distress in individuals or in interpersonal relationships. In family therapy, the concerns of each family member can be raised. But this method of treatment is more effective for children, because the daily reality of children is directly influenced by the context of the family.

According to the family system theory, a family is a unit that acts in such a way that moderation in its interactions is maintained at any cost. In family therapy, the goal is to uncover the often-hidden patterns that maintain the balance of the group and for the group to understand the goals of the pattern. Family therapists generally believe that a family member who is labeled as ill is someone the family considers a "problem," to blame, and in need of help. While the family therapist's goal is to help the family understand the patient's symptoms, it actually serves the family's main task of maintaining balance. In the process of family therapy, repetitive and ultimately predictable patterns of communication are discovered that perpetuate and reflect the behavior of the person considered ill.

In this research, we investigate the systematic counseling approach to promote mental health in the families of ASD children, and this approach is used in the second phase of this study.

3.3.3.1 Psychoanalytic family therapy

The theory of psychoanalytic family therapy systems is derived from principles and psychoanalysis, and they believe that when the patterns of relationships in a person's original family are not identified and directly challenged, the problems that are revealed in his current family will not need to be fundamentally changed. The assumption of this approach is based on a predictable pattern of interpersonal relationships that correlates the functioning of family members across multiple generations. That theory main experts are Nathan Ackerman (1950), whose treatment method is rooted in Freud's theory. In this way, the unconscious processes of the family members are related to each other and it is believed that the unconscious forces that caused the damage should be worked on. The therapist's role is that of a teacher or parent or interpreter of experience. Therapeutic techniques include: dream analysis, transference, confrontation, life history, focusing on strengths. The difference between this approach and other approaches is in the linear approach and the emphasis on the power of the subconscious mind on the behavior within the person, and the number of sessions of this approach takes between 20 and 40 sessions, and the most important feature of this approach is that the past is active in the present.

3.3.3.1.1 Behavioral and cognitive-behavioral family therapy

Cognitive behavioral therapy was invented by psychiatrist Aaron Beck in the 1960s. He was practicing psychoanalysis at the time and observed that during the analysis sessions, his patients tended to have an internal dialogue in their minds. It is something like soliloquy. Cognitive behavioral therapy can be one of the fastest ways to treat severe depression and help with a wide range of other problems. CBT is a type of psychotherapy that focuses on how a person's thoughts, beliefs, and attitudes affect their feelings and behaviors. Cognitive therapy behaviorism is based on the concept that your thoughts, feelings, and physical actions are interconnected, and negative thoughts and feelings can trap you in a vicious cycle. The goal of cognitive behavioral therapy is to help you deal with overwhelming problems in a more positive way by breaking them down into smaller pieces. You are shown how to change these negative patterns to improve how you feel. Unlike some other conversational methods, this one deals with your current problems instead of focusing on past issues. It looks for practical ways to improve your daily mood. This treatment is effective in the field of bipolar disorders, borderline personality disorder, obsessions, phobias, and anxiety disorders.

3.3.3.1.2 Experimental family therapy

The main theorist of “Experimental family therapy "was Batson (2005), who believed that you play a role by examining structures and metaphors and giving meaning to communication (Tuttle L.C ,1998). Also, family problems are shown off by suppression of feelings, dryness, inflexibility, lack of awareness, emotional death, and overuse. In this approach that is one of the defense mechanisms, the family therapist tries to increase flexibility, intimacy, self-esteem, and the potential of experience in the family, and from the techniques of sculpture, family staging, jokes, interviews with family dolls, family art therapy, role-playing, and family uses.

3.3.3.1.3 Types of systemic treatment

The systems approach believes in a holistic view. From this approach viewpoint, analyzing a problem, its details and components should not be addressed (individually) separately, and the interaction of components with the rest of the system is emphasized in this approach. In this thinking method, instead of examining the components of a problem, interactions are analyzed more. The systemic approach has a different result than detail-oriented approaches, especially when the subject under investigation is very complex in terms of process and many external and internal effective factors and correlation is important. They believing that the components of the system correlated and influence each other, so they consider their analysis to be generally valid.

Systems theory has been used in individual, family and group therapy. Each type has a slightly different approach when the benchmark is systems theory model.

A) Individual psychotherapy: Psychodynamic psychotherapy is an example of systemic therapy that combines Sigmund Freud's theories with systems theory. It works to resolve unconscious motivations and patterns of behavior that affect one's life, relationships, and circumstances.

B) Family therapy: Family therapy examines how the family interacts as a cohesive unit. It also looks at patterns among individuals that influence or hinder the potential for change in the family system.

C) Group therapy: Systems theory may be applied to group dynamics as well as family dynamics. Therapeutic groups look at how a cohesive social unit is formed and how its members interact with each other to meet individual needs so that the group can function successfully as a whole.

3.3.3.1.3.1 Techniques of systemic therapy

Below are some examples of techniques employed during systemic therapy (Varghese et al,.2020).

Circular questioning: This approach helps the therapist explore a problem from different angles to identify its core issue.

Conceptualization: This technique helps a therapist put a client's symptoms into a context that spans time and space, or applies to one or more members of a family. It looks at how an individual experience is part of larger patterns within the person, family, community, or culture.

Reframing: This tactic involves identifying the way a client views him or herself and offers an alternative perspective that can help to deepen or broaden understanding of the self. It's often used in conjunction with circular questioning, which helps clients identify their own patterns of behavior within social contexts.

3.3.3.1.3.2 Treatment of disorders in the systemic approach

Systemic therapy can help people of any age, including children. Depending on the issue, it may take anywhere from a few sessions to years to resolve problems. It's particularly useful for situations where emotions are being repressed or denied due to fear of appearing selfish or hurting others.

For many individuals, systemic therapy provides insights into how patterns established early in life may now be limiting the individual's future options.

Below are some examples of specific issues that can be helped through systemic therapy:

Addictions and substance abuse: Systemic therapy can help individuals identify what factors in their lives may have contributed to their substance abuse. It provides treatment that emphasizes the connection between an individual's drug or alcohol addiction and how it affects other aspects of his or her life.

Anger management: Many people with anger problems never learned appropriate ways to express feelings of frustration and anger. Systemic therapy helps individuals understand how anger can be expressed in damaging ways that affect their relationships and interpersonal communication.

Mood disorders: People with depression or bipolar disorder often have longstanding issues they may need to work through before they can address the more immediate symptoms of these mental health problems.

Relationship difficulties: Sometimes couples or families come to therapy hoping to learn how to communicate more effectively with each other. Systemic therapy can help them identify hidden

issues that may be sabotaging their attempts at mutual understanding and create a platform for evolving more effective ways of interacting.

Conduct disorder: This is a childhood condition marked by aggressive and destructive behavior. Systemic therapy can help the individual improve impulse control, develop appropriate social skills, and understand how family dynamics may be influencing their actions.

Anxiety: A systemic approach can help individuals identify the origin of their fears and provide strategies to overcome them.

Eating disorders: Individuals with eating disorders often have longstanding issues with self-image, including low self-worth. Systemic therapy helps individuals understand their feelings of inadequacy and how they affect decision-making related to food and exercise.

PTSD: Systemic therapy can help individuals who have experienced traumatic events understand how their memories of these events are affecting their current lives.

Schizophrenia: In some cases, individuals with schizophrenia may be able to work through their symptoms with help from a systemic approach.

3.3.3.1.3.3 Benefits of systemic therapy

Systemic therapy provides many benefits:

- Helping individuals understand the ways their emotional life affects how they interact with others.

- Providing a safe space for people to talk about personal issues that may have been too painful or difficult to share with others.

- Creating (perspectives) insights into relationships that may not be handled well by other forms of counseling or therapy.

-Self-understanding: Individuals are given tools to help them better understand themselves. With greater self-understanding, people can develop healthier relationships with others and reach their potential in life. The individual is an active participant in exploring his or her own patterns of thoughts, actions, and emotions.

-Understanding of different perspectives: Systems theory helps individuals understand the different perspectives people have in different contexts. This awareness can help them identify when others are trying to exert power, when they are being influenced by someone else, and how these interactions affect their behavior.

-Empowerment: Systemic therapy provides an opportunity for individuals to be empowered in their own lives. It is not about giving up control to someone else or surrendering power to an expert or professional. Instead, this type of therapy empowers the individual to take charge of their life.

-Relationship skills: Individuals are taught how to communicate with others in more effective ways. They may learn how to better handle conflict and resolve problems. This can help them have more loving and fulfilling relationships.

- Core beliefs: This therapy helps individuals identify the core beliefs that may be destructive for their lives, such as perfectionism or having to please others before themselves.

- Identification of strengths/resources: Systemic therapy helps individuals identify their own strengths and resources, which can lead to increased self-confidence and self-worth.

- Empathy: Systemic therapy can help clients develop greater empathy for others, which is essential for healthy relationships with parents, partners, and children.

- Learning to work together with family: Systemic therapy encourages family members to work together for the benefit of one another.

3.3.3.1.3.4 Effectiveness of systemic therapy

Systemic family therapy has been shown to be an effective treatment for children, adolescents, and families. (Cottrell et al., 2002) However, more studies are needed to determine the best type of treatment and how it works.

Systemic therapy seems to be efficient and stable for the treatment of youth and family mental disorders and mental health disorders. This is important for the practical application of systemic methods in psychotherapeutic care.

Since systemic therapy is originated from an approach that provides appropriate ways to model regulatory processes, the need to identify, evaluate, and examine it to plan optimal treatment for depression is doubled.

On the other hand, depression is a complex disorder with many elements(features) including biological and psychological factors and relational dynamics

that interact with each other in a complex combination; Therefore, it is necessitate applying a treatment model addressing(covering) all the complex biological, psychological and relational aspects of depression. For this reason, such kind of model was included in the researches of the systemic approach. Currently, many forms and models of systemic therapy are used in dealing with couples and families; but systemic therapies instead of focusing on the orientation of systems theory on therapeutic situations (such as couple therapy) and family therapy were focused and the internal processes of the individual 3 were deliberately ignored (Tramonti et al., 2015). In the individual system approach, the focus is on the individual. The client must understand the situation, And the basic approach of systemic treatment is to commit clients to treating their problems;

The ultimate goal is for the person to become a self-regulating system and find solutions in different situations with minimal input from the therapist's system. Studies support the efficiency of systemic therapies in the treatment of depression in adults (Wampler et al., 2020), and therefore, ways to apply systemic thinking in the theory and practice of general psychotherapy should be considered. There are considerable evidence that interpersonal and field variables are not only relevant to family and couple therapy. Psychotherapy needs to go beyond the distinction between family therapy, couple therapy, and individual therapy and should move towards a more comprehensive and integrated perspective that links systemic and individual perspectives to desirable and successful psychotherapy (Heatherington et al.,2015).

A distinctive feature of the systems approach is that the therapist is in a position to observe the effects of specific behaviors that make change possible (Fairlamb et al., 1979).

The effect of this method is to reveal hidden information within the family and to facilitate the family's ability to find non-symptomatic solutions in creative ways.

Family therapy combines systems with concepts of hierarchy, power, and strategic interventions. Systemic family therapy is a practical approach that focuses on solving problems in the present.

The effect of systemic family therapy is that it is actually an attempt to understand the family as a system (and not just people living together in the same place) and as a subsystem influenced by factors in the larger environment. As a member of the system, the family continuously interacts with the larger system and its factors and elements (Forough ShafaeianFard et al, 2022).

In many countries research on the efficacy of systemic therapy is still limited. In a first meta-analysis of family and marital therapy, (Shadish et al.,1993) calculated a mean.

3.4 Background and theoretical basis of parent-based therapies

First, social interactions of child with parents at early ages cause an important social context for developing inappropriate behaviors in the child (Yu L et al,.2020).

According to the National Research Council, family is the main part of each therapy and parents' participation in therapies of autism children is also an important issue (Begara Iglesias et al,.2019). Since the introduction of autism, most of the therapies have been based on parental education techniques (Fage et al,.2018). For example, according to research, parents are the richest source of knowledge about their children. (Weiss et al,.2015). Generally, the interaction of an autistic child is in clinical environment with special training designed by a person. But these interactions can be improved into natural environment by parents' interactions (Richa et al,.2014). Also, parents' training is also useful for the family with children with autism (Yen et al,.2014). According to Gupta and Singhal (2005), educating family is useful for both parents and child, in addition to increases their sense of parenting competence. According to White et al. (2014), play-based trainings make parents a good communication partner and also facilitate the generalization of the skills learned by the child to the normal living environment. Since behavioral problems of autistic children affects their learning skills, so teaching parents along with receiving their information about their child provide a better situation to treat the (Gau SS et al.,2013).

The benefits of parents training programs are so much. Some examples are increasing generalizability, being cheaper, and more possibility of keeping the results of treatment (Gau et al,.2008). In other words, involving families in supportive and information interventions is one of the ways to increase their life quality and leads to controlling sadness and anger in children with autism. Consequently, this reduces sleep problems, physical symptoms, and family

dysfunction (Tang et al,.2009). Longer and tighter therapy hours result in more development (Park et al,.2020). Since parents are always with their child, so interactions by parents can increase the intensity of treatment. The aim of teaching parents is equipping them with various parental skills (Rodriguez et al,.2020) reviewed effective studies in parenting education and reported that involving parents in therapy process leads in developing the child's communicational skills, enhancing mothers 'knowledge about autism, improving the child's parent interactions, and reducing mothers' sadness and anxiety (Novin et al,.2019).

3.4.1 Types of parent education programs

Raising and educating a child with autism spectrum disorder can be very challenging and at times overwhelming. A child with autism spectrum disorder does not play, may be nervous or anxious, and have confusing and disappointing behaviors for their parents they can easily cause confusion to their parents and influence their parenting style but at the same time, children with autism have strengths and abilities that can emerge only when parents adapt and take a path that is the best and most correct option for their child.

In general, parent education programs can be home-based, institution-based, or a combination of both (Khaleghi et al,.2020).

3.4.1.1 Home-based programs

This method, as an individual training program, is taught to mothers at home or in the child's living environment. Teaching joint attention in the form of games: This program teaches parents the way of encouraging the beginning of joint attention and respond to it in the form of games. Training sessions are normally held at home. Through the tools provided, parents learn how to diverts the attention of the child to an object. The child then starts to pay attention to the object and the mother's attention to that object. This program increases the child's communication and verbal skills (Sinha et al. 2015).

3.4.1.2 Institution -based therapies

These programs are completely held in institute in form of group or individual work. Some examples of these methos are presented as follows:

Teach program: It is specified for children who have just been diagnosed and follow our general principles including physical organization, work system programs, and homework organization. Although 30 years have passed since the creation of this program, its effectiveness has only been shown in the current study (Kurlan et al., 2016)

Child-parent interaction program: This method has been designed for children aged 3 to 7. The aim of this method is reducing behavioral problems and it includes two general stages. In the first method, the parent follows the child and in the second stage, the child follows the parents. This program is effective for children with high-functioning autism and its effectiveness has been shown in various studies.

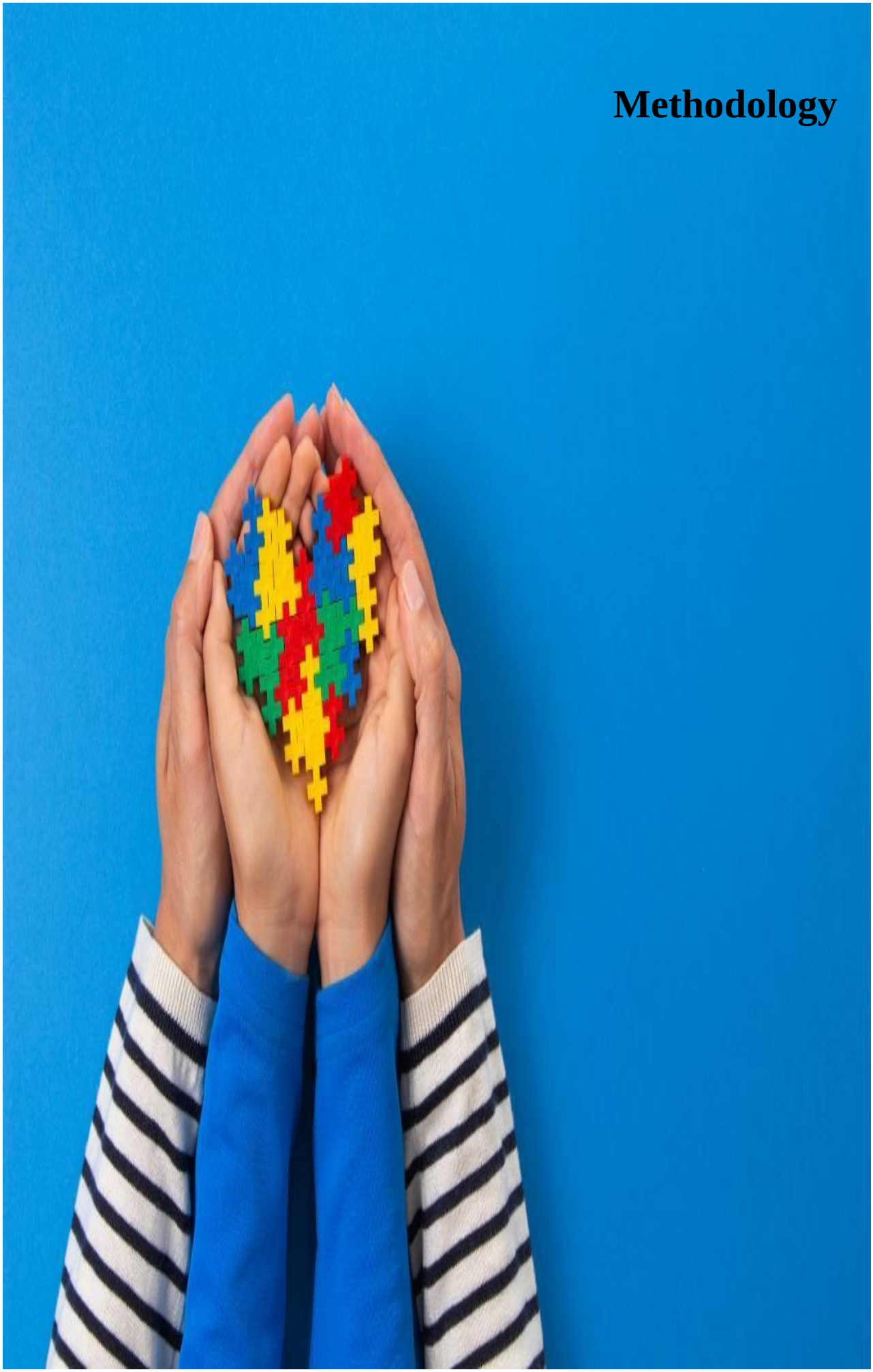
The positive parenting program (triple p): This program is a type of parent education group program that is held in eight sessions.

3.4.1.3 Combined home-based and institution-based programs:

These programs include methods in which some sessions are held at home and some are held in the institute.

This program that is designed by the National Autism Association, includes eight group and four individual sessions. The aim of individual sessions, which are home-based, is coordinating group training with individual children (Lin et al,.2019). This program has been translated to Persian in terms of “little bird”. With the aim of increasing its adaptation to the conditions of Iranian families, some assignments have been added to group sessions and a workshop session to this program in which both parents (mom and dad) participate. Its effectiveness on reducing child’s behavioral problems (Zhukova et al,.2020), increasing computational skills and increasing the general health of parents (Ameis et al,.2020).

Methodology



4. Methodology

Research has been described as systematic inquiry, and research in which data are systematically collected in an attempt to understand, describe, predict, or control an educational or psychological phenomenon, are analyzed and interpreted or it is done to gain power in a specific context (Mertens et al , 2005). O'Leary suggested in 2004 that arguments that were relatively simple to define thirty or forty years ago are now difficult to define due to increased research methods. Especially in applied and social sciences, in any case, it is recommended that the precise definition of research is influenced by the researcher's theoretical framework (Mertens et al , 2005) using theory, the relationship between the structures used to describe and describe. Explain phenomena by trying to discover connections between similar events. A theoretical framework is a special form of theory that sometimes refers to a paradigm (Mertens et al , 2005) and affects the way knowledge is understood and interpreted. The selected paradigm expresses the intention, motivation, and goals of the research. Without determining the paradigm at the beginning of the research, there is no basis for subsequent choices regarding methodology, literature, and research design. In research texts, sometimes paradigm is not discussed, different degrees of importance are given to paradigm in research, and sometimes different definitions of paradigm are presented. In some studies, the paradigm is mentioned at the beginning of the research, while some researchers may only mention the paradigm in the footnotes and references of the research or not mention a source for it at all. For some novice researchers, it is a matter of surprise and question where the paradigm is discussed in the research plan and where the questions related to it are raised in the research. The term "paradigm" can be defined as "a set of logically related assumptions, concepts, and theorems that guide a way of thinking" (Bogdan, Biklen, 1998) or the philosophical goals and motivations of the studies they adopt (Cohen et al., 1994) defined. Additionally, Mc Naughton, Ralph, and Siraj Balchford (2001) provided a definition of a paradigm that includes three main elements: beliefs about the nature and nature of knowledge, methodology, and criteria of validity.

In this research, the phenomenology paradigm has been used. From a lexical point of view, phenomenology is the study of phenomena of any kind and their description, taking into account how they manifest before any valuation, interpretation or value judgment.

On the other hand, if we consider phenomenology as semantics, the meanings that appear in human life form a semantic system. This semantic system is obtained by adding existence to

time and space, and the identification of this semantic system is also achieved in the same way; It means additional knowledge of time and place, which is called "life experience".

Since the researcher has intended to investigate the phenomenon of mental health in family with children with autism in depth, naturally, such a study should be studied from both quantitative and qualitative dimensions, so the current research is practical in terms of its purpose and type of research. Mixed research was conducted with both qualitative and quantitative methods.

The characteristic of a real mixed study is that the integration and combination of quantitative and qualitative findings are done during the stages of the research process, which can be in the stages of data collection, analysis or interpretation of research results. According to the definition mixed research, is research in which researchers collect, analyze and combine the findings and interpretations obtained from both study methods in a single study using approaches with quantitative and qualitative research methods. Mixed research or what is called mixed research method is "the combination of techniques, methods, approaches, concepts with the language of quantitative and qualitative research in a single study".

In this research, which consists of two phases, a combined study with a sequential explanatory method has been used, and data collection and analysis will be done in two quantitative and qualitative approaches, asynchronously and sequentially, which is a priority in this method. given to quantitative approach. is, data analysis in each of the approaches is done independently and sequentially.

In quantitative research, research that is conducted through numerical data and statistical information is called quantitative research. In this method, the defined variables of the research are checked by analyzing numbers and figures to confirm or reject a hypothesis or theory with the help of statistical data results. In this method, it can be used to analyze information quickly advanced software can analyze a lot of data in the shortest time and get correct and clear interpretations. It should be noted that quantitative research requires very high precision of the researcher and accuracy and transparency of information.

In quantitative research, the following methods are used to collect the data required by the researcher:

1. Observation: The easiest way to collect information is to observe the people of the statistical community.

2. Survey: In this method, the researcher must raise a number of questions and provide them to the people of his statistical community in person or online. It is better to have multiple-choice questions and of course, to be completely clear.

3. Test: In the test method, the researcher must prepare the conditions in such a way that he can control the desired variables so that cause-and-effect relationships are established in that situation.

Qualitative research is research that is based on non-numerical analyzes in an experimental, physical and exploratory way to understand concepts, opinions, thoughts, and experiences in a completely natural and real context. With this method, the researcher achieves deep insight and knowledge about a subject that is not fully understood and can analyze the research data using various theories and thematic investigations. Also, the qualitative researcher alone conducts observations, analyses, and interpretations and in this way can discover new issues or opportunities and improve the experiments with the help of detailed descriptions of the subject's experiences. Of course, qualitative research is not repeatable, and because the data is collected from small samples and on a small scale (especially in specific subjects), the results obtained are not fully generalizable.

In qualitative research, methods are used to collect the information needed by the researcher, which are:

1. Observation: In this method, the researcher carefully observes the behavior and culture of the statistical community for a long time and in a real environment.

2. Interview: This method is done by asking descriptive questions and receiving oral answers from the interviewees.

In the end, it should be mentioned that the combined method of the combined model was used in this research.

4.1. Research Design

Using a mixed design with quantitative and qualitative methods, this research collected data related to the mental health of family with children with autism and non-autism children in Iran from the parents of Isfahan city. With an approach that includes mental health data, researchers

can use a larger, randomly selected sample. that quantitative studies provide data that can be expressed as numbers, whereas statistical tests can be applied to comment on the data (Madrigal & McClain, 2012). Data statistics include descriptive statistics such as mean, median, and standard deviation and inferential statistics such as t-test, ANOVA, or multiple regression correlation. Statistical analysis allows us to extract important facts from research data, including preference trends, differences between groups, and demographics. Depending on the statistical significance of the results, the research findings can be generalized to the population about whom the required information is needed.

family with children with autism may experience many psychological problems such as anxiety, stress, social confusion, social isolation, and difficulty communicating with others. Therefore, the main statement of the current research was to examine the health status of parents in healthy children and children with autism to provide solutions to solve such important problems and provide effective suggestions in this field (Zakirov-Engstrand et al., 2020).

Parents of children with ASD experience high levels of stress. The sources of these stresses can be related to the child, parents, or society. What worries the child includes the child's behavioral and communication problems, the mother's concern about the child's stability and stability, and concern about the child's future and future performance (Robles-Bello et al ., 2021).

Acceptance of society and even other family members towards children's behavior, low social support, financial problems, isolation, and parents' lack of knowledge about how children grow and how to treat them are other sources of parental stress (Stănescu, 2017). Excessive stress in parents leads them to use inflexible, threatening, and more aggressive methods to control their children's behavior. Such a tendency has negative effects on the child's communication and development and aggravates destructive behaviors (Ozcelik et al., 2021).

On the other hand, it should be noted that medical facilities and resources to help children with autism and their families are limited, and this shows the necessity of serious participation of families in the treatment process of their children. Rehabilitation processes should consider empowering parents as a necessary part of the intervention so that they can use the parents' energy to improve children's functioning and prevent the negative consequences of this disorder.

Research results have shown that parents' participation in the treatment process has a significant effect on the child's well-being and the parents' mental health (Samadi et al., 2019). Parental involvement programs provide the knowledge and skills needed to improve the quality of child-parent interactions. These programs help parents understand their children's problems as well as

their abilities and guide them in their child's development (Farrer et al., 2013). These programs also improve parents' coping mechanisms by providing appropriate information about children's conditions and how to deal with them appropriately (Zakirova-Engstrand et al., 2020).

In this regard, as we said, despite much research on the effect of parents' participation on the effectiveness of educational programs for autistic children, limited research has investigated the experiences and psychological problems of family with children with autism. While these families face many mental and psychological problems, some of which have been mentioned, it is necessary to do a lot of empirical research in this field.

At this stage, the mental health of family with children with autism and non-autism children was examined.

The first phase, which is a mixed study with a quantitative method where subjects are randomly selected, examines the mental health of family with children with autism and non-autistm children. This type of research can start with a specific subject group. It can even include multiple groups and comparative analysis. Here, the prerequisite is that respondents are randomly sampled to avoid biased results.

In the second phase, considering that it is research with a methodology mixed with a quantitative and qualitative approach, in the quantitative phase, it is a semi-experimental study with a pre-test-post-test design, which is classified as applied research, and in which to investigate the scope of differences One-way covariance analysis was used.

Also, in the form of 5 group counseling sessions based on systematic counseling, efforts are made to increase the mental health of members through counseling and training.

Also, Bowen's systematic counseling technique is one of the most widely used counseling methods in this field. Bowenian systemic counseling is based on balancing feelings of togetherness and differentiation. This theory is based on the concept of individuality. Bowen (1978) argues that there is an intergenerational emotional system in the family in which an individual's mental health is highly dependent on the level of differentiation and separation from the system. These concepts mainly believe that life is always associated with some form of chronic stress. This chronic anxiety is considered an inevitable part of nature, which can have different manifestations at different levels depending on the specific situation of the family and cultural considerations. Bowen argues that it is a biological phenomenon that is a common point between humans and other life forms. He argues that chronic stress has been passed down from

previous generations, whose impact and influence continues. The family is in a constant struggle to maintain a balance between the power of togetherness and its unity and differentiation. Bowen's theory played an influential role in the clinical and theoretical development of family counseling.

4.2. Phase 1

4.2.1. Participants

The initial sample included 130 families of 12-16-year-old children, 60 of whom had children's family with children with autism, and 70 families had non-autism children. The final sample population consisted of 60 people, including 30 families with children with autism and 30 families of non-autism children. The initial sample size included 60 families (37 boys and 23 girls) with autism aged 12-16. The second group included 70 non-autism families (55 boys and 15 girls) aged 12 to 16 years.

The modified sample size included 30 (17 boys and 13 girls) autistic subjects in the autism group and 30 (20 boys and 10 girls) subjects in the non-autism group. All people were randomly selected. Concerning the Iranian group, all participants were born in Iran, and Persian (Farsi) was their primary (local) language. The province of Isfahan is estimated to have a population of 5,120,850, 2,599,477 (51%) of whom are male and 2,521,373 (49%) are female. The statistics indicate that 44% of this population lives in Isfahan County, and 40% live in Isfahan city, the center of Isfahan province. This city is the third most populous city in Iran (2016 consensus).

The autistic children group consisted of children from different areas of Isfahan. All these children were kept at Isfahan's center for autistic children.

The children of the non-autistic group were randomly selected from schools and education districts in Isfahan. Note that with Iran's gender-based segregation policies in action concerning all age groups, males and females' study in separate environments.

Both groups were matched in terms of social status and age. All subjects lived with their families.

Inclusion criteria:

Inclusion criteria include characteristics that participants must have to be included in the study. In fact, it means which people with what characteristics can be studied and researched.

The subjects were supposed to meet all these criteria:

A. Family with children with autism (autism spectrum disorder or ASD):

1.Confirmed ASD diagnosis by the State Well-Fare Council following the DSM-5 guidelines).

2.having a specific code assigned in the State Well-Fare Organization's system

3.An age range of 12–16

4.Persian should be the primary language of all subjects.

B Family without children with autism:

1.An age range of 12–16

2.Persian should be the primary language of all subjects.

3.Education in public and non-state schools

4.No diagnosis of developmental or sensory disorder

Exclusion criteria:

Exclusion criteria include characteristics that participants have or acquire during the research and should be excluded from the study. Because having these characteristics causes disruption in research.

The subjects meeting any of the following criteria from excluded:

A. Family with children with autism (autism spectrum disorder or ASD):

1.Visual and auditory processing disorders

2.Manifested symptoms of a history of any chronic, moderate, or uncontrolled systemic disease

3.History of mental health problems and taking control medication

B. Family without children with autism:

1.Visual and auditory processing disorders

2.Diagnosis of cerebral palsy (CP) or autism spectrum disorders (ASD)

3.Have children with ASD

4.History of severe head trauma or cerebrovascular accidents

5.History of crucial clinical-neurological disorder or psychiatric illness and disorder.

4.2.2. Instruments

The data collection phase involves gathering the available relevant library and field findings. The data collection methods generally fall into the library (articles, documents, papers, and informational websites) and field (questionnaires) techniques.

Here, the required data were collected using library and field methods. In the first stage, the required concepts were extracted from books, articles, theses, and various databases. Then, the field survey method was used to collect numerical and statistical data. The data were collected by administering a questionnaire to the statistical population. The data were then analyzed based on the scores given.

Here, the data were collected using the note-taking technique. The available sources in various databases, such as SID, MAGIRAN, ScienceDirect, and ELSEVIER, were examined. Then, the required information was then extracted by note-taking.

In the field survey stage, a questionnaire was used to gather the required information based on research variables and the relationships between research components. The questionnaire was administered to the respondents after formulation and adjustment.

Many national and international books, theses, articles, and databases were used to extract the required information concerning theoretical background and literature review.

In the field survey stage, the questionnaire was used as an information collection tool to gather the required information based on research variables and the relationships between research components. A questionnaire is a series of questions responded to by the respondent as required. These responses contain the data required.

Data collection tools are tools that help the researcher gather the information required for analysis. In this research, a questionnaire was used. The questionnaire was prepared based on the assumptions and variables determined by the researcher. Additionally, its reliability and validity were determined before administration.

1-Questionnaire

A questionnaire, as one of the most common data collection tools in survey research, is a set of objective-oriented questions that measure the ideas, views, and attitudes of respondents based on many scales (Savadi et al., 2016).

Here, we used the Likert rating system with questions of equal significance and value. The respondents choose a scale between the two Limits (completely agree and completely disagree), depending on the intensity or strength of their attitude. To rate each attitude, the score of each statement concerning all scales is summed up and averaged. Accordingly, the score of the attitude in question is determined (Savadi et al, 2016).

2- The questionnaire questions

We used the GHQ-28 and GARS-3 to develop and administer our questionnaire. In making the questionnaire, the desired variables must be determined first. Then the questions that can measure the research variables should be decided. When deciding on questions for a questionnaire, the first thing to consider is the applicability of the concepts used. The application of fundamental concepts has a decisive effect on research results. In this research, considering that both questionnaires had the necessary validity to conduct the test, there was no need to create a new questionnaire.

4.2.2.1The general health questionnaire (GHQ-28)

GHQ-28 consists of 28 items designed by Goldberg et al., (1998) by applying the factor analysis technique to a 60-item edition. The main questionnaire consists of 60 questions. However, there are also shortened forms with 30, 28, and 12 questions. The final edition consists of 28 questions with almost the same efficiency as the 60-question form (Appendix1). This questionnaire has four sub-scales, each with seven questions. The scales of this questionnaire are:

1- somatic symptoms

2- symptoms of anxiety and insomnia

3- social action

4- depression symptoms

Table 3 specifies the total number of questions and question numbers related to each variable in the questionnaire.

Question number	The number of questions	Variable	Row
Questions 1–7	7	somatic symptoms	1
Questions 8–14	7	symptoms of anxiety and insomnia	2
Questions 15–21	7	social action symptoms	3
Questions 22–28	7	Depression symptoms	4

Table 3-The GHQ questions

The GHQ-28 tests are scored with various methods, each with a specific application in research and clinical cases. Given their extensive application and having the cut-off points of the first two methods in Iran, we only employed the conventional and the Likert rating system to produce results. The following lines explain the rating systems and response weighting in this test:

1. The conventional and standard rating system of GHQ

The responses of subjects are scored from "0-0-1-1" (0 indicates "better than usual/no" and "same as usual/a bit, while 1 indicates worse than usual/much and "much worse than usual/very much"). The highest score range in this system is 28.

2. The Likert scoring system

The responses of subjects are scored from "0-1-2-3" (0 indicates "better than usual/no" and "same as usual/a bit, while 1 indicates worse than usual/much and "much worse than usual/very much"). The highest score range in this system is 84.

3. The C-GHQ scoring system

The score of subjects' responses in the "0-1-1-1" system for negative items on the questionnaire reveals a psychological disorder. At the same time, the score in the"0-0-1-1" system indicates the positive items of the questionnaire that detect a healthy mental state. The highest score range in this system is 28.

4. Modified Likert rating system

subscales	The scores of subscales	Total score
Minimum	0–7	0–22
Mild	7–11	23–40
Medium	12–16	41–60
Extreme	17–21	61–84

Table 4-The C-GHQ scoring system

The responses of subjects are scored from "0-0-1-2" (0 indicates "better than usual/no" and "same as usual/a bit", while 1 indicates "worse than usual/much" and "much worse than usual/very much"). The highest score range in this system is 56.

There is another scoring range:

subscales the scores of subscales Total score

Minimum 0–7 0–22

Mild	7–11	23–40
Medium	12–16	41–60
Extreme	17–21	61–84

4.2.2.2 The standard GARS-3 questionnaire

GARS is a checklist that aids in diagnosing autistic individuals. This test was normalized in 1994. It deals with autism in a sample group of 1,094 individuals in 46 states from Colombia, Puerto Rico, and Canada. GARS-3 was developed based on the definition of Autism Society of America (ASA, 1994), American Psychological Association (APA), and DSM-IV (Appendix 2).

GARS-3 has undergone multiple revisions and changes compared to previous editions, making it a user-friendly autism screening tool.

The psychometric properties of subjects have been examined using previous versions of the questionnaire in multiple countries, including the U.S. (Ata Sawalha et al.,2020), and Iran (Samadi et al., 2012; Zarei Mahmoud Abadi et al., 2016).

Unlike the studies mentioned, a key feature of GARS-3 is that it is a standard reference instrument. The test scores allow for comparing and classifying subjects within a group (norm group). Depending on specific test results, the subjects within a norm group can be ranked based on age, socioeconomic status, and race/ethnicity.

GARS-3 consists of six subscales developed based on the definitions of ASD proposed by the DSM-5 American Psychiatric Association (APA).

The subscales are:

Restrictive/reduplicative behavior (13 items)

Social interaction (14 items)

Social communication (9 items)

Emotional responses (8 items)

Cognitive style (7 items)

Maladaptive Speech (7 items)

GARS-3 is more complicated and shorter than the previous version. Research and laboratory evidence indicates the reliability and validity of its scores. Moreover, it complies with the definition proposed by DSM-5 and ASA.

The GARS test suits individuals in the 3–22 age range. Additionally, parents and experts can complete it at home or school.

GARS consists of four scales, each comprising 14 items. The first subscale includes stereotypical behaviors. These subscales describe stereotypical behavior, motor disorders, and odd behaviors. The second subscale is communication. It describes verbal and non-verbal behaviors signifying autism. The third subscale is social interaction. The items of these subscales evaluate things that can appropriately explicate events. The fourth subscale refers to developmental disorders (items 43–56). This subscale addresses key questions about childhood development.

Question number	The number of questions	Variable	Row
Questions 1–14	14	Stereotypical behaviors	1
Questions 15–28	14	Communication	2
Questions 29–42	14	Social interaction	3
Questions 43–56	14	Developmental disorders	4
-----	56	Total	

Table 5-GARS-3 questions

As the data were collected using a questionnaire, their validity and reliability had to be measured. The measurement process is discussed below:

4.2.2.3 Validity

Validity examines whether the designed instrument can effectively measure the property and characteristics for which it is designed. Experts' opinions can aid in improving the validity of the measurement tool. The significance of validity lies in those inappropriate measurements can easily make results invaluable. As this questionnaire is standard and regulated by foreign researchers, first, the questions were translated. The translation was then ratified by assistant professors to determine its validity. After applying all the suggested modifications, the questions' required validity was confirmed. The reliability of the questionnaire was then determined.

4.2.2.4 Questionnaire reliability

Reliability is the extent to which a questionnaire or any research procedure produces the same results on repeated trials. In other words, reliability, also interpreted as credibility and precision, specifies how a measure can successfully measure the compatibility of a concept. Reliability or credibility involves consistency and measurement compatibility.

Reliability is often measured using the reliability coefficient. The values for reliability coefficients range from 0 to 1.0. A coefficient of 0 means no reliability, and 1.0 means perfect reliability. "Perfect reliability" is rarely seen, and if observed, the reliability of the results should be doubted. A measure's reliability coefficient is calculated using various methods, such as Cronbach's alpha.

The study questionnaire's reliability was previously determined by Cronbach's alpha by foreign researchers. To that end, they first employed the pre-test method and administered 30 questionnaires to a random sample. Then, they calculated the value of alpha in SPSS. A questionnaire is reliable if the value of alpha is greater than 0.7. The closer it is to 1, the more significant the reliability. Different numerical values can be assigned to response options to calculate internal consistency. Using the variance of scores of each subscale, the questions (or sub-tests) of the questionnaire can be calculated, so with the formula below, the value of alpha

is calculated:

$$r_a = \frac{j}{j-1}\left(1-\frac{\sum S_j^2}{S^2}\right)$$

where

j is the number of subscales

S_j^2The variance of the jth sub-test

S^2 The total variance of the test

If alpha is 0, there is zero consistency, and +1 indicates perfect consistency.

Confidence is associated with terms such as reliability, consistency, and validity. It is among the characteristics of measurement tools (questionnaires or other tests in social sciences). This concept deal with the range in which the measure can reproduce the same results under the same conditions. Kreiter (1989) define it as the correlations between two sets of scores in a test that are obtained independently in a group of subjects. It often ranges from 0 (no correlation) to +1 (perfect correlation). The reliability coefficient indicates the range in which the measuring tool can measure the subject's consistent or variable and temporary characteristics.

4.2.2.5 The validity and reliability of GHQ-28

Goldberg et al., (1998) reported 0.95 reliability using the split-half method in the case of 853 participants. Chan et al. (1995) administered the questionnaire to 72 students in Hong Kong and obtained 0.93 internal consistency using Cronbach's alpha. Robinson and Price (1982) asked 103 patients with a history of myocardial infarction to complete the GHQ on two occasions at an eight-month interval. Analyzing the results indicated a reliability coefficient of 0.90.

Taghavi (2002) examined the reliability of the GHQ based on three methods, including retest (0.93), split-half (0.70), and Cronbach's alpha (0.90). Also, concurrent validity and factorial analysis were used in this study to examine the validity of the well-being questionnaire. The concurrent validity of the GHQ was reported through the simultaneous administration of the Middlesex Hospital Questionnaire (MHQ 0.55).

4.2.2.6 Validity and reliability of GARS

The reliability of GARS is in the acceptable range. Research shows the following alpha coefficient values: 0.90 for stereotypical behaviors, 0.89 for communication, 0.93 for social interaction, 0.88 for developmental disorders, and 0.96 for autism symptomatology. Not only is GARS a test that reports the test-retest reliability, but it also indicates the inter-rater reliability. Also, the test's validity was confirmed through comparison with other autism diagnostic tools. The validity of GARS-3 has been confirmed in several studies, which confirm that:

A) The subscales' questions indicate autistic traits.

b) the scores correlate significantly. They also correlate with the scores of other autism screening tests. GARS-3 can distinguish autistic patients from those with chronic behavioral disorders.

c) Scores do not correlate with age.

D) individuals with different personalities show different GARS scores.

B) The GARS test: This autism diagnostic and screening tool consists of 15 items. Short et al. (1988) developed it in. 1. communication 2. Imitation, 3. emotional response, 4. stereotypical gestures, 5. use of objects, 6. resistance to change, 7. proper eye contact, 8. auditory response, 9. olfactory, taste, and touch responses, 10. fear or worry 11. verbal communication 12. non-verbal communication 13. activity level 14. intelligence level, and 15. overall impression.

Each item can include options such as there is no problem, slightly abnormal, moderate, and extreme." A numerical value is assigned to each option ranging from 1 to 4. The total score range of the test is 15–16. Scores above 30 indicate an autism diagnosis. A score of 30 to 36 indicates weak to moderate ASD, and a score of 36 to 60 indicates severe ASD.

Cronbach's alpha for this was 0.94. The estimated test-retest reliability coefficient after one year was 0.88. The internal consistency was 0.71. This indicates the consistency of GARS in all conditions. GARS can also be applied as a diagnostic screening tool.

This study evaluated this test in a pilot study on 30 autistic children in Isfahan, Iran. First, the test was translated. Experts then confirmed the face validity and content reliability of the translated version. The estimated Cronbach's alpha value for this scale was 0.91.

The alpha value of the questionnaire data	The standard alpha coefficient value	Questionnaire
82/0	90/0	Mental health
66/0	94/0	GARS

Table 6-The Cronbach's alpha

4.2.3. Procedure

An analytical cross-sectional study design was run. The top priority of the planning stage in every research or review attempt is to determine the sample size. This is while if the sample size is too limited, the results will be scientifically invalid (Seraji et al, 2010).

The subjects were categorized into two groups of parents of 12–16 boys and girls. The participants were initially 130, of which 60 were children with autism, and 70 were non-autistic students from regular schools.

Sixty subjects, including 30 parents of children with autism and 30 parents of children without autism, were selected using multistage random cluster sampling.

Cochran's formula was used to determine the sample size.

in which:

n = sample size

Z = the standard normal variable value, which at 95٪ confidence level, is 1.96

P= is the (estimated) proportion of the population with the attribute in question. If not present, it can be considered 0.5. In this case, the variance will reach its maximum value.

q = is the percentage of individuals in the population without the attribute q = 1 – p

d= is the margin of error equal to 0.05. By placing these in the above formula, the sample size is calculated.

The details of the performed GARS-3 ad GHQ-28 tests are as follows:

First, an autism center in Isfahan was selected. An educational district in the city was selected from which a non-autistic children's school was chosen. It was a well-known large school. Then, a briefing session was held for the training personnel of each center to clarify the research objectives, the number of participants required, and their characteristics and resolve ambiguities. All the research details were further explained to the families to receive their written consent.

It was then decided all the participants in the two groups were supposed to take the GARS-3 test prior to the study. These tests were given in the auditorium of each center. The test environment was entirely silent, with sufficient light and without any visual distractions.

After completing the GARS-3 test in the provided sheets, the subjects' responses were scored according to the guidelines.

The test was conducted in November 2019. To increase the accuracy, the answers were scored manually and with the software. This stage lasted two months.

After the subjects were confirmed and assigned to the two groups mentioned, GHQ-28 was administered to them in two separate sessions in a counseling center. In these sessions, the details of the GHQ, objectives, and motives of the research were explained.

The families were informed a month in advance. Also, they were again notified via SMS 48 hours before the test session and were given the address and time of attendance for the GHQ-28 test. They were warmly received to familiarize them with the clinic. The allocated time to complete GHQ-28 was 30 minutes. All 60 subjects completed the test together in a quiet environment away from any distracting noise.

The analysis took two months. The second round of analysis was done via computer to minimize errors. This stage took more than one month.

Due to confidentiality, a number was assigned to each form, known only to each subject. The results were reported to all members.

4.3. Phase 2

4.3.1. Participants

Initially, the sample population included 60 families with children with autism.

In the modified sample size, 30 subjects were randomly selected. 18 families participated in Phase I, and 12 families entered Phase II. The mean age of families ranged from 28 to 42.

Inclusion criteria:

The subjects were supposed to meet all these criteria:

family with children with autism (autism spectrum disorder or ASD):

Families with at least one autism child.

Families with a specific code in the State Well-Fare organization's system

Persian should be the primary language of all subjects.

Habitation in Isfahan.

Willingness to participate in group sessions

Exclusion criteria:

The subjects meeting any of the following criteria were excluded:

Family with children with autism (autism spectrum disorder or ASD):

Hearing and vision impairment and motor problems

Manifested symptoms or a history of any chronic, moderate, or uncontrolled systemic disease

history of mental health problems and taking control medication

engagement in extramarital affairs

Habitation in suburban Isfahan

4.3.2. Instruments

4.3.2.1 Interview in group therapy

In each session, mental health aspects were done through systematic counseling. The meetings were held in groups. A total of 5 meetings were held. The time of each session was 60 minutes and it was done once a week.

The summary of the meetings is as follows.

First session

At first, all members get to know each other, and the goals of the group are stated. The rules of the group and how to implement it are told to everyone, then the treatment of the first session, which includes teaching empathy and expressing feelings, is discussed and they are asked about their experiences. And practicing empathy and expressing feelings and thoughts is done in the group.

Second session

At first, the experience of the previous meeting is talked about and all the members are talked to. The members assignments are checked and the problems are expressed in the first meeting. The second meeting starts with the agreement of all the members. In this meeting, the members were taught to recognize the positive characteristics of people who can change their new attitudes. All members practice with each other and share their problems.

Third session

Based on the principles of group counseling, assignments will be checked and exercises will be done again and mental errors will be taught. Many examples will be given for each error and people's experiences will be expressed. At the end of the mental errors exercise and formation the table of mental errors is taught to them and the exercises must be done within a week.

Fourth Session

At the beginning of the session, mental errors and exercises of the last week are discussed and all members are checked. In this session, stress reduction techniques and the concept of stress and psychophysical exercises are taught. How to find sources of stress and express their experiences in the field of stress and at the end of the meeting, mental concentration techniques are told to all members and they are invited for the last week.

Fifth Session

All the members are appreciated for attending these 5 meetings and all the previous meetings are reviewed in the first 15 minutes of the meeting and the exercises of the previous week are reviewed and finally, the topic of the iceberg which is a metaphor for the problem of showing problems in the system is reviewed Life and how to deal with problematic issues are discussed and all members are requested to go to the clinic next week for the test.

4.3.3 Procedure

In this study, first, the required permits were obtained. Then, the counseling center authorities were briefed on the research objectives. Regarding their cooperation in Phase I, all families were generally invited to participate in the study. Depending on the inclusion and exclusion criteria, 60 families enrolled in the study. To verify that all subjects had an actual case in the autism Center, the 60 families were invited to a private clinic for a group session to be briefed on the research objectives. Then, 30 subjects were selected by the random number generator software before all participants. After the families gave their written consent to begin Phase II, it was found that 18 subjects had previously participated in Phase I, and 12 subjects had been added for the first time.

After the collected data were analyzed in the computer software, the systemic counseling sessions to increase mental health began.

This consultation consisted of five 60-minute sessions that lasted a month and a half. These meetings were held in groups. Families were reminded 48 hours ago. All sessions followed the principles of the systemic counseling approach. Finally, after the fifth session, 30 families with children with autism completed the second GHQ-28 test one week later. The non-computer analysis of the results took three months and the computer analysis was completed in one month. Results were reported individually to individuals to maintain data confidentiality. Then the subjects were given suitable suggestions for follow-up counseling.

4.4 Data Analysis

Data collected from parents' responses were evaluated to extract similarities and differences. Comparisons between autism and non-autism families were fully analyzed (see tables in Chapter 4). The information obtained can help to extract the main roots of mental health disorders for family with children with autism and determine to what extent it can affect the parents. Data were analyzed descriptively and quantitatively. In the descriptive analysis of the comparison of age, marital status, and education level based on the mean and standard deviation and in the analysis of inferential statistics regarding the comparison of mental health based on 4 parameters which include:

1.Somatic symptoms (items 1-7)

2.Anxiety/insomnia (items 8-14)

3.Social dysfunction (items 15-21)

4.Severe depression (items 22-28)

Based on an independent t-test, it was used in SPSS-25 software. Post hoc contrasts were performed with the Bonferroni test. The relationship between variables was evaluated by a one-way analysis of variance. On the other hand, indicators of socio-economic status were calculated through analysis of variance and correlation coefficient. The significance level was set at 0.05.

In the Second Phase, the data were analyzed quantitatively and qualitatively (see the next chapter for full details). All the data of the GHQ-28 questionnaire, which has been compared in 4 axes for families before and after systemic treatment, was analyzed based on inferential statistics. One-way ANCOVA was used to determine differences between interactions. Kolmogorov-Smirnov test was used to check the normality of the data. All second-phase calculations were done in SPSS-25 and NVIVO. NVIVO is a suitable software for data storage, management and statistical analysis. In fact, this program is an integrated environment for storing all types of files and data, text, image, audio, etc., and you can easily store all office documents, word, slides, pdf files, data tables, banks. saved information related to projects. Additional information, important points and preliminary results can be mentioned next to each file. You can also do quantitative and qualitative analysis through the tools available in this software.

The review of group counseling sessions has been done and analyzed by this qualitative software NVIVO.

4.5 Ethical Consideration

Research is a step that a researcher takes to clarify an ambiguous problem in order to find an accurate and logical answer to solve it (Ranjabr, 2016).

It is considered one of the basic requirements for the creation and expansion of any successful scientific system and one of the major responsibilities of universities toward society's problems, and by discovering the unknown secrets of the world, researchers serve to increase the well-being and quality of life of society members and future generations. Research, as one of the main topics of modern bioethics, is of interest to thinkers and ethicists in the world in various fields

of science and technology. Today, ethics has become the cornerstone of effective and meaningful research. While ethical considerations may initially appear as barriers to starting a study, they are clearly inseparable from the process (Duncan, 2009) and ethical concerns should be at the forefront of any research project and should continue through the writing and to be published (Wellington, 2010).

According to this issue, in this research, issues related to the rights of subjects and moral and humanitarian issues for these people have been observed. Verbal and written consent was given to the participants to understand the research method.

1-Freedom of decision-making in research:

In the present study, before presenting the questionnaire, the subjects were told that participation in this study is completely voluntary and there is no compulsion to participate in it, and their non-participation in this study has no negative consequences for them.

2- Having a nickname:

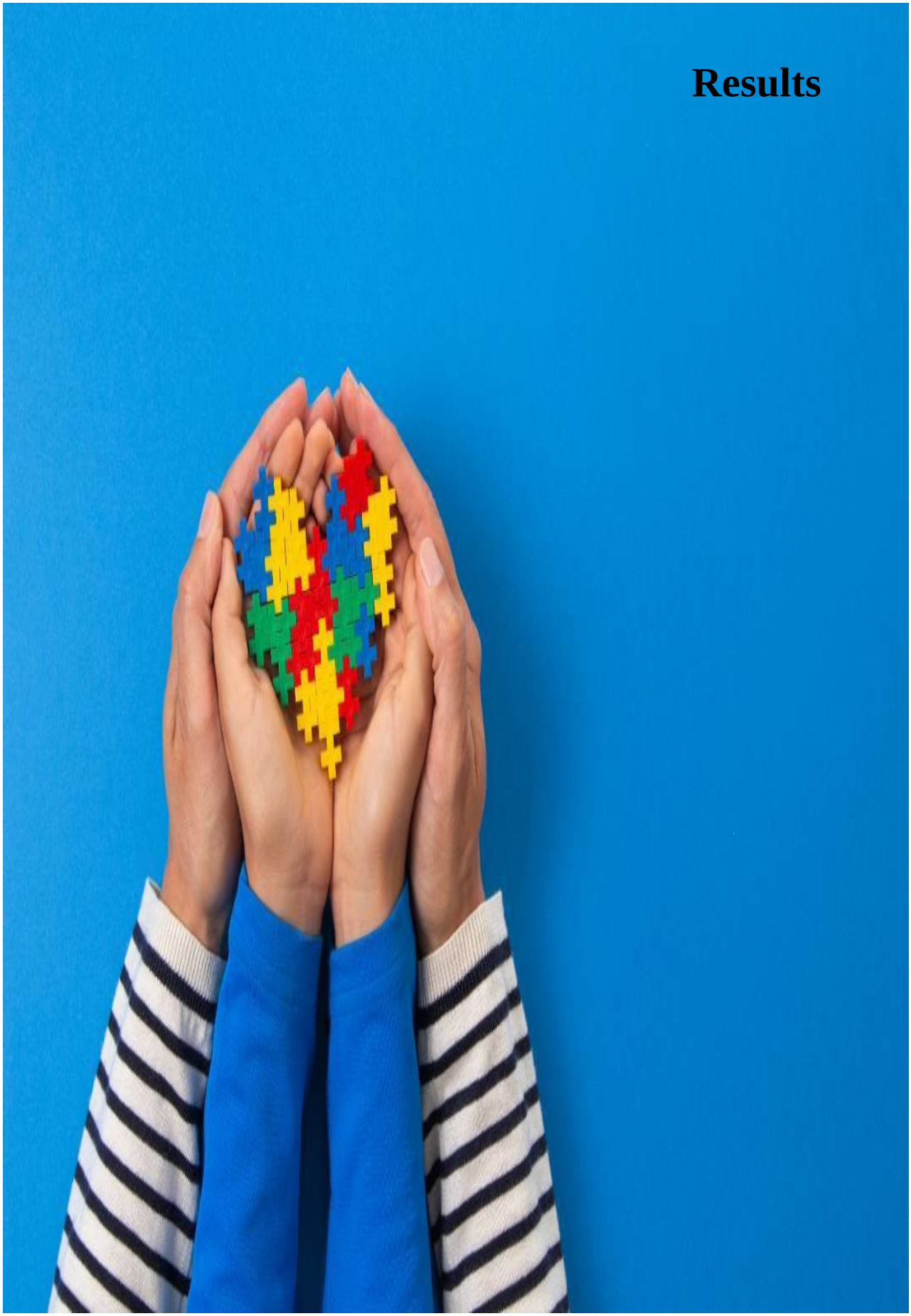
Some subjects wanted to know the results of the research or were asked about their mental health status based on the questionnaire, such as whether they had anxiety or not, so they were told to choose a pseudonym. Based on this nickname, the results of the research as well as their individual characteristics are placed in an envelope and presented to them through the researcher.

3- Confidentiality of information:

In the current research, there are no questions in the questionnaires that determine the personal identity of the subjects and private information such as name, surname, address, etc., and will not be provided to any organization, institution, or individual except research fellow.

4- Obtaining informed consent from all participants in this research in both the first and second stages, who can freely accept or reject all conditions.

Results



5. Results

5.1 Introduction

The purpose of writing this chapter is to answer the research questions or hypotheses. In this chapter, the obtained data are described and analyzed in relation to each question, objective or hypothesis. The task of analysis is to transform complex and even vast incomprehensible data sets into understandable units, patterns and indicators in research problems. Therefore, the main goal of analysis is organizing and purifying data in the form of clear, clear, reasoned and interpretable information so that the relationships in research problems can be discovered and investigated (Homan et al,.2016). Or the graph is presented and analyzed. Presentation of research results can take different forms depending on how the findings are organized. The order of presenting research findings in an organized manner is something that must be planned in advance. The best way to structure this section is to present the findings according to the research questions or hypotheses. This chapter has been examined in two phases.

In the first part of this chapter, descriptive statistics such as the mean, median and standard deviation of the family with children with autism and healthy children, as well as the mental health of autism families and the dimensions related to these two variables have been examined through tables and graphs. In the second part, qualitative interview analysis and finally quantitative analysis of mental health related to the effect of systemic counseling in autism families have been discussed.

5.2 Phase 1

5.2.1 Descriptive Statistics

In this part, descriptive statistics related to the comparison of mental health in family with children with autism and family without children with autism will be discussed in the first phase.

5.2.1.1 Education Distribution

As can be seen in Table 7, there is no significant difference in terms of family education between the two groups of parents of ASD children and parents of children (p> 0.05). 60% of the families in the parent group of autism children had postgraduate and 33.3% bachelor's degrees) and 70% in the group of parents of children (30% postgraduate and 40% bachelor) had postgraduate and bachelor's degrees. As can be seen in Table (8), there is no significant difference in terms of education between the two groups of parents of ASD children and parents of children (p <0.05). In both groups, most people have a master's degree.

Parents of children		Parents of children ASD		
Frequency Percentage	Frequency	Frequency Percentage	Frequency	
13/3	4	16/7	5	DIPLOMA
30	9	26/7	8	Associate Degree
40	12	33/3	10	Bachelor
16/7	5	23/3	7	MA
100	30	100	30	TOTAL

Table 7-Distribution of education frequency

5.2.1.2 Marital Distribution

As can be seen in table 8, there is no significant difference in marital status between the groups of parents of ASD children and parents of children (p> 0.05), and in the group of parents of ASD children. 4 people (13.33%) and 3 people (10%) are single in the group of parents of children. As shown in table 8, there was no significant difference in marital status between parents of ASD children and parents of children (p> 0.05).

Parents of children		Parents of children ASD		
Frequency Percentage	Frequency	Frequency Percentage	Frequency	
90	27	86.67	26	Married
10	3	13.33	4	Single
100	30	100	30	Total

Table 8-Marital Distribution

5.2.1.3 Age Distribution

As in the table 9 it can be seen that there is no significant difference in terms of family age between the two groups of parents of ASD children and parents of children (p> 0.05). The average age of the family in the group of parents of children with autism is 38.6 with a standard deviation of 5.7 and the minimum and maximum is 28 to 52 years. As can be seen in table 9, there was no significant difference in marital status in the parent groups of ASD children and parents of children (p>0.05).

p Value	Maximum	Minimum	Standard deviation	Average	
0/674	51	29	5/28	39/2	Parents of children
	52	28	5/7	38/6	Parents of children ASD

Table 9-Frequency Distribution of Marital Status

5.2.2 Inferential statistics

The variables of this study were measured in two groups parents of ASD children and parents of children. Independent t-test and Pearson correlation were used to analyze the research variable,

and the Smirnov Kolmograph test was used to examine the normality of the distribution of subjects scores in the variables of family with children with autism. The results indicate that the distribution of scores is normal (P <0.05).

According to table 10, there is a significant difference between the mean family mental health in the two groups of healthy children with autism (p = 0.0 and t-value equal to 7.33). The average mental health of mothers of healthy children is 17.7 ±5.4, which is significantly different from the mental health of families with children with autism, which is equal to 29.36 ± 6.84. In fact, the average family mental health in children with autism is the mother of healthy children.

95% confidence interval					Mental Health	Statistics	
MIN	MAX	p Value	t-value	Df			
8/48	14/85	0/0	7/33	58	17/7	average	Parents of Children
					5/4	The standard deviation	
					0/98	Standard error	
					29/36	average	Parents of ASD Children
					6/84	The standard deviation	
					1/24	Standard error	

Table 10-Mental health t-value results in parent

According to table 11, there is a significant difference between the mean family Somatic symptoms in the two groups of healthy children with autism (p = 0.0 and the value of the t-statistic is 3.711). The average Somatic symptom in the family of healthy children is 5/3±06/4which is significantly different from the Somatic symptom in the family of children with autism which is equal to 49/2±33/6. In fact, the average Somatic symptom of the family in children with autism is higher than the mothers of healthy children.

%95 confidence interval					Somatic Symptoms	Statics	
MIN	MAX	P Value	t- Value	df			
1/04	3/48	0/0	3/711	58	4/06	Average	Parents of children
					3/5	The standard deviation	
					0/40	Standard error	
					6/33	Average	Parents of ASD children
					2/49	The standard deviation	
					0/45	Standard error	

Table 11-Results of Somatic symptom t-value in parent groups of ASD and children

According to table 12, there is a significant difference between the mean family anxiety in two groups of healthy children with autism (p = 0.0 and the value of t-statistic is 5.72). The average anxiety in the family of healthy children is 09/2±4/8, which is significantly different from the anxiety of the family of children with autism, which is equal to 3/4±43/13. In fact, the average family anxiety in sick children is higher than the family of healthy children.

%95 confidence interval					**Anxiety and insomnia**	**Statistics**	
MIN	MAX	p Value	t-value	df			
3/25	6/8	0/0	5/72	58	8/4	average	**Parents of Children**
					2/09	The standard deviation	
					0/38	Standard error	
					13/43	average	**Parents of ASD Children**
					4/3	The standard deviation	
					0/79	Standard error	

Table 12-Anxiety and insomnia t value results in parent groups of ASD and children

According to table 13, there is a significant difference between the average social dysfunction in two groups of family without children with autism and those with autism (p = 0.001 and t-value equal to 3.416). The average social dysfunction in family without children with autism is 3.1±2.006, which is significantly different from the dysfunction in family with children with autism, which is 56.2±5.1. In fact, the average social performance of parents in autism children is higher than that of parents of without autism children.

		95% confidence interval			**social dysfunction**	**Statistics**	
MIN	MAX	p Value	t-value	df			
0/84	3/22	0/001	3/416	58	3/1	Average	**Parents of Children**
					2/006	The standard deviation	
					0/36	Standard error	
					5/1	Average	**Parents of ASD Children**
					2/56	The standard deviation	
					0/46	Standard error	

Table 13-Results of t-value of social dysfunction in groups of parents of ASD and children

According to table 14, there is a significant difference between the mean of parental depression in the two groups of healthy children with autism (p = 0.0 and the value of t-statistic is 4.077). The mean of depression in parents of healthy children is 02/2±13/2, which is significantly different from the depression of parents of children with autism, which is equal to 38/2±46/4. In fact, the average parental depression in sick children is higher than the parents of healthy children.

%95 confidence interval					depression	Statistics	
MIN	MAX	p Value	t-value	df			
1/18	3/47	0/0	4/077	58	2/13	Average	**Parents of Children**
					2/.2	The standard deviation	
					0/37	Standard error	
					4/46	Average	**Parents of ASD Children**
					2/38	The standard deviation	
					0/43	Standard error	

Table 14-Results of parental depression t-value in parent groups of ASD and children.

Also, according to the results obtained in this study, the variables of possible mediation interventions such as age, marital status and parents 'education have no effect on parents' mental health.

5.3 Phase 2

5.3.1 Descriptive statistics phase2

5.3.1.1 Age distribution

Table 15 provides the breakdown of respondents in terms of age. According to the table, participants are divided into four age groups, and thus a frequency table is concluded. The highest percentage is in the age group of 30-35 years, indicating 43% of the respondents.

Age	Frequency	Valid Percent
28-30	2	6,6667
30-35	13	43,3333
35-40	10	33,3333
40-42	5	16,6667
TOTAL	30	100

Table 15-Age Distribution

5.3.1.2 Education distribution

As can be seen in table 16, there is no significant difference in terms of family education between parents of autism children ($p>0.05$). 40%of the family with children with autism have a bachelor's degree, 30% have a post-graduate degree, and 13% of the parents of children have a diploma or doctorate.

Age	Frequency	Valid Percent
High School Certificate	4	13,3333
Associate Degree	9	30
Bachelor’s Degree	12	40
Master’s Degree	4	13,3333
Doctor of Philosophy	1	3,3333
Total	30	100

Table 16-Education Distribution

5.3.2 Inferential statistics

In this section, the GHQ-28 test will be reviewed in the pre-test and post-test .As can be seen in table 17, the posttest means of the after consultation has decreased considerably in comparison with that of the pretest mean. The value of t observed with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tob (58) = 2.25 and the critical value of t for a two-way test with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tcr (58) = 2.00. As tob is greater than tcr (tob > tcr), the null hypothesis is not rejected and the research hypothesis, namely "The Impact of Systemic Counseling on the family with children with autism" is support.

Group	Frequency	Pre-test mean	Post-test mean	Difference between the mean	Standard Deviation of mean	T-test for the comparison of two means		
						t	df	p
After consultation	30	5.40	3.66	1.73	0.78	2.25	58	0.028
Before consultation	30	4.86	6.33	-1.46	1.17			

Table 17-The results of T-test for comparison of the means of the two groups for the variable of Somatic symptoms

As can be seen in table 18, the posttest means of after consultation has decreased considerably in comparison with that of the pretest mean. The value of t observed with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tob (58) = 2.09 and the critical value of t for a two-way test with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tcr (58) = 2.00. As tob is greater than tcr (tob > tcr), the null hypothesis is not rejected and the research hypothesis, namely "The Impact of Systemic Counseling on the family with children with autism' anxiety and insomnia." is supported.

Group	Frequency	Pre-test mean	Post-test mean	Difference between the mean	Standard Deviation of mean	T-test for the comparison of two means		
						t	df	p
After consultation	30	5.53	3.10	2.43	0.60	2.09	0.041	58
Before consultation	30	4.36	4.76	-0.40	1.20			

Table 18-The results of T-test for comparison of the means of the two groups for the variable of anxiety and insomnia

Group	Frequency	Pre-test mean	Post-test Mean	Difference between the mean	Standard Deviation of mean	T-test for the comparison of two means		
						t	df	p
Before consultation	30	5.53	4.26	1.06	0.67	1.47	58	0.16
After consultation	30	4.36	4.90	-0.26	0.60			

Table19-The results of T-test for comparison of the means of the two groups for the variable of social dysfunction

As can be seen in table 19, the posttest means of after consultation has decreased in comparison with that of the pretest mean. The value of t observed with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tob (58) = 1.47 and the critical value of t for a two-way test with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tcr (58) = 2.00. As tob is smaller than tcr (tob < tcr), the null hypothesis is supported and the research hypothesis, namely "The Impact of

Systemic Counseling on the family with children with autism ' social dysfunction" is not rejected**.**

Group	Frequency	Pre-test Mean	Post-test mean	Difference between the mean	Standard Deviation of mean	T-test for the comparison of two means		
						t	df	p
Before consultation	30	5.34	3.97	1.02	0.43	1.30	58	0.12
After consultation	30	4.36	4.90	-0.26	0.60			

Table 20-The results of T-test for comparison of the means of the two groups for the variable of severe depression

As can be seen in table 20, the posttest means of after consultation has decreased in comparison with that of the pretest mean. The value of t observed with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tob (58) = 1.30 and the critical value of t for a two-way test with a degree of freedom of 58 at the alpha level of $p < 0.05$ is tcr (58) = 2.00. As tob is smaller than tcr (tob < tcr), the null hypothesis is supported and the research hypothesis, namely "The Impact of Systemic Counseling on the family with children with autism" Is not rejected.

5.3.3 Description of findings

The aim of the present research in the qualitative part is to develop a multidimensional model of after Crisis and mental health problems counseling, so to extract this model, in the first step, after the mental health test, group counseling sessions were held in 5 sessions using the systematic counseling method.

In the process of classifying and coding concepts, there may be lexical similarity between concepts or a concept may be placed in two or more layers. The occurrence of such a possibility is a natural thing in the analysis of qualitative data, and in terms of the methodology of thematic analysis, the lexical similarity of some concepts and categories obtained is not a problem, and a

concept is defined based on that. The relationship between each of the subjects can be classified (Zarei Mahmoud Abadi,et al,. 2016).

5.3.3.1 Qualitative review of group counseling sessions

Purpose of this group counseling was to describe and deeply understand the experiences of parents in life with autism children, and mental health education was based on systematic counseling. During this research four main themes and several sub-themes were extracted, which can show what and how these parents' experiences are and to show the meaning of emotional damage due to having a child with autism disorder from the perspective of these parents. Themes that each narrates a part of the family with children with autism children's mental health status.

The themes obtained are as follows:

topic 1: Emergence of contradictory feelings

Occurrence of negative emotions (including 3 sub-themes: tendency to depression, fear and worry about the future, (shock, confusion and bewilderment)

Positive emotions (including 4 sub-themes: happiness, pride, satisfaction and Pleasure

Main theme 2: low psychological capital (including 4 sub-themes: a) hope b) Optimism c) tolerance d) Self-efficacy

subject 3: social support networks and services and limited delivery including 4 themes Sub: a) emotional support b) material support c) informational support and d) evaluation support

informational support and d) evaluation support

Main categories	Subcategories	Quoting Participants and coding open
	Happiness	Feeling Good and happy: The great experience. the first time I heard a voice from him and Phonics that it had for example: First words he said, while speech treatment. Words like ‘we’ and ‘with’ and all of this was a great experience of me.
	Pride/ being valuable	Pride, happiness and Satisfaction: The fact that I could help an autistic child who couldn’t utter a word or do a normal activity, to say some words and do his own daily routine. Even if I am not home, he can somehow live on his own. I feel proud and if it weren’t for him, I wouldn’t be able to feel so. It’s like a miracle. I could help someone who had no idea about the real world to enter it, both verbally and behaviorally.
	Love and motherhood	Pride, happiness and Satisfaction: The fact that I could help an autistic child who couldn’t utter a word or do a normal activity, to say some words and do his own daily routine. Even if I am not home, he can somehow live on his own. I feel proud and if it weren’t for him, I wouldn’t be able to feel so. It’s like a miracle. I could help someone who had no idea about the real world to enter it, both verbally and behaviorally.
	Pleasure and satisfaction	Feeling motherhood and love: That feeling never faded away. I even fell like he needs it more than ever this make me do whatever I can and even more for him.

		Satisfaction And Joy: Now what matters is that he feels good. The fact that in the future I will have a child who wouldn't be able to do anything if it weren't for me. Satisfaction and pleasure and my real feelings. I've had bitter experiences which made me thinker older and wiser than my own age, and these aren't bad. They're goo.
Negative emotions display	Orientation To depression	Depression: I felt miserable at first. I became depressed, and I used antidepressants for two years. Not having freedom felt like a prison. The manager here once asked me a good question. He asked if you want to make a movie based on your own life, what would you name it. I gave it too much thought I came up with a name that meant we might look free, but we are actually prisoners. The endless feeling of sorrow in my heart. I feel really sad all the time. It feels like something heavy is on my heart all the time.
	the fear And Worry from the future	Fear and worry from the future: I'm always worried about my son's future. The worry about their vague future is torturing. The strongest fear is that we don't know what might happen to this kid after our death. I hope he dies with me or before me.
	shock and confusion	Shock: In the beginning oof diagnosis I was very shocked. Sadness, crying and confusion were my main feelings. I sometimes felt like giving up. I sometimes feel like crying is the only thing I should do. I don't know what to do at all.
	Hope	Losing hop and motivation: I sometime think about it deeply and feel like being in a vicious circle. It feels like wasting our time and money on something endless and useless. We do a lot of things and get no good result. I have reached absurdity and I feel like a useless and aimless person. My spouse keeps telling me that you are wasting your money and that this

		child will get nowhere. What do you think will happen and all? This is what fathers normally say, because they are more logical, I guess.
Psychological capital	Optimism	Pessimism toward future and demotivation: Honestly speaking, I feel like I'm throwing my money in the garbage can when I spend some money on some treatment process. But we try we don't lose hope, we fight so that our children don't fall behind. But sometimes I feel like we're deceiving ourselves. What might happen. I think about the things I have thought him and things I have done for him. Will they be of any use for him. He can't learn, analyze, and use them anyway.
	Tolerance	Disappointment and physical and spiritual fatigue: You have chosen a way; you spend a lot of money and you keep doing things and you can see no result. All these bare the reasons of physical and spiritual fatigue. During a hard gradual way, we have spent very difficult days with him. A truly difficult process.
		Helplessness and surrender: It's actually very difficult to have an autistic child. Really difficult especially when he grows up. Taking care of him becomes difficult. Your neighbors complain about the noise and all. It was when I asked my spouse to let me take our child to a care center. Awareness of upcoming problems and hardships and hopelessness and giving up by the passage of time were the reasons for this. Because at first, I was hopeful and I thought our struggles will end well. But the further I went I more hopeless I became, as I did lots of research and found out that autism is something that we have to deal with up to the end of our lives.
Limited network support social and services	Emotional support	Only financial support from my spouse/ loss of emotional support and assistance and isolation of my spouse. His father

		always supported us financially and does that even now, but he can't accept that Bahador cannot be like normal child and he's different. It was suffering for him to accept that he can't be like a real son for him. That's why he was one side of the issue and Bahador and I were the other side if that. Even now I feel that he supports us financially and not emotionally. He prefers to isolate himself, but I have accepted my son as he is. We have been deserted from both out maternal and paternal relatives because they never phoned us and they were very cold with us, and when they happen to see us somewhere they weren't kind to us and didn't treat me like a hurt mother. They didn't ask about my child, and when I asked them for help, they said that he's my child and I should do whatever I can myself.
Effects And consequences	Financial support, financial service, healthcare service, caretaking service, urban facilities.	Lack of autism cognition in the society/ weak social support media. Problem in providing special support and service for autistic children. Unfortunately, the society has no knowledge about autism. They don't announce in the hospitals, banks or places like this to care for family with children with autism earlier, because they can't stand in line for long periods. Another problem is the cost of treatment. Speech therapy, occupational therapy, exercises, psychology, and doctors, etc. They should all work together so that we can get a good result. If you don't have money for any of these expenses you have to eliminate some of them and in return you can't the result you are expecting. Expect form that you can't use public transportation, because standing in lines and sitting on buses and being in crowded places is stressful and difficult for them, and other people become offended when they shout and become angry. So, we have to use other private vehicles which causes higher expenses.

	Informational protection (Media service and limited outreach)	Lack of information about autism in the society and lack of cognition and assistance: It's been bad, even now people have no idea about autism, even now when I have to do errands or I have office work, I have to ask someone to take care of my child, but it's hard for them to show empathy and be of help. This lacks even loss of information about our situation has caused bad reaction from people and all these torture us. When you're out everyone stares at you, because they have no idea about your condition, and you can't make them perceive the situation of your child and his behavior during a short time that you have.
	Individual effects and consequences	Losing your job: The first shock I went through was that I found out that I couldn't continue my job, even though I really liked it and did it with love. I quit and I became depressed and started using antidepressant. Loss of personal ambitions and restrictions of my desires and needs: In this situation, we, as mothers had no time for ourselves. We couldn't even go to hair salon for a few hours. We have the least time for having fun and we have almost no free time.
	Individual effects and consequences	Restriction of social relationships: Relationships have a strong effect on people. You can only interact with people who understand your child's situation and those who are very close to you. Obligations to limit your social and interpersonal relations because of bad reactions. Bad reaction from your relatives and friends: People have the worst reactions, terrible ones. I have cut my relationship with a lot of people and I have isolated myself. Because the culture of understanding people with autism doesn't exist among people so that, you prefer not to have any contacts with them at all.

Table 21-Quotations, codes and secondary and main themes extracted from the interviews with software NVIVO.

Main theme 4: Effects and consequences including 3 sub-themes:

a) individual effects and consequences

b) Family effects and consequences and

c) Interpersonal effects and consequences

Here are some quotes from participating parents:

The purpose of this group counseling was to examine mental health in living with a child with autism spectrum disorder. Autism spectrum disorders are very effective on parents as members of the family with the most interaction and closeness with the child. family with children with autism have gone through different experiences. The findings of this research have reached some key dimensions of the effects of autistic children and can be used in assessing the needs and understanding the problems of family with children with autism, providing the necessary services and resources and social support, training to improve psychological capital by psychologists, social workers. and related institutions will help and empower parents and improve their desired performance. During this research, 4 main themes and several sub-themes were extracted.

The main theme: 1. Occurrence of contradictory positive and negative emotions

The results of research indicate that at the same time as the diagnosis of the child's illness and disability, endless grief began for all parents and spread throughout their lives. which was due to the pressures caused by interacting and living with an autistic child, most of the parents participating in this research were very sad during the conversation and when they expressed the child's problems, suffering and sadness were visible on their faces. Especially, when expressing the child's inability to communicate and his difficulties in helping the child, he often interrupted his conversation with anger. And the cage of life, suicidal thoughts - the feeling of guilt caused by the thought that this child is my (mother's) birth and it is this mother who is responsible for giving birth to such a child, helplessness, and despair, the feeling of internal explosion, pain and suffering, and the feeling of weakness were the feelings that most mothers talked about. They spoke of feeling alone - fear and worry about the future - shock and confusion. It seems that the special problems and conditions of autism children have confused the parents, and that is why, gradually and over time, despair overcomes them. Because more and more obvious differences between autistic children and non-autistic children and the worsening of the child's condition and more complicated problems of an aging child create the impression in parents that all their

efforts to improve the child's condition are futile and finally, it brings physical and mental fatigue and exhaustion for these parents. Due to the constant mental worries and preoccupations and the many hardships imposed on the mother to care for an autistic child, parents do not have even a short time to rest all day and night and are deprived of any physical and mental freedom and peace. What family with children with autism children experience is far more than the confusion of parents of children with other chronic diseases, and of course some parents experience positive emotions such as joy and happiness because of the burden of efforts pride of doing the task of success and relative progress of the child, they had experienced pride and value, being a mother's love and affection, contentment, satisfaction and hope. Based on the findings of this research, caregiving burden, physical and mental exhaustion, avoiding treatment and running away and instability in caring for the child. Inability to carry out personal affairs has led to a decrease in the mental health of the parents, and it can lead to mental distress, decrease in the sense of support, a change in the parent’s mental state and depression, etc. The obtained results confirmed that the family with children with autism children had a much more difficult situation in the components of depression, anger, anxiety, vulnerability to stress, impulsiveness and self-awareness. The initial reaction of most parents when their children are diagnosed with autism is in the form of denial, non-acceptance and disbelief, confusion, feelings of anger, guilt, and symptoms of depression in the form of continuous crying, despair, loss of interests and reduced self-confidence.

5.3.3.2 Lowing of mental health

Positive psychology as a new approach in psychology, on understanding and explanation it focuses on happiness and mental well-being, as well as accurate prediction of the factors that affect them. One of the indicators of positive psychology is psychological capital, which is defined as a person's belief in his abilities to achieve success, to be persistent in pursuing goals, to create positive documents about himself and to endure problems.

Psychological capital is a combined and interconnected structure that includes four cognitive components, i.e., hope, optimism, self-efficacy, and resilience. These components in an interactive process give meaning to a person's life and continue the person's efforts to change stressful situations and prepare him to enter the scene of action and guarantee his resistance and stubbornness in achieving his goals. Also, having psychological capital enables people to cope

better with stressful situations, to be less stressed and to have a high-power facing problems to have a clear view about themselves and to be less affected by daily events therefore, such people have higher psychological health.

The results of this research showed that most of the parents who participated in this research were disappointed, they thought the future was dark and vague and unbearable and they had no motivation and goal to follow. It is clear that this complex disorder causes significant problems for the family and it has made the mother, as the main caregiver of the child, make a lot of efforts to solve the child's problems, and since there is a low probability of the result, there is a lot of pressure on the mother. All these factors cause parents to think that all their efforts are useless and that there are no positive and promising results and because they consider all their efforts and struggles to be ineffective and believe that they will not be able to change the situation and their struggles have no effect on improving the situation, as a result, they stop trying and finally surrender to the existing situation, and the problems and difficulties of life with a child. Autism, like a hard and exhausting process of erosion, has taken the patience and ability from the parents to continue and this causes them to stop trying and, abandon treatment and rehabilitation measures, which in turn can cause problems for the child. Multiply and stop the measures that are necessary and important to improve the child's condition. Many parents said that they have lost all their hope and motivation in the passage of time and are physically and mentally tired, and helpless, wishing for the end of this empty life and death. Most of them admitted that they spend their days and nights worried, confused, helpless and desperate, tired and helpless, disgusted with life, like a prisoner. it happens all-round support for these parents, including emotional support, financial support and informational support, and informing parents about the treatment and rehabilitation process can give them a new life and bring hope to the future in them. A very small number of participating parents who received this support -stated that with the passage of time their sensitivities and worries decreased and they found more peace and adaptability, and they believe that there is a problem that has arisen anyway. Every problem has a solution and they were still working with hope to achieve success and solve the problem. Some of these parents had a high motivation to continue, they said that they fell many times but stood up again and continued more resilient and wiser than before. It is necessary to give this awareness to all family with children with autism children that the treatment process and rehabilitation is a very long and time-consuming process until reaching success, the road ahead has many ups and downs and difficulty, and the continuation of the road requires patience endurance, and stability. Improving the psychological capital of family with children with autism children can help to by

focusing on solving the problem, they move forward with persistence, creativity and planning, and hope that the issues and problems will fade away, even if it is necessary to go a long way and go to a different one.

In explaining the above findings, psychological capital can be considered as one of the most important and basic characteristics and skills that if family with children with autism have in their life and interact with the child, they show less vulnerability to stressful life events and as a result, they are less likely to suffer physical and mental exhaustion and ultimately feel more satisfaction, vitality and well-being. Based on the investigation in the first phase of this research, the psychological capital of family with children with autism is lower than the average psychological capital of parents without an autism child.

5.3.3.3 Social support networks and limited services

The results of the present study indicate that many parents participating in this study had received almost no support from social networks and services. Social support refers to the help or assistance that others provide to a person when he is facing stress, pressure and life problems. Sources of support social groups have a wide range that are prioritized according to their importance and degree of closeness. This wide range includes all the people who accept a person in a way and help and support him to solve his problems. Family, relatives, friends, neighbors, colleagues and others are in this wide spectrum. Types of social support are evaluated in two ways:

A) Received support: it is the extent to which a person enjoys obvious support, such as concrete help and assistance from family, friends, and others, which can be determined by measuring the number of supporters and the level of access and enjoyment of various types of social support.

B) Perceived support: perception is the accessibility and adequacy of different types of support. Perceived support is often equated with satisfaction and social support combined with positive feelings.

Types of social support are divided into 4 main types:

1-Emotional support a person is emotionally loved and cared for by others.

2-Material support (instrumental) is referred to the preparation and provision of financial aid and needed services.

3-The informational support of the person as a result of communication with others, and gaining more information about the subject which leads to awareness increase.

4- Evaluator support and recognition of obtaining specific information based on which a person receives feedback from others and can evaluate himself.

In examining and analyzing qualitative indicators in this research, the father's role in child care is very important. Fathers withdrew themselves from the care and maintenance of the child and their role was only limited to providing the expenses, which leads to the fact that the family with children with autism inevitably bear the burden of responsibility and problems alone and imagine themselves alone and without a supporter. This will gradually lead to emotional and psychological separation from their spouse, and this issue shows the importance of support resources. At the level of social relations, we are also faced with social isolation and psychological damage of the mother, which psychological, social and economic support will be accompanied by the presence and participation of the mother and the reduction of the mother's psychological pressure. Acceptance of mother and child in the society is one of the most important issues. Accepting parents and their children in the community can help reduce many of their problems and provide a basis for employment and social participation. However, lack of public awareness of this disorder and lack of understanding have led to labeling and rejection and non-acceptance of parents. Therefore, due to the lack of recognition and the low threshold of tolerance in relation to the abnormal and unusual behavior of children in the society and the fact that the people around them are not able to support the mother and provide for the care needs of the child due to the aforementioned reasons, the occurrence of negative emotions towards this category of children are associated with the unhappiness of parents and in this context, the most harm is directed to parents. By focusing interventions and supports on the mother as the main caregiver and having complete knowledge of the child, as well as with the possibility of interacting with other family with children with autism, social isolation can be avoided. It seems necessary to provide information in various fields in order to help parents and increase awareness and knowledge about autism spectrum disorders and related issues, lack of knowledge and sufficient information about autism in society and among people, behaviors and attitudes leads to bad and immature reactions of the people and the society, and this lack of empathy and social understanding causes double mental and physical pressure (hundreds) on the mother. The tired and lonely soul bothers the mother more than ever. According to the findings of the research, there is no notification through the national media or the welfare organization for the awareness of the people and the society, apart from the lack of any emotional support, the lack of financial

support and the economy also impose heavy pressure on families. The heavy costs of treatment and rehabilitation and care have created a big challenge for the family economy. Many of the participating parents, they will never be able to do much for the child, and they considered spending a lot of money a, useless activity. From this finding, it follows that parents do not receive a satisfactory result for the cost they pay for the rehabilitation and treatment of their child, perhaps because parents expect that, like some other diseases, autism disorder will disappear in a short period of time. In treatment period Parents are slowly realizing the problems of treatment and rehabilitation of this disorder and they also realize that there is no definitive treatment for this disorder and its prognosis is not very favorable. Therefore, in order to obtain emotional and financial support from outside sources, the family needs to go through long and expensive processes. Also, unfavorable economic conditions and lack of job security, lack of rehabilitation insurance, and lack of support from government agencies are one of the factors affecting parents' lack of motivation in re-pregnancy. Financial problems are a common experience among family with children with autism around the world, and they also talked about the change in their financial situation after the diagnosis. The heavy burden of economic costs was one of the concerns of participating parents. Unfortunately, financially, no funding and support has been allocated to family with children with autism, as a result, they face difficulties in using rehabilitation and treatment interventions and their cost. In the continuation of the treatment process, the financial concern of imposing the cost on the mother, controlling the saving in other costs, the mother's tiredness from the treatment and giving up on the continuation of the process have caused despair. Plans to support and allocate financial budget for care services and rehabilitation and treatment of autistic children seem to be necessary. In addition to the heavy social and economic pressures, the parents were also struggling with other problems, including the problems that the participating parents mentioned: lack of special facilities for autistic children, including long queues at banks and doctor's offices and the long queues that require time and energy, but for the mother of an autistic child, there is no more time or even the ability to stand in these queues , and parents are also worried about the lack of childcare centers for autistic children (even on a temporary and hourly basis).They complained about the lack of standard and appropriate educational content for autistic children. Add to all this the impossibility of using many city services, public vehicles, public entertainment places such as parks, cinemas, swimming pools, etc. Almost all the participating parents suffered from these problems and felt the lack of social support networks (emotional-material-informational) and service provision with all their heart and almost all parents admitted that they need social support and services; The above findings showed that the parents of orphaned children have a high need

for social support and social rehabilitation of their child. They also showed that informal social support had a direct and significant effect on the mental health of the parents of these children. Parents who felt more supported had less mental health problems. self-reported and there is a significant relationship between social support and quality of life and social support has an effect on the quality of life of family with children with autism by influencing the flexibility of stress and finding benefits.

In explaining the findings, it can be said that social support and service delivery in the situation is very unfavorably located and the issue is raised that little support and services are provided what happens is only communication with children, and parents personally take care of themselves, manage their lives and their children. If the main focus in social support and services should be on the mother as the main foundation of the family. Another point is that it is necessary to inform parents in order to obtain services because many parents do not have the necessary information about the services provided in this field. Social support and service delivery play an important role in adapting and managing the concerns and challenges for parents with disabilities. The child is autistic also, until now, no design and action has been taken in order to adapt urban spaces according to their characteristics and needs. It seems that adapting urban spaces, organizing city parks, organizing public transportation and designing based on the principles of rehabilitation, etc. and possibility of children's interactions and social connections with healthy children, presence and movement in public spaces, can reduce the mental and physical stress of the mother. Also, media support autism mother and child, introducing them to the public will bring understanding of others and their return to society.

Boarding educational and care centers were among the needs of parents and the return of parents to the normal routine of life and personal and social performance that follows. Official support in the field of education and care for autistic children, as well as official support for rehabilitation and treatment, implementing intervention programs at school and home, taking advantage of the golden age, treatment, all-around support for the mother, and raising awareness and dealing with misleading and incorrect information will lead to the promotion and improvement of parent's life.

5.3.3.4 Effects and consequences

Having an autistic child has had many effects and consequences (both at the individual level at the family level and at the interpersonal level) on the lives of the parents participating in this research. It seems that the existence of an autistic child and taking care of him puts parents in a

difficult situation and their lives undergo fundamental changes. The results of the present study showed that parents do even the most everyday tasks with difficulty and even carefree sleep and rest become a problem. The severity of these problems is a function of the severity of the disorder and in some cases even watching a favorite television program becomes an impossible task, the problems of these children become a big challenge, which cause problems for parents as well. Many parents were forced to give up their jobs when their autistic child was born, a job they loved. Many of them had inevitably given up all their interests, desires and dreams and even perhaps they had forgotten all of them. Many of these parents said that they never have any freedom for themselves, they cannot plan any personal affairs and activities due to the enormous pressure of 24-hour and non-stop efforts to provide treatment and support services and rehabilitation of the child. They are deprived of any personal freedom of recreation and even rest and relaxation. which ultimately leads to physical exhaustion and threats to the mother's mental health. Many parents admitted that the existence of their autistic child had a very negative effect on their relationship with their spouse and created a deep emotional distance between them, from creating a completely cold and soulless relationship, and not having any sexual and physical contact .These problems range from not having an effective relationship with the spouse until the creation of tensions and conflicts and severe differences between husband and wife and destruction of relationship in the explanation of this finding, it can be said that due to the fact that the interaction of parents with these children is more driven , sometimes the husbands are not involved in the problems of the autistic child as much as the mother, they condemn the parents, they blame them and think the mother is the cause of the child's problem Parents are very worried about the condition of their children, being accused by their abusive husbands and intensifying the conflict between parents. Parents are expected to be supported and accompanied by their spouses, while they have received the opposite reaction. Most family with children with autism reported that their children's problems forced them to stay in home.

These parents had less free time compared to other family members and received less emotional support from their spouses. The birth of an autistic child had affected the lives of all family members and had a negative effect, even on other family members, including children. had already left, from the mother’s negligence and carelessness to the other children to the sadness and discomfort and dissatisfaction and complaints of the other children about the problems and the existing situation. The birth of an autistic child has affected the mother's personal and family life and created problems in the mother's interpersonal and social relations. On the one hand, the behaviors, reactions, and complex problems of autistic children make the people around them

want to break the relationship, and on the other hand, the parents themselves, because of the very bad reactions of the people around them (which is basically due to the lack of knowledge and understanding) for a long time. Staying away from comparing their child with normal children and staying away from the pitiful and sometimes humiliating looks of the people around them choose this bitter loneliness as children. Autistics do not have social interactions and cannot develop the skills needed to initiate and maintain social relationships, so it seems natural that the inability to establish social relationships on the part of an autistic child somehow leads to the limitation of parental relationships. In some cases, parents feel ashamed and embarrassed for having such a child, and most parents do not have the motivation to appear in public situations. In this situation, isolating the family and avoiding family relations with the surrounding people seems to be a natural thing.

In total, the results indicate that the autistic child has negative effects on the mother, marital relations, social relations and the mutual relationship between mother and child with other children. Among the negative effects of the child on the mother are job restrictions, leaving employment, loss of some job benefits and economic problems, loss of opportunities for personal development, neglecting personal interests and reducing the quality of the mother's personal, family and social life. Negative effects on marital relationships, such as tension and the destruction of the relationship, the reduction of the mother's emotional relationships, divorce, emotional increase in anxiety and lack of security and peace of mind of the mother, the decrease in psychological adaptation, the decrease in reaching the maximum adaptation to the disorder and the treatment and care process of the child, and the decrease in the ability of the mother in dealing with it, it brings a favorable relationship with the spouse in the form of cooperation and cohesion, as well as self-efficacy, the mother's satisfaction and peace of mind, and the mother's responsibility towards the child. Regarding the negative effects on the relationship of mother and child with other children, the lack of allocation of sufficient time and as a result severe restriction of entertainment, lack of favorable relationship between mother and child, and lack of motivation in having children can be mentioned.

In explaining these findings, it can be said that the studies conducted on the family with children with autism have shown that they are facing a lot of stress. This stress can be related to the child, parent or society. One of the issues that can cause parenting stress in family with children with autism is the nature of autism spectrum disorder because autistic children show different characteristics compared to non-autism children. The disorder includes a wide range of linguistic, behavioral, and social communication and is one of the main sources of stress for

family with children with autism. The characteristics of the child are such as problems in expression, verbal cognitive instability, behavioral problems, adaptability, and severity of disabilities. On the other hand, living with autism spectrum children in the family creates special issues and problems for parents. Different researches have shown that multiple behavioral aspects in a stable disorder such as autism spectrum disorder can lead to parental depression, anxiety and the feeling of being limited in the role of parents. Inadequacy in raising a child leads to a weak emotional attachment between the child and the parent, more negative relationships between these children and their siblings, an increase in the level of tension in the family, a higher rate of divorce, and a breakdown of family relationships in the families of children with autism spectrum. The relationship between the child and the parents interacts with each other which means this relationship is two-way. The study of the interaction of children with autism disorder with their parents showed that there is a high level of psychological pressure, imposed depression, restriction and frustration in their relationships. Many problems in today's world are related to the damaged relationships between the main members of the family and their mutual relationship with each other. children on family atmosphere and marital relations are also affected. Another point is that parents are gradually realizing the problems of treatment and rehabilitation of this disorder and they also realize that there is no definite treatment for this disorder and its prognosis is not very favorable. Therefore, in order to obtain emotional and financial support from outside sources, the family needs to go through long and expensive processes.

The most important factor of tension and stress that family with children with autism experience are worrying about the continuation of the low acceptance conditions of the society and even other family members. Autistic child’s behaviors and failure to receive social support. Although in many cases, society, people, relatives can be good sources of support for the child and the mother of his family, many families with children with autism feel that the surrounding society and even their relatives have negative cognitive approaches towards them and the child. They are suffering therefore; the mother will try to withdraw from society and accumulate issues within the family. Isolating herself and the child will increase the different dimensions and aspects of psychological pressure. The results showed that the scores of parents with a child with autism spectrum disorder in the subscale of social isolation were higher than other groups.

Although it was expected before this research that the parents of autism spectrum children would have to deal with issues and problems, this number of problems was never expected. family with children with autism face many difficulties and hardships in almost all areas of their lives, and

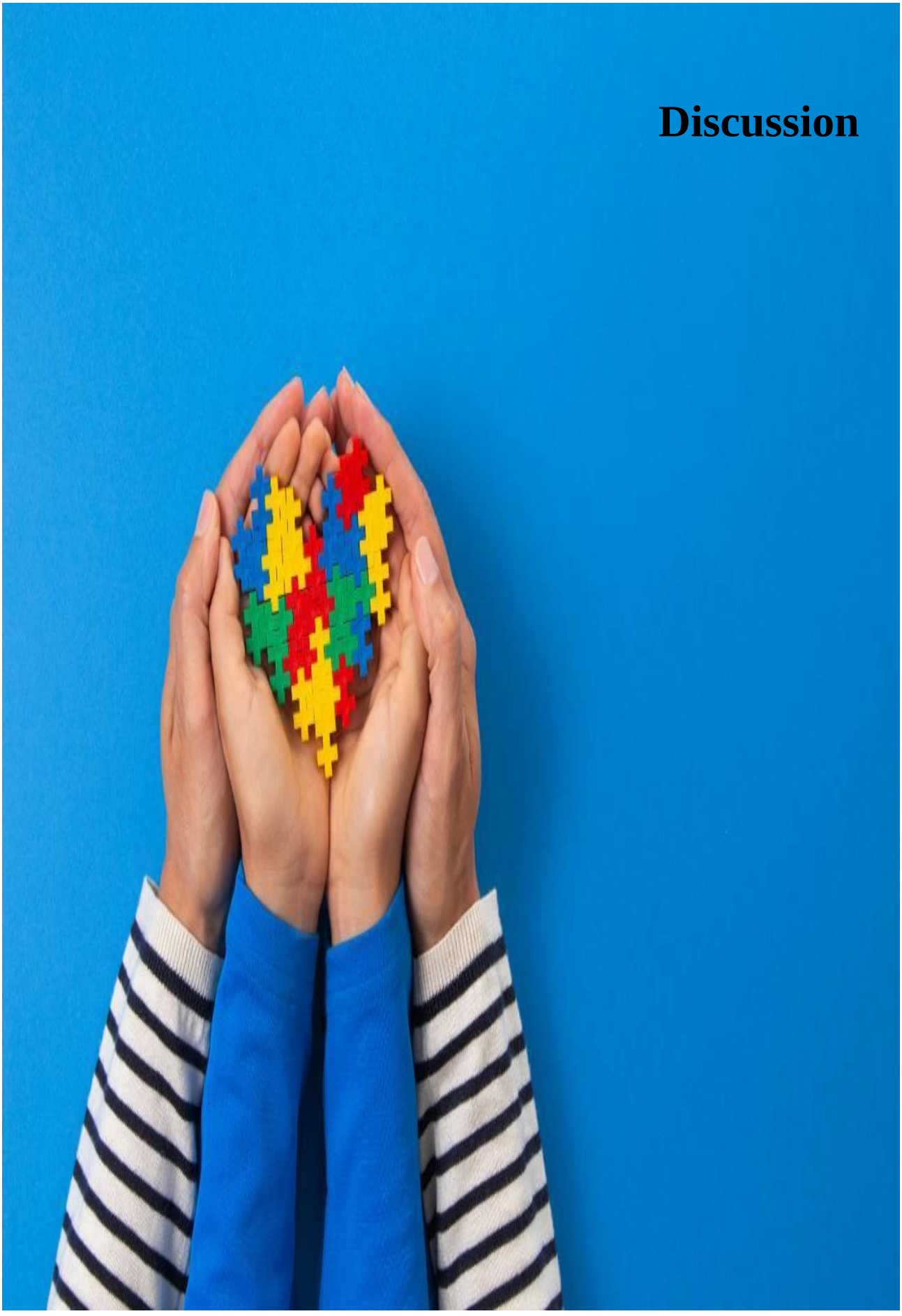
perhaps no researcher or phenomenology can represent the lived experience of these parents as it really is family with children with autism face a lot of loneliness and pain. They experience the many losses caused by this disorder, the suppression and mental and physical injuries they see, the depression and deprivation they face, the low psychological capital and little social support are part of the lived experience of these parents. Most of these experiences are influenced by economic factors and social and political institutions and structures. In fact, the suffering and deprivation and damage that family with children with autism experience are more affected by their experience of life in society than by their child's disorder. What is meant by society is not only a collection of people, but social and political institutions and structures. The fact is that the family with children with autism suffer from the trauma. Taking care of their child is not considered at all against the suffering and grief and damage they suffer from the lack of services and problems caused by the difficult financial and support situation.

The damage of economic, political and institutional conditions on people's lives cannot be well understood and analyzed except in specific lived experiences, that is why it is necessary to narrate those living moments so that the narration of this pain and suffering, loneliness and deprivation is talked about in spite of being a small step for them at the end of this narrative unlike quantitative researches, qualitative researches have creativity, flexibility, breadth, depth and special complexity, from research design to data analysis. Although the mentioned features are considered as the strengths of the qualitative method, the researchers in this field face uncertainty, challenges and special problems in all stages of the research, from the initial semi-open questions and their continuous changes in the field of study to the analysis of a large amount of data. There is variety, quality. The present qualitative research was also involved in the aforementioned methodological issues. In qualitative researches, the mentality of the researchers may affect the different stages of the research, although in this field the effort was on objectivity, in the end this issue has research limitation, the reluctance of some parents to participate in the research and refusal to be interviewed to provide information, another one was of the limitations of the present study. Also, some parents did not want to answer some interview questions, including questions related to the effect on their family relationships, relationships with their spouses in particular, they avoided telling the truth and tried to skip the question and not answer.

The present research is limited to the participation of parents as the main caregivers. The findings of this research can be useful on both theoretical and practical levels. The present research helps to improve the knowledge in the field of problems and problems of family with children with autism. Each of the themes of the present research are potential treatment goals to increase the

well-being and mental health of parents, which can be used to improve existing interventions and design future interventions. In terms of application, the results of this research can be used by families, counselors and policy makers in the field of family and welfare organizations; Therefore, in order to increase information about the issues and problems of these parents and improve the current situation, all relevant institutions and organizations can formulate and implement basic and practical programs and organize family education and psychotherapy courses, and also considering the lack of awareness and understanding of the society and the general public about this disorder and the problems and issues that these parents are dealing with, it is necessary for the welfare organization and radio and television to develop appropriate programs to create awareness among the general public. The results of this research showed that the parents of children with autism spectrum disorder experience a lot of pressure and tension from the physical and mental aspects, to the extent that it has weakened their performance in various dimensions and jeopardized their quality of life from all aspects. In general, family with children with autism can be considered as vulnerable people in terms of mental health, and it is necessary to know the mental state of the parents, pay attention to their needs and problems, understand their lives, and provide more companionship and empathy for their spouses and provide support resources for these parents to ensure their mental health is of particular importance. Later the level of mental states of the participants in the research was tested to measure the effect of the training sessions on them.

Discussion



6. Discussion

In this chapter, the meaning, importance, and relevance of the results will be examined. This work should focus on explaining and evaluating the findings of the thesis, relating them to the literature review and research questions, and thereby providing a rationale for the conclusions.

In this chapter, the summary of the research is first presented and then both stages of the research are discussed.

6.1 Introduction

In this two-phase study, the topic of autism and mental health and the intervention and effect of systemic counseling in the family with children with autism, its definitions, practical factors, and evolution as well as the classification of interventions and rehabilitation strategies, education, and treatment have been investigated.

In the first phase, the aim of this research was to compare the family mental health with autism children with family without autism children. A sample of 130 students between 12 and 16 years old, 60 of whom were autistic and 70 non-autisms has been selected by random sampling method.

In the sampling phase, 30 people from those both groups were non-selectively introduced for further investigation, and the GARS-3 test assessed all 60 people to confirm autism disorder, next the GHQ-28 mental health test had been used for the elder family.

An age category, ranging from 28 to 42 years old were selected and two groups were compared from autism and non-autism point of view.

In the second phase, autism has been addressed based on the impact of systemic counseling on the mental health of autism families.

In the second phase, a sampling of 60 autism families has been done clustered, 30 of them were randomly selected, 18 of them were present in the first phase, and 12 new people were selected from the family with autism children. GHQ-28 tests were applied, then 5 systematic counseling sessions were established for 30 people in groups, the time of each session was 60 minutes, and some education on mental health was given to people. Finally, GHQ-28 tests were taken again. the results in both phases, obtained quantitatively with SPSS software, and qualitatively with NVIVO software, in phases one and two respectively, revealed that the mental health of autism families is lower than that of non-autism families in phase one. Also, in the second phase, in

which the effect of systematic counseling on the mental health of autism families had been investigated based on quantitative and qualitative approaches, the findings covey that data analysis of systemic counseling had a good effect on the mental health family with children with autism.

6.2 Discussion of two phases

There are autism therapies available that can assist autistic children in growing and developing their talents. Thanks to autism treatments, some autistic children have entirely recovered. These therapies could aid the child's odd habits while also teaching him/ her autonomous activities so that he/ she may fulfill his/her demands and gradually return to a regular existence.

family with children with autism report higher levels of stress and guilt, as well as a higher risk of depression than families with children who have mental health issues, cerebral palsy, or genetic abnormalities. Many parents in Central Asia explain that they hide their child's disability because they are " ashamed of having a special needs child." The truth has to be hidden since we cannot admit that our child has special needs in society.

According to research, most autistic children who are kept at home will exacerbate their socializing issues in the future because these children are functionally dependent on their parents and exhibit extremely severe maladaptive behaviors.

Additionally, these treatments should focus on the whole family, which means that the whole family should learn the strategies in educational sessions and use them at home to see more significant outcomes in reducing symptoms. Despite long years of study and research, there is no definite therapy for autism and autism spectrum disorders. All currently available therapies are primarily aimed at alleviating symptoms.

Thus, the studies summarize that:

Behavior and specific requirements of children with autism spectrum disorders can create parental stress, that consequently, might impact the interaction between the parents and their child, limiting the child's ability to succeed academically and socially as well.

It is a challenging experience for everyone involved to family with children with autism. This condition is linked(interwoven) with severe, widespread, varied, and dynamic disabilities. In

fields like parenting self-efficacy, parenting stress, parental mental and physical well-being, marital connections, sibling and family relationships, and family well-being in general, these deficits generate numerous challenges for parents and families with ASD children. Many parts of these findings were verified in multicultural studies. In many cases, parents and families' focus on difficulties may worsen an autistic child's problems, creating a negative feedback loop that diminishes the intervention's good/safe impacts. Instead of referring to a special needs child, it is preferable to use the term "special needs family "when discussing special needs families" because it is challenging to restore adaptive balance when one member of the family has a developmental failure and puts the whole system at risk and upsets the delicate balance.

The majority of current available researches and therapy methods are only focused on the child and aim to decrease his or her behavioral issues.

Most studies have overlooked the influence of this condition on the family's mental health and the impact of family dysfunction on the occurrence of behavioral issues in children and the reduction of treatment results, as a consequence.

The resources accessibility for family with children with autism affects the degree of stress they face. Parents of children with autism spectrum disorders who receive enough social support are better equipped to deal with the challenges of raising such kind of a child. Parent-led support groups for children with disabilities can be a great way to connect with others who are in need of social assistance. Parents that take part in support groups, report less stressed feeling and socially isolated.

Parents of Iranian children have stated that their most crucial need is to receive guidance and information on the cause of problematic and abnormal behaviors of a child with autism spectrum disorders and how to deal with these behaviors. They also emphasized spending time with friends and being understood by other family members.

Accordingly, in phase one, the central question of the research is whether family with children with autism have different mental health from parents of non-autism children, or not.

The adverse, sudden, and unexpected influences on the parents of a sick child will result in a decline in their physical and emotional well-being due to their discontent with the economic situation and inability to adjust.

Therefore, understanding the parents' performance in terms of mental and physical and their adaptation experience will be essential in health planning. Stressed-out parents have a powerful

influence on their children, and their disturbed mood can negatively affect the child. According to some research, stressful parents have been related to behavioral difficulties in children.

Children are acutely sensitive to their parents' or caregivers' moods and imitate their actions to cope with stressful situations. A parent's ability to assist and empower his/her sick child will improve when he/she feels empowered in challenging times. Some studies have especially shown that the initial reaction of most mothers when diagnosing autism is to deny and accept the disease, confusion, feelings of losing their child, feelings of guilt and guilt, feelings of anger towards God, severe depression, severe depression, constant crying, despair, loss of interest, and low self-esteem. "I didn't know what autism was; I felt like my child had been taken and lost, whether or not he/she would return; I was miserable and sobbing all the time," said one mother. Another said, "I could not believe it. When I read the brochure, about the symptoms of autism, I saw that only 2-3 cases are like my child. So, I thought his diagnosis was not autism, but then I got frustrated and angry with God, and I was like that for a year." A mother whose child was recently diagnosed with autism said, "At first I did not accept, it is difficult for me to accept his/her illness, nothing makes me happy, I have lost my interest, I am not bored, I have to entertain myself so that I do not think too much." (Drigas et al ,.2021). Therefore, family with children with autism may greatly benefit from the findings of this study.

family with children with autism have more significant physical problems compared with some other parents. Obsessive-compulsive disorder, in general, implies that most family with children with autism suffer from psychiatric illnesses. family with children with autism are more socially sensitive than those of children. In many cases, the presence of a sick child and the look of compassion, surprise, or curiosity of the people may upset the parents and isolate them, and the consequence of such behaviors is the more interpersonal sensitivity of these parents towards people with healthy children.

Parents of children with autism have a higher hostility (aggression) rate than parents of children. The presence of a sick child reduces parents' mental health, and people who do not have mental health have the classic symptoms of depression. These people do not feel well about their lives, do not engage in appropriate psychological and social activities, and sometimes express aggressive behaviors when dealing with life's adversities.

family with children with autism are more likely to suffer from phobias.

Several studies have revealed that having a mentally ill child significantly influences the lives and thinking of parents. This factor can be very destructive because these parents constantly use

defense mechanisms to deal with adversity. Repeated use of paranoid denial and projection can be a reason to cut off contact with people and the real world and live-in isolation and immerse oneself in the world that one has created to make paranoid thoughts in them.

Khoushabi et al. (2010) found a significant difference between the coping skills of(in) parents of children with ASD and parents of children with non-autism. According to this study, parents of children with autism are more likely to use emotion-oriented strategies, while parents of children with non-autism are more likely to use problem-oriented coping strategies. These findings are consistent with those of Bujnowska et al. (2021), who found that parents of children with developmental disabilities, e.g., family with children with autism, use problem-oriented coping strategies when dealing with difficult situations.

Hamidi and Jafari (2018) indicated that physical complaints and attempts to physicalize problems as a common coping strategy are more common in the parents of these children, especially in maternal parents compared to the parents of other children. Parents react in the form of physical symptoms in the face of critical situations instead of dealing effectively with and participating in solving the problem. In addition, researches, discovered the following points:

Autism spectrum disorder is characterized by difficulties with social and individual functioning as well as communicational one. Autistic children are prone to psychiatric disorders including anxiety, stress, preoccupation, and bipolar disorder because of their numerous issues. Detection and intervention can help children with autism reach their full potential since autism encompasses a broad spectrum of illnesses for which the underlying processes have yet to be uncovered. Therapies for autism, despite significant advances, have not been able to overcome the disease and cure it completely, but there are ways to help autistic patients to improve their abilities. In some cases, they have achieved complete recovery with the help of these methods. These methods help autistic patients do their work independently and meet their needs, reducing the disorder in patients to continue to lead a normal life.

Most mothers believed that training and support from a diagnostic physician could play an important role in reducing their problems, and they mentioned other problems, including a child and family labeling, blaming the mother for the disorder, and comparing the child with ASD to non- ASD children, and asking about the effectiveness of educational programs. These problems led to decreased social relationships and family problems, and in all cases experienced depressive symptoms. Most mothers believed that educating parents, the general public, physicians, and health care workers could help alleviate their problems. These mothers also proposed the

formation of self-help groups, insurance support for rehabilitation services for affected children, and social support. Researchers' findings imply that once the illness has been diagnosed, accepted, and adapted in the family, providing education and support services can help reduce the number of challenges women face.

Data analysis by Bonferroni post hoc test indicated that psychological training in three stages of post-test and follow-up had a significant effect on reducing clinical symptoms and their components and the results remained constant in the quarterly follow-up stage.

There is a significant difference between the experimental and control groups in increasing general health, improving family functioning and child behaviors, and promoting coping strategies.

The mean scores of the transformational function of the family of children with ASD in all developmental dimensions were lower than the mean scores of the family of children. In addition, there was a significant difference between the transformational function of the family of children with autism and the transformational function of the family of healthy children in the dimensions of interest and attraction to human relations, solving common social problems, and logical thinking and discipline.

The parents of these children experience a lot of stress, which creates many challenges, both for the family and society. Adequate financial support and medical services are not provided, especially in developing countries, such as Iran, and health and rehabilitation services are not planned for the entire life of these people. There is a serious and deep need for short-term, medium-term, and long-term planning for the comprehensive treatment and rehabilitation of children with autism spectrum disorders, and special attention to the families of these children is an undeniable necessity. Alternatively, it is stated that parents' performance as an individual and a parent, the costs of the autistic child, and even the whole family are imposed on the government and society.

Caring for a child with autism affects psychological functions like family development, personality traits, and parenting stress in a person's family and requires serious attention to the family of this group of people.

Despite the adverse effects of autism on the whole family system, most of the functions of the autistic child were studied. Then, the treatments were designed to focus on the child, and little attention was paid to the family function. The child's unchanged family and care environment

does not facilitate therapeutic results, and in many cases, the generalization of (expanding the) education to the family environment, weakens them. Unexpected disability, bullying behaviors, behavioral issues, difficulties locating assistance, difficulty locating appropriate therapy, confusion in finding effective treatment, and strained interactions with others and others in the community are just a few pressures and obstacles that families of children with ASD experience.

In the first phase, based on the secondary objectives of this research, i.e., identifying the characteristics of mental health in families with ASD children as well as identifying the characteristics of mental health in families with children with neurodevelopment defects and comparing the characteristics of ASD and non-ASD families, we can say that the average mental health of parents of healthy children is 17.7 ± 5.4, which is significantly different from the mental health of family with children with autism , which is 29.36 ± 6.84.

This research is consistent with the research of (Khorramabady et al., 2009) and others as well as the research (Khoushabi et al., 2010), in Iran and other countries.

If the importance of other supportive people is considered first, it is reasonable to conclude that depression is predicted by the acceptance of external resources. For example, (Hurlbut et al., 2002) states that families play an important role in helping individuals with autism develop the skills necessary to become successful adults in society. Additionally, adults and adolescents with Asperger syndrome (Tantam, 2000) have argued that caring and supportive family members who accept anxiety can protect against depression. (Lasgaard et al. 2010) also noted that perceived social support from family and peers was negatively related to loneliness in adolescents with autism.

Since most children with autism are not currently able to behave appropriately with the environment and their behavior is unpredictable or unpredictable and they cannot predict or evaluate the consequences of their behavior, they need to receive constant care, so the behavior of children affects their functioning in the family, society, and school causes negative reactions from the people around them, family, school staff, and peers, and in addition to reducing self-esteem and feelings of inadequacy in these children, on the other hand, it causes anxiety and stress. The involvement of the parents of these children can have negative and irreparable effects on their mental health in the long run, among which we can mention the correct attitude of parents in dealing with their children.

In the second phase, the effect of systemic counseling has a significant impact on the mental health,of family with children with autism. In explaining(justifying) this result, the cause is

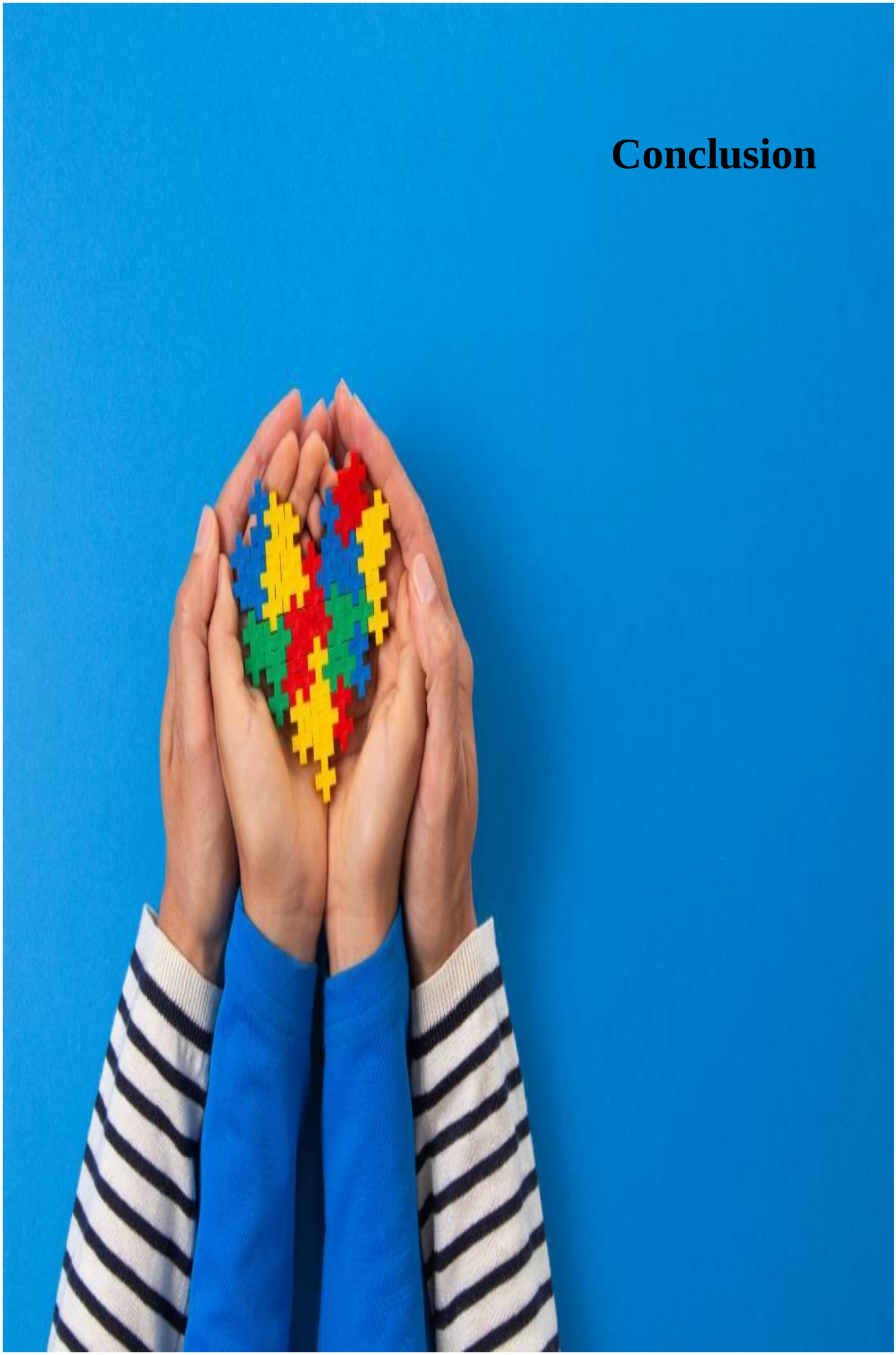
sought in the content and program of the systemic approach. To measure the family, proponents of this approach mainly try to pay attention to its structure and current exchange patterns. They pay special attention to the social context in which bad behavior manifests itself. For this reason, their main topic in the evaluation of each family is the examination of these factors: the organization of the family, the ability of subsystems to perform their functions, the possible alliances and collusions of the family, the permeability of the current boundaries and its flexibility or inflexibility in meeting the needs of all members under appropriate conditions. Systemic therapists are interested in how flexible the family is in adapting to developmental changes as well as unexpected situational crises, and how well or easily family members come together to resolve conflict. In the systemic approach, the goals are clearly defined. The following are the main and important goals of the systemic approach: continuous improvement in communication, dialogue, and satisfaction, increasing flexibility in relational interactions and accepting more roles, increasing mutual empathy between people, and mutual respect.

The effectiveness of the system approach can be seen in the research of Bahrami et al,. (2012).

According to the results of the fifth chapter in the second stage of this research with post-test and pre-test, it is significant at the level of 0.05 for mental health. As a result, group counseling for family with children with autism based on a systemic approach has a significant effect on improving the mental health of families. However, the results of the study performed showed that the participation of couples in interpersonal communication classes (ICP) indirectly improves family relationships (Taghavi M et al,.2002).

In the calculation table, the effect of systematic counseling on people before and after the intervention is that t for a two-sided test with a degree of freedom of 58 at the alpha level is p tcr < 0.05 (58) = 2.00, which is significant and the effect It has been a transition that is aligned with the research of communication patterns on mental health based on the systemic approach of (Forough ShafaeianFard et al,. 2022).

Conclusion



7. Conclusion

Throughout the research of this thesis, an attempt has been made to assess the role of systemic therapy in the mental health of families with children with ASD. In this section, a series of conclusions are drawn, taking into account the specific objectives set out in this research, which have been grouped into two points:

1. To compare the mental health of families with autistic children and families with non-autistic children: identification of the characteristics of the mental health of these families.

According to the findings, parents of autistic children had lower average scores across all developmental aspects than parents of typically developing children in comparison to families without autistic children, family with children with autism have a poorer transformative function. The multivariate analysis of variance showed a significant difference between intimacy and the attraction to human relationships of family with children with autism and the control group. Moreover, many parents of these children were forced to quit their jobs and stay home because of their child's problems. These persons had less free time and received very little emotional support from their husbands.

Family resources (money, energy, time, and ability to cope) are increasingly depleted without a focus on family and education. Then, marital conflicts and emotional problems increase, and useless interactions with the ASD child gradually stabilize and lead to an inflexible pattern, and the pattern of transformation is disrupted.

A calm and orderly family system with intimacy and reciprocal emotional interaction can provide a rich experience for the child and facilitate his/her treatment.

Measuring intra-family dynamics as well as designing family-centered therapies is essential. Given that the research on the evolutionary function of family with children with autism based on the DIR approach was unsuccessful both in Iran and in other countries.

The subject of this research was the study of the evolutionary function of families with ASD children and its comparison with the transformational function of family without children with autism. This research is the first step in enhancing family functioning, which seeks ways to go beyond only focusing on the kid by bringing researchers and therapists together with the family with children with autism person.

As a result of high levels of anxiety and stress as parents, these children are less likely to benefit from treatment programs or services offered to them and more inclined to use inflexible, threatening, and aggressive parenting methods. Thus, these children may be unable to develop the best therapy options, which negatively affects the child's development and leads to more destructive behaviors. Given that high parental stress has a significant impact on the child's developmental process, providing early interventions to support children effectively and their families can prevent the negative consequences of this disorder and direct the prosperous energies of the family in the right direction before being suppressed.

These positive consequences are doubled when parents are involved in the process of treating their children. According to studies, parental involvement in the treatment process significantly impacts an autistic child’s recovery and parental mental health.

Among the early interventions that emphasize parental participation and parent education, family-centered interventions include those focused on the family. Educating parents to provide them with the knowledge and skills they need to have better interactions with their children. These programs assist parents in better understanding and controlling their child's behavioral and developmental issues.

In addition, parent education programs improve the parental adjustment mechanism by providing appropriate information about the child's condition and behavior and enable parents to better accept their child's condition. Parental involvement in the treatment process can improve their skills and play an influential role in reducing parental stress.

Therefore, parents’ mental health can be improved by teaching the correct behavioral management methods and considering the different counseling methods and appropriate methods during treatment with the help of counseling courses.

Other research findings also indicate that:

Most autistic children are not able to adapt to their current environment and circumstances. Behavior is unpredictable, and they cannot predict or evaluate the consequences of their behavior and require constant care.

Thus, children's behavior affects the family and the community, and their performance in the family, community, and school causes negative reactions from others, family, staff, and school peers and reduces self-esteem and the feeling of not needing them in these children. On the other hand, the anxiety and stress of the parents of these children can have negative and irreversible

effects on their mental health in the long run. Items such as the correct attitude of parents in treating their child, benefiting from educational programs suitable for autistic children, raising parents' awareness, providing appropriate information about the children's condition, and dealing with them, improve the child's and parents' condition.

We also discovered that the self-efficacy of family with children with autism was low, mainly due to a lack of rational approaches to manage stress, all of which put the family's mental health at risk. There was a significant difference in the discipline dimension between families with ASD children and families with other children.

Diagnosis of autism is a supportive factor in the parent-child relationship in which parents hold the child responsible for his/her behaviors. Parents of children with ASD attribute their child's abuse to the symptoms of the disorder and take a lenient approach to deal with the child.

Parents of self-employed children expressed their worries, stating that many medical treatments are not offered(advised) in schools, and there is no systematic process of support services for children from the start of childhood through the completion of education and entry into society. Follow-up is emphasized at the start of diagnostic treatments, but parents are responsible to care their children for the rest of their lives as if a person with diabetes was followed for the first three years of the disease and then left alone. One of the most typical jobs for persons with autism spectrum disorders is planning their transition from education to the community, finding work, and funding their higher education. Simultaneously, efforts are made to assist in a person's life, particularly throughout critical life periods such as adolescence, youth, and adulthood.

2. Analysis of the mental health of families with autistic children who have attended systemic therapy.

In the second phase, considering that we have used the system consulting approach, one family-centered intervention designed to support preschool children with autism is the "Parent Education and Skills Development" program. The program is based on the principles of early intervention and cognitive-behavioral techniques to teach parents about autism and improve parenting skills in behavioral management.

family with children with autism experience feelings of denial, anger, and depression in the process of diagnosing a child. Many of them either blame themselves or others blame them, "You're not taking care of this kid at all, it's clear she/he's not talking" or "This kid is too far in front of the TV, that's how it is."

Although new healthcare strategies and adapting to the needs of autistic children are developing in western countries, the number of people with autism spectrum disorders is increasing in developing countries. According to Dr. Saber (2021), there is one person with autism for every 150 people in Iran, and based on this growing trend in Iran, private institutions and government support have been established in this field and based on Article 30 of the law In the Islamic Republic of Iran, autism is one of the special diseases, but financial support and appropriate medical services are not provided, especially in developing countries like Iran, and health and rehabilitation services are not planned for the entire life of these people. The parents of these children suffer from a lot of stress, which creates many challenges for both the family and society. There is a serious and deep need for short-term, medium-term, and long-term planning for comprehensive treatment and rehabilitation of children with autism spectrum disorders, and special attention to the families of these children is an undeniable necessity. Loss of communication of people with themselves or their interpersonal relationships caused by perceptions and mental assumptions and faulty ideas that weaken them, in some cases can be caused by unfavorable interpersonal relationships.

That teaching communication patterns play an essential role in optimal knowledge and perception of interpersonal relationships, which ultimately leads to the modification of family communication patterns and, from Satyr's point of view, creates positive and psychological alignment. The balance between the members when the conflicts of people increase, first it affects the relationship between the husband and wife and then the relationship between the children. also parenting styles are correlated with children's mental health and the higher degree of non-acceptance by parents. Psychological and psychosomatic symptoms are more common in children.. This research shows that systemic counseling can cause less harm to people's mental health because people are aware of their feelings, communicate effectively and clearly with others, and accept others' differences as opportunities to learn. Increasing the growth and development of people, by making positive changes in the family, provides the basis for the growth of each family member and ensures their mental health. As Satir (1991) states, when treatment becomes more successful, anxiety levels decrease significantly (Haber et al ,.2002). Although anxiety may increase at first, eventually anxiety will decrease and family members will learn how to accept change as an expected part. The effectiveness of the systemic approach has been investigated in many studies so far. At the same time, there is good reason to expect that this treatment will have a significant effect. The systems approach employs the most systematic therapeutic interventions that research has shown to be clinically effective in teaching

communication and problem-solving skills, behavioral exchange, and acceptance also Feldman (1989) provides a model from a clinical point of view to determine how to optimally use individual and mental health treatment methods and family therapy. According to Feldman (1982), the problems that individuals and families experience are the results of the simultaneous interaction of interpersonal and intrapsychic processes, which ignores or minimizes any process that results in an incomplete understanding of the individual's or family's dysfunction. In other words, the problems experienced by families can be caused by their internal problems. Intrapersonal problems mean a lack of mental health that occurs due to the history, beliefs and learned patterns, and personality characteristics of each person and under the influence of events (Gutierrez et al., 2017). The effectiveness of systemic treatment has been little investigated in controlled clinical trials. At the same time, there are good reasons to expect this treatment to have a significant effect. Systemic couple therapy uses most of the therapeutic interventions on a regular basis, which studies have shown to be clinically effective in teaching communication and problem-solving skills, behavioral exchange, and acceptance. While behavioral methods emphasize acceptance from the partner. The systemic approach also emphasizes self-acceptance. Also, in this type of treatment, techniques, and strategies focused on emotions are regularly used. This strategy has shown positive therapeutic effects in long-term follow-up periods. In fact, it can be said that a systemic approach is an approach that has integrated the ideas and theoretical and technical strategies of other effective methods in the treatment of mental health and families.

8. Limitation and Recommendations for future research

There were some limitations associated with this research project. To begin, the small number of participants can be seen as a limitation of this study. There were 60 participants interviewed for this qualitative study. This limited number cannot be considered representative of the entire population of parents of adults diagnosed with an autism spectrum disorder. Even though this was the case, most of the participants were considered as having extensive experience in navigating the parenting journey of autism. The participants sampled had overcome significant barriers during the course of their journey, and they were now able to draw upon their knowledge and experience. families who are not readily able to access the resources necessary to gain confidence and expertise with autism may have difficulty overcoming obstacles resulting in very different perspectives and views.

The statistical population of this research was a homogeneous group. All 60 participants had familial autism. Although there was a diverse group of participants, the largest percentage of participants were culturally similar. Therefore, results were not representative of different genders, ethnic groups, or ever background. In the case of this project, the emerging themes garnered and examined in this study do not generalize to fathers or other family members of adult children with autism. These additional perspectives about parenting an adult child with autism were underrepresented in this study, and maybe an opportunity to be explored in the future. Since this research was of a generic and exploratory nature, it did not explore topics directly related to female adult children with autism. This limitation may be an area of exploration in future studies related to families.

In addition, the ages of the adult children of participants did not present a diverse set of ages.

During the recruitment process, the researcher attempted to acquire interviewees via several resources, but it was a challenge to obtain their participation and even locate Parents

of adults with autism who were of older ages. This might be an opportunity for further study. There were geographic limits in the collection of data for this study. Data was collected in the center in Iran. Moreover, data were collected in three counties, with the majority of participants from two of the three regions. In all these areas, there is a significant range of resources, services, and supports available for autism within counties, districts, and the state, in general. Parents living in other geographical areas may present different experiences, insights, and perspectives. The last limitation associated with this study was that the voices of this study were that of parents. A limitation, in this case, involved the fact that the voices of the adult children were not heard. Participants spoke of their experiences as their adult children grew up and progressed to adulthood. Hearing the voices of adult persons with autism may be an area explored in the future and is seen as a limitation today, in gaining perspectives that are becoming so important in the field of autism. As stated in many points in this research project, the population with autism is growing, and diagnosis and learning about ASD are essential today in our society.

8.1 Practical suggestions

1- Other measurement tools should be used in similar research taking into account appropriate and sufficient time it was made.

2- Modification of parents' communication patterns and family clinical treatments are suggested individually and in groups.

3- It is suggested that the topics of group counseling sessions used in this research be taught in family education classes. By improving the scientific and professional level of counselors and psychologists, the development and crisis resolution of autism families will be provided.

4- To obtain more practical results, similar studies should be conducted on a larger scale and in other fields.

8.2 Research proposals

1- Conducting research on the importance of mental health and the relationship between autism families and other members of society.

2- Carrying out comparative studies that compare this model with integrated models and other approaches.

3- Until now, most of these in the field of foreign research have only studied the research of western countries, maybe studying the research of eastern and developing countries is an effective step.

4- On a wider level, with more samples, such research should be conducted in other regions with similar economic and social conditions.

References

9. References

1. Ackerman, N. W., & Sobel, R. (1950). Family diagnosis: An approach to the pre-school child. *American Journal of Orthopsychiatry*, *20*(4), 744.
2. Akrami, L., Mokhtar, M., Faramarzi, S., & Abedi, A. (2019). The effect of behavioral management and social skills training program on behavioral and adaptive problems of male adolescents with high-functioning autism. *Journal of Rehabilitation*, 322–339. https://doi.org/10.32598/rj.20.4.322
3. Allport, G. W. (1978). Becoming: Basic considerations for a psychology of personality (Vol. 20).
4. Altiere, M. J., & von Kluge, S. (2008). Family functioning and coping behaviors in parents of children with autism. *Journal of Child and Family Studies*, *18*(1), 83–92. https://doi.org/10.1007/s10826-008-9209-y
5. Ameis, S. H., Blumberger, D. M., Croarkin, P. E., Mabbott, D. J., Lai, M. C., Desarkar, P., ... & Daskalakis, Z. J. (2020). *Treatment of Executive Function Deficits in autism spectrum disorder with repetitive transcranial magnetic stimulation: A double-blind, sham-controlled, pilot trial. Brain stimulation*, 13(3), 539-547.
6. American Psychiatric Association. (2013). Guía de Consulta de los criterios diagnósticos del DSM-5®. https://doi.org/10.1176/appi.books.9780890425657
7. Asperger, H. (1944). Die „autistischen psychopathen" Im Kindesalter. *Archiv Für Psychiatrie Und Nervenkrankheiten*, *117*(1), 76–136. https://doi.org/10.1007/bf01837709
8. Ata Sawalha, A. (2020). Training needs for teachers of children with autism in Jordan, from their perspectives (a descriptive study). *The Journal of Social Sciences Research*, (62), 200–208. https://doi.org/10.32861/jssr.62.200.208
9. Avramidi & Drossinou-Korea, M., A. (2020). Self-observation as a pedagogical method in the education of people with Autism Spectrum Disorders (ASD). *Technium Soc. Sci. J.*, *10*, 98..
10. Avramidi, A., & Drossinou-Korea Maria. (2020). Self-observation as a pedagogical method in the education of people with autism spectrum disorders (ASD). *Technium Social Sciences Journal*, *10*, 98–106. https://doi.org/10.47577/tssj.v10i1.1388

11. Awatif, H, Suhaimi, Suziyani M, Nor Atiqah S, Et Al. (2020). *The Challenge Of Managing Children With Autism From Fathers' Perspectives," Humanities And Social Sciences Letters, Conscientia Beam*, VOL. 8(3), PAGES 367-379.

12. Bahrami, F., Mohadi, A., Marandi, M., Safavi, Sh., and Karimi, Z.(2012)the effect of two exercises

13. Baio, J., Wiggins, L., Christensen, D. L., Maenner, M. J., Daniels, J., Warren, Z., Kurzius-Spencer, M., Zahorodny, W., Robinson, C., Rosenberg, White, T., Durkin, M. S., Imm, P., Nikolaou, L., Yeargin-Allsopp, M., Lee, L.-C., Harrington, R., Lopez, M., Fitzgerald, R. T, Dowling, N. F. (2018). *Prevalence Of Autism Spectrum Disorder Among Children Aged 8 Years Autism And Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. In Mmwr. Surveillance Summaries (Vol. 67, Issue 6, Pp. 1–23). Centers For Disease Control Mmwr Office.* Baio, J., Wiggins, L., Christensen, D. L., Maenner, M. J., Daniels, J., Warren, Z., & Dowling, N. F. (2018). Prevalence of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2014. *MMWR Surveillance Summaries*, *67*(6), 1.

14. Baron-Cohen, S. (2007). Autism spectrum quotient -- children's version. *PsycTESTS Dataset*. https://doi.org/10.1037/t00351-000

15. Baumrind, D. (1994). The social context of child maltreatment. *Family Relations*, *43*(4), 360. https://doi.org/10.2307/585365

16. Bedford, S. A., Hunsche, M. C., & Kerns, C. M. (2020). Co-occurrence, assessment and treatment of obsessive-compulsive disorder in children and adults with autism spectrum disorder. *Current Psychiatry Reports*, *22*(10). https://doi.org/10.1007/s11920-020-01176-x

17. Begara Iglesias, O., Gómez Sánchez, L. E., & Alcedo Rodríguez, M. D. L. Á. (2019). *Do young people with Asperger syndrome or intellectual disability use social media and are they cyberbullied or cyberbullies in the same way as their peers*?. Psicothema.

18. Begum,R. And Mamin, F. A. (2019). *Impact Of Autism Spectrum Disorder On Family. Autism Open Access* 9: 244.

19. Benderix, Y., Nordström, B., & Sivberg, B. (2006). Parents' experience of having a child with autism and learning disabilities living in a group home. *Autism*, *10*(6), 629–641. https://doi.org/10.1177/1362361307070902

20. Berkovits, L., Eisenhower, A., & Blacher, J. (2017). *Emotion regulation in young children with autism spectrum disorders. Journal of autism and developmental disorders*, 47, 68-79.

21. Bhat A.N. (2020). *Motor Impairment Increases In Children With Autism Spectrum Disorder As A Function Of Social Communication, Cognitive And Functional Impairment, Repetitive Behavior Severity, And Comorbid Diagnoses: A Spark Study Report, Autism Res*.:Offic. J. Int. Autism Res.

22. Bina, R. W., & Langevin, J. P. (2018). *Closed loop deep brain stimulation for PTSD, addiction, and disorders of affective facial interpretation: review and discussion of potential biomarkers and stimulation paradigms. Frontiers in Neuroscience*, 12, 300.

23. Bogdan, R., & Biklen, S. (1998). Introduction to qualitative research in education. *England: Pearson*.

24. Bourne, S. K., Eckhardt, C. A., Sheth, S. A., & Eskandar, E. N. (2012). Mechanisms of deep brain stimulation for obsessive compulsive disorder: effects upon cells and circuits. Frontiers in integrative neuroscience, 6, 29.

25. Bowen. (1978). *Family therapy in clinical practice*. The Murray Bowen Archives Project. Retrieved February 7, 2023, from https://murraybowenarchives.org/books/family-therapy-in-clinical-practice/

26. Breitenkamp, A. F., Matthes, J., Nass, R. D., Sinzig, J., Lehmkuhl, G., Nürnberg, P., & Herzig, S. (2014). *Rare mutations of CACNB2 found in autism spectrum disease-affected families alter calcium channel function. PLoS One*, 9(4), e95579.

27. Bujnowska, A. M., Rodríguez, C., García, T., Areces, D., & Marsh, N. V. (2021). Coping with stress in parents of children with developmental disabilities. *International Journal of Clinical and Health Psychology*, *21*(3), 100254. https://doi.org/10.1016/j.ijchp.2021.100254

28. Cai, R. Y., Richdale, A. L., Uljarević, M., Dissanayake, C., & Samson, A. C. (2018). Emotion regulation in autism spectrum disorder: Where we are and where we need to go. *Autism Research*, *11*(7), 962–978. https://doi.org/10.1002/aur.1968

Case study. Research Quarterly in Cognitive Sciences, 098-008 (9).

29. Chan, N., & Neece, C. L. (2018). *Parenting stress and emotion dysregulation among children with developmental delays: the role of parenting behaviors. Journal of Child and Family Studies*, 27, 4071-4082.

30. Cohen, L. & Manion, L. (1994), *Research Methods In Education. London, Routledge*.

31. Cottrell D, Boston P(2002). Practitioner Review: The Effectiveness Of Systemic Family Therapy For Children And Adolescents. J Child Psychol Psychiatry.;43(5):573-586. Doi:10.1111/1469-7610.00047.

32. Courtney L. Fernelius, & Keith M. Christensen. (2017). Systematic review of evidence-based practices for Inclusive Playground Design. *Children, Youth and Environments, 27*(3), 78. https://doi.org/10.7721/chilyoutenvi.27.3.0078

33. Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down Syndrome. *Journal of Intellectual Disability Research, 54*(3), 266–280. https://doi.org/10.1111/j.1365-2788.2010.01258.x

34. Davis, N. O., & Carter, A. S. (2008). *Parenting stress in mothers and fathers of toddlers with autism spectrum disorders: Associations with child characteristics. Journal of autism and developmental disorders*, 38, 1278-1291.

35. Daysal, N. M., Elder, T. E., Hellerstein, J. K., Imberman, S. A., & Orsini, C. (2021). *Parental Skills, Assortative Mating, and the Incidence of Autism Spectrum Disorder (No. w28652). National Bureau of Economic Research*.

36. De Jesus O, Fogwe Dt, Mesfin Fb, J Md.(2020). *Neuromodulation Surgery For Psychiatric Disorders. Statpearls. Treasure Island* (Fl): Statpearls Publishing. Copyright ©2020, Statpearls Publishing Llc

37. De Los Reyes, A., Henry, D. B., Tolan, P. H., & Wakschlag, L. S. (2009). Linking informant discrepancies to observed variations in young children's disruptive behavior. Journal of abnormal child psychology, 37(5), 637-652.

38. Dekker, V., Nauta, M. H., Timmerman, M. E., Mulder, E. J., van der Veen-Mulders, L., van den Hoofdakker, B. J., van Warners, S., Vet, L. J., Hoekstra, P. J., & de Bildt, A. (2018). Social Skills Group training in children with autism spectrum disorder: A randomized controlled trial. *European Child & Adolescent Psychiatry, 28*(3), 415–424. https://doi.org/10.1007/s00787-018-1205-1

39. Demaria Severson, K. A. T. H. E. R. I. N. E., & ARNT AUNE, J. A. M. E. S. (2007). *Bruno Bettelheim, autism, and the rhetoric of Scientic Authority: 8* |. Taylor & Francis. Retrieved

from https://www.taylorfrancis.com/chapters/edit/10.4324/9780203935088-8/bruno-bettelheim-autism-rhetoric-scientic-authority-katherine-demaria-severson-james-arnt-aune

40. Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education, 28*(1), 42–52. https://doi.org/10.1177/0271121408316699

41. Dickinson, K., & Place, M. (2016). Living with children with autistic spectrum condition: parental stress and the impact upon family functioning. Advances in Social Sciences Research Journal, 3(3), 110-122.

42. Dr.Hosseini. (2019). *Dr. Hosseini, head of the exceptional education organization of the country, in a meeting with representatives of associations active in the field of autism*. Exceptional Education Organization of the country. Retrieved from http://csdeo.ir

43. Drigas, A., & Sideraki, A. (2021). Emotional intelligence in autism. *Technium Social Sciences Journal, 26*, 80–92. https://doi.org/10.47577/tssj.v26i1.5178

44. Duncan, R. E., Drew, S. E., Hodgson, J., & Sawyer, S. M. (2009). Is my mum going to hear this? Methodological and ethical challenges in qualitative health research with young people. *Social science & medicine, 69*(11), 1691-1699.

45. Ellis, A. J., Salgari, G., Miklowitz, D., & Loo, S. K. (2018). *Is distress tolerance an approach behavior? An examination of frontal alpha asymmetry and distress tolerance in adolescents*. Psychiatry research, 267, 210-214.

46. Fage, C., Consel, C. Y., Balland, E., Etchegoyhen, K., Amestoy, A., Bouvard, M., & Sauzéon, H. (2018). Tablet apps to support first school inclusion of children with autism spectrum disorders (ASD) in mainstream classrooms: A pilot study. *Frontiers in psychology, 9*, 2020.

47. Fairlamb, H. L., & Bateson, G. (1979). Mind and nature: A necessary unity. *MLN, 94*(5), 1218. https://doi.org/10.2307/2906578

48. Fairthorne, J., Fisher, C., & Whitehouse, A. J. (2014). Is the broad autism phenotype in Mothers of children with autism spectrum disorder exacerbated by the challenges of caring for their children? *Journal of Autism, 1*(1), 2. https://doi.org/10.7243/2054-992x-1-2

49. Faja, S., & Nelson Darling, L. (2019). *Variation in restricted and repetitive behaviors and interests relates to inhibitory control and shifting in children with autism spectrum disorder*. Autism, 23(5), 1262-1272.

50. Farrer, T. J., Frost, R. B., & Hedges, D. W. (2013). Prevalence of traumatic brain injury in juvenile offenders: a meta-analysis. *Child neuropsychology*, *19*(3), 225-234.

51. Feldman, L. B. (1989). *Integrating individual and family therapy. Journal of Integrative & Eclectic Psychotherapy*.

52. Feldman, L. B., & Pinsof, W. M. (1982). *Problem maintenance in family systems: An integrative model. Journal of Marital and Family Therapy*, 8(3), 295-308.

53. Figee M, Schuurman Pr, Denys D.(2017),*Deep Brain Stimulation For Psychiatric Disorders*. Ned Tijdschr Geneeskd.;162 D2333. Pmid: 29676713.

54. Figee, M., Bervoets, C., & Denys, D. (2018). *Diepe hersenstimulatie in de psychiatrie. Tijdschrift voor Psychiatrie*, 638-642..

55. Firth, D. (2014). Quasiscore. *Wiley StatsRef: Statistics Reference Online*. https://doi.org/10.1002/9781118445112.stat01518

56. Folstein, S., & Rutter, M. (1977). Infantile autism: A genetic study of 21 twin pairs. *Journal of Child Psychology and Psychiatry*, *18*(4), 297–321. https://doi.org/10.1111/j.1469-7610.1977.tb00443.x

57. Forough ShafaeianFard; Mohammad Karimakhani; Ali Abedini; Elay Janamoo Berenj Abadi, Parisa Tanhaei Dilmaghani; Masoume Maleki Pirbazari; Milad SabzehAra Langaroudi, Maryam Aghel Masjedi; Haniyeh kianimotlagh, Ashraf Sadat Mousavi; Maryam Mehrani, Tayebeh Khayatan; Fatemeh Sargazi; Hossein Sadeghi Mollamahaleh, & Layla Adibi Dokhani; Saeid Shahhosseini Tazik; Mohammad Mohammadipour. (2022). *Journal of Modern Psychology*. Journal of Modern Psychology - Articles in Press. Retrieved 7AD, from https://modernpsy.rahman.ac.ir/?_action=press&issue=-1&_is=Articles+in+Press

58. Frame, K. N., & Casey, L. B. (2019). *Variables influencing parental treatment selection for children with autism spectrum disorder. Children and Youth Services Review*, 106, 104464.

59. Gaitanis, J. (2016). Deep brain stimulation for autism spectrum disorders. *Neurosurgical Focus*, *41*(1). https://doi.org/10.3171/2016.1.focus15603

60. Gallardo Montes, C. del, Rodríguez Fuentes, A., & Caurcel Cara, M. J. (2021). Apps for people with autism: Assessment, classification and ranking of the best. *Technology in Society*, *64*, 101474. https://doi.org/10.1016/j.techsoc.2020.101474

61. Gates, J. A., Kang, E., & Lerner, M. D. (2017). Efficacy of group social skills interventions for youth with autism spectrum disorder: A systematic review and meta-analysis. *Clinical Psychology Review*, *52*, 164–181. https://doi.org/10.1016/j.cpr.2017.01.006

62. Gau, S. S. F., Liu, L. T., Wu, Y. Y., Chiu, Y. N., & Tsai, W. C. (2013). *Psychometric properties of the Chinese version of the social responsiveness scale. Research in autism spectrum disorders*, 7(2), 349-360.

63. Gau, S. S. F., Shang, C. Y., Liu, S. K., Lin, C. H., Swanson, J. M., Liu, Y. C., & Tu, C. L. (2008). *Psychometric properties of the Chinese version of the Swanson, Nolan, and Pelham, version IV scale–parent form. International journal of methods in psychiatric research*, 17(1), 35-44.

64. Gioia, G. A., Isquith, P. K., Guy, S. C., & Kenworthy, L. (2015). BRIEF-2: *Behavior rating inventory of executive function. Lutz, FL: Psychological Assessment Resources*.

65. Goldberg, D. P., Oldehinkel, T., & Ormel, J. (1998). Why GHQ threshold varies from one place to another. *Psychological medicine, 28*(4), 915-921.

66. Gregory, M. M., Prouhet, P. R., Russell, C. L., & Yaeger, L. H. (2018). Fathers' stress in the neonatal intensive care unit. *Advances in Neonatal Care*, *18*(2), 105–120. https://doi.org/10.1097/anc.0000000000000472

67. Gutierrez, D., Carlson, R. G., Daire, A. P., & Young, M. E. (2017). *Evaluating treatment outcomes using the integrative model of brief couples counseling*: A pilot study. The Family Journal, 25(1), 5-12.

68. Haber, R. (2002). Virginia Satir: An integrated, humanistic approach. *Contemporary Family Therapy*, *24*, 23-34.

69. Hayes, A. F. (2013). *Introduction To Mediation, Moderation, And Conditional Process Analysis: A Regression-Based Approach. New York: The Guilford Press*.

70. Hayes, J., McCabe, R., Ford, T., Parker, D., & Russell, G. (2021). '*Not at the diagnosis point': Dealing with contradiction in autism assessment teams. Social Science & Medicine*, 268, 113462.

71. Heatherington, L., Friedlander, M. L., Diamond, G. M., Escudero, V., & Pinsof, W. M. (2015). 25 years of systemic therapies research: Progress and promise. *Psychotherapy Research*, *25*(3), 348-364.
72. Hendrickson, N. K., & McCrimmon, A. W. (2019). Test Review: Gioia, GA, Isquith, PK, Guy, SC, & Kenworthy, L.(2015)" *Behavior Rating Inventory of Executive Function®, (BRIEF® 2*)." Lutz, FL: PAR Inc. Canadian Journal of School Psychology, 34(1), 73-78.
73. Hill, C., & Rose, J. (2009). Parenting stress in mothers of adults with an intellectual disability: Parental cognitions in relation to child characteristics and Family Support. *Journal of Intellectual Disability Research*, *53*(12), 969–980. https://doi.org/10.1111/j.1365-2788.2009.01207.x
74. Peter Hobson, R. (2019). Autism and the development of mind. https://doi.org/10.4324/9780203765272
75. Hock, R., Kinsman, A., & Ortaglia, A. (2015). Examining treatment adherence among parents of children with autism spectrum disorder. *Disability and Health Journal*, *8*(3), 407–413. https://doi.org/10.1016/j.dhjo.2014.10.005
76. Homan, H., A. (2016). Practical Guide To Qualitative Research, Tehran.
77. Hurlbutt, K., & Chalmers, L. (2002). Adults with autism speak out: Perceptions of their life experiences. Focus on autism and other developmental disabilities, 17(2), 103-111.
78. Ingersoll, B., Meyer, K., & Becker, M. W. (2011). Increased rates of depressed mood in mothers of children with ASD associated with the presence of the broader autism phenotype. *Autism Research*, *4*(2), 143–148. https://doi.org/10.1002/aur.170
79. Ito, H., Tani, I., Yukihiro, R., Adachi, J., Hara, K., Ogasawara, M., Inoue, M., Kamio, Y., Nakamura, K., Uchiyama, T., Ichikawa, H., Sugiyama, T., Hagiwara, T., & Tsujii, M. (2012). Validation of an interview-based rating scale developed in Japan for pervasive developmental disorders. *Research in Autism Spectrum Disorders*, *6*(4), 1265–1272. https://doi.org/10.1016/j.rasd.2012.04.002
80. Jachyra, P., Renwick, R., Gladstone, B., Anagnostou, E., & Gibson, B. E. (2020). *Physical Activity Participation Among Adolescents With Autism Spectrum Disorder*. *Autism*, 25(3), 1–14. Https://Doi.Org/10.1177/1362361320949344.

81. Jahromi, L. B., Chen, Y., Dakopolos, A. J., & Chorneau, A. (2019). *Delay of gratification in preschoolers with and without autism spectrum disorder: Individual differences and links to executive function, emotion regulation, and joint attention*. Autism, 23(7), 1720-1731.

82. Jensen, M. P., Adachi, T., Tomé-Pires, C., Lee, J., Osman, Z. J., & Miró, J. (2015). *Mechanisms of hypnosis: toward the development of a biopsychosocial model. International Journal of Clinical and Experimental Hypnosis*, 63(1), 34-75.

83. Johnson, N., Frenn, M., Feetham, S., & Simpson, P. (2011). Autism spectrum disorder: Parenting stress, family functioning and health-related quality of life. *Families, Systems, & Health*, *29*(3), 232–252. https://doi.org/10.1037/a0025341

84. Jones, L., Hastings, R. P., Totsika, V., Keane, L., & Rhule, N. (2014). *Child behavior problems and parental well-being in families of children with autism: The mediating role of mindfulness and acceptance. American journal on intellectual and developmental disabilities*, 119(2), 171-185.

85. Kanner, L. E. O. (1943). Child psychiatry. mental deficiency. *American Journal of Psychiatry*, *99*(4), 608–610. https://doi.org/10.1176/ajp.99.4.608

86. Karst, J. S., & Van Hecke, A. V. (2012). Parent and family impact of autism spectrum disorders: A review and proposed model for intervention evaluation. *Clinical Child and Family Psychology Review*, *15*(3), 247–277. https://doi.org/10.1007/s10567-012-0119-6

87. Keenan, B. M., Newman, L. K., Gray, K. M., & Rinehart, N. J. (2017). *A qualitative study of attachment relationships in ASD during middle childhood. Attachment & human development*, 19(1), 1-21.

88. Khaleghi, A., Zarafshan, H., Vand, S. R., & Mohammadi, M. R. (2020). *Effects Of Non-Invasive Neurostimulation On Autism Spectrum Disorder: A Systematic Review. Clinical Psychopharmacology And Neuroscience: The Official Scientific Journal Of The Korean College Of Neuropsychopharmacology*, 18(4), 527–552.

89. Khorramabady, R., Poretemad, H. R., Thahmasyan, K., Chimeh, N. (2009). *Parenting Stress In Mothers Of Children With Autism Disorders With Normal Children. Journal Of Family Research*, 19, 387-399.

90. Khoushabi, K., & Farzad Fard, S., & Kakasoltani, B., & Pouretemad, H., & Nikkhah, H. (2010). *Coping Strategies And Stress In Mothers With Autistic Children In Comparison With*

Mothers With Normal Children. Journal Of Family Research, 6(21), 87-97. Https://Www.Sid.Ir/En/Journal/Viewpaper.Aspx?Id=187878.

91. Koo, T. K., & Li, M. Y. (2016). *A guideline of selecting and reporting intraclass correlation coefficients for reliability research. Journal of chiropractic medicine*, 15(2), 155-163.

92. Kreiter, C. D., & Frisbie, D. A. (1989). Effectiveness of multiple true-false items. *Applied Measurement in Education*, *2*(3), 207-216.

93. Kuhaneck, H. M., Burroughs, T., Wright, J., Lemanczyk, T., & Darragh, A. R. (2010). A qualitative study of coping in mothers of children with an autism spectrum disorder. *Physical & Occupational Therapy In Pediatrics*, *30*(4), 340–350. https://doi.org/10.3109/01942638.2010.481662

94. Kuravackel, G. M., Ruble, L. A., Reese, R. J., Ables, A. P., Rodgers, A. D., & Toland, M. D. (2017). Compass for hope: Evaluating the effectiveness of a parent training and Support Program for children with ASD. *Journal of Autism and Developmental Disorders*, *48*(2), 404–416. https://doi.org/10.1007/s10803-017-3333-8

95. Kurlan, R. (2016). Deep Brain Stimulation For Autism Spectrum Disorder: Current And Future Uses. Neuropsychiatry,06(01). Doi:10.4172/Neuropsychiatry.1000104.

96. Lai, M.-C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: A systematic review and meta-analysis. *The Lancet Psychiatry*, *6*(10), 819–829. https://doi.org/10.1016/s2215-0366(19)30289-5

97. Lasgaard, M., Nielsen, A., Eriksen, M.E., & Goossens, L. (2010). *Loneliness And Social Support In Adolescent Boys With Autism Spectrum Disorders. Journal Of Autism And Developmental Disorders,* 40, 218-226.

98. Lin, T. C., Lo, Y. C., Lin, H. C., Li, S. J., Lin, S. H., Wu, H. F., ... & Chen, Y. Y. (2019). MR imaging central thalamic deep brain stimulation restored autistic-like social deficits in the rat. Brain stimulation, 12(6), 1410-1420.

99. Lubhana Malik Mental,. (2019). Mental health in adolescents. *Global Journal of Intellectual & Developmental Disabilities*, *6*(3). https://doi.org/10.19080/gjidd.2019.06.555686

100. Mac Naughton, G. E., Rolfe, S. A., & Siraj-Blatchford, I. E. (2001). *Doing early childhood research: International perspectives on theory and practice*. Open University Press.

101. Madrigal, D., & McClain, B. (2012). Strengths and weaknesses of quantitative and qualitative research.

102. Marshall, V., & Long, B. C. (2010). *Coping processes as revealed in the stories of mothers of children with autism. Qualitative health research*, 20(1), 105-116.

103. Mazefsky, C. A., & White, S. W. (2014). Emotion regulation: Concepts & practice in autism spectrum disorder. Child and Adolescent Psychiatric Clinics, 23(1), 15-24.

104. Mazefsky, C. A., Day, T. N., Siegel, M., White, S. W., Yu, L., & Pilkonis, P. A. (2016). *Development Of The Emotion Dysregulation Inventory: A Promis®Ing Method For Creating Sensitive And Unbiased Questionnaires For Autism Spectrum Disorder. Journal Of Autism And Developmental Disorders*, 48(11), 3736–3746. Https://Doi.Org/ 10.1007/S10803-016-2907-1.

105. Mazefsky, C. A., Herrington, J., Siegel, M., Scarpa, A., Maddox, B. B., Scahill, L., & White, S. W. (2013). *The Role Of Emotion Regulation In Autism Spectrum Disorder. Journal Of The American Academy Of Child & Adolescent Psychiatry*, 52(7), 679–688. Https://Doi.Org/10.1016/J.Jaac.2013.05.006.

106. Mazefsky, C. A., Kao, J., & Oswald, D. P. (2011*). Preliminary Evidence Suggesting Caution In The Use Of Psychiatric Self-Report Measures With Adolescents With High-Functioning Autism Spectrum Disorders. Research In Autism Spectrum Disorders*, 5(1), 164–174. Https://Doi.Org/10.1016/J.Rasd.2010.03.006.

107. Mazefsky, C. A., Pelphrey, K. A., & Dahl, R. E. (2012). *The Need For A Broader Approach To Emotion Regulation Research In Autism. Child Development Perspectives*, 6(1), 92–97. Https://Doi.Org/10.1111/J.1750-8606.2011.00229.X

108. Mertens, D. M. (2005). Transformative paradigm: Mixed methods and social justice. *Journal of mixed methods research, 1*(3), 212-225.

109. Mitter, N., Ali, A., & Scior, K. (2019). *Stigma Experienced By Families Of Individuals With Intellectual Disabilities And Autism: A Systematic Review. Research In Developmental Disabilities*, 89, 10-21.

110. Mousavi, E. (2020). *Biography and works of Dr. Baqer Sanai Zakir - System House*. Retrieved from https://sftc.ir

111. Murphy, C. M., Wilson, C. E., Robertson, D. M., Ecker, C., Daly, E. M., Hammond, N., Galanopoulos, A., Dud, I., Murphy, D. G., & Mcalonan, G. M. (2016). *Autism Spectrum Disorder In Adults: Diagnosis, Management, And Health Services Development. Neuropsychiatric Disease And Treatment,* 12, 1669–1686. Https://Doi.Org/10.2147/Ndt.S65455

112. Murray, C., Kovshoff, H., Brown, A., Abbott, P., & Hadwin, J. A. (2019). *Exploring The Anxiety And Depression Profile In Individuals Diagnosed With An Autism Spectrum Disorder In Adulthood. Research In Autism Spectrum Disorders*, 58, 1-8.

113. NEECE, C. L. (2014). *Mindfulness-Based Stress Reduction For Parents Of Young Children With Developmental Delays: Implications For Parental Mental Health And Child Behavior Problems. Journal Of Applied Research In Intellectual Disabilities*, 27(2), 174–186. Https://Doi.Org/10.1111/Jar.12064.

114. Nemirovsky, S.I., Córdoba, M., Zaiat, J.J., Completa, S.P., Vega, P.A., González-Morón, D., Medina, N.M., Kauffman, M.A. (2015). *Whole Genome Sequencing Reveals A De Novo Shank3 Mutation In Familial Autism Spectrum Disorder. Plos One*, 10(2).

115. Ng, C. K., Lam, S. H., Tsang, S. T., Yuen, C. M., & Chien, C. W. (2020). The relationship between affiliate stigma in parents of children with autism spectrum disorder and their children's activity participation. International Journal of Environmental Research and Public Health, 17(5), 1799.

116. Noda T, Takahashi Y, Murai T(2018). *Coping Mediates The Association Between Empathy And Psychological Distress Among Japanese Workers. Pers Individ Dif*. 124: 178-183.

117. Novin, S., Broekhof, E., & Rieffe, C. (2018). *Bidirectional Relationships Between Bullying, Victimization And Emotion Experience In Boys With And Without Autism. In Autism* (Vol. 23, Issue 3, Pp. 796–800). Sage Publications. Https://Doi.Org/10.1177/1362361318787446

118. Ocay, A., B, Rustia, R., A, & Palaoag, T., D (2018). *Utilizing Augmented Reality In Improving The Frustration Tolerance Of Adhd Learners: An Experimental Study. Icdte 2018: Proceedings Of The 2nd International Conference On Digital Technology In Education*, 58–63. Https://Doi.Org/10.1145/3284497.3284499.

119. Omidi. (2018). The Iranian Journal of Obstetrics, Gynecology and infertility - about journal. Retrieved from https://ijogi.mums.ac.ir/journal/about?lang=en

120. Orsmond, G. I., & Seltzer., M. M. (2007). Siblings of individuals with autism spectrum disorders across the life course. Mental Retardation and Developmental Disabilities Research Reviews,13(4), 313–320. https://doi.org/10.1002/mrdd.2017

121. Oshima, F., Shaw, I., Ohtani, T., Iwasa, K., Nishinaka, H., & Et Al. (2018). *Individual Schema Therapy For High-Functioning Autism Spectrum Disorder With Comorbid Psychiatric Conditions In Young Adults: Results Of A Naturalistic Multiple Case Study. Journal Of Brain Science*, 48, 43-69.

122. Ozcelik, M., & Baglama, B. (2021). Examining postgraduate thesis held with families of children with autism spectrum disorder in Turkey. *Revista Romaneasca Pentru Educatie Multidimensionala*, *13*(1), 01–19. https://doi.org/10.18662/rrem/13.1/356

123. Park, H. R., Kim, I. H., Kang, H., Lee, D. S., Kim, B. N., Kim, D. G., & Paek, S. H. (2017). *Nucleus accumbens deep brain stimulation for a patient with self-injurious behavior and autism spectrum disorder: functional and structural changes of the brain: report of a case and review of literature. Acta neurochirurgica,* 159(1), 137-143.

124. Park, I., Gong, J., Lyons, G. L., Hirota, T., Takahashi, M., Kim, B., Lee, S., Kim, Y. S., Lee, J., & Leventhal, B. L. (2020). *Prevalence Of And Factors Associated With School Bullying In Students With Autism Spectrum Disorder: A Cross-Cultural Meta-Analysis. In Yonsei Medical Journal (Vol. 61, Issue 11, P. 909). Yonsei University College Of Medicine*. Https://Doi.Org/10.3349/Ymj.2020.61.11.909

125. Patra, S., & Patro, B. K. (2019). *Affiliate Stigma Among Parents Of Children With Autism In Eastern India. Asian Journal Of Psychiatry*, 44, 45-47.

126. Peckman, F. A. (1985). Family Functioning And College Student Adjustment. http://Proquest.Umi.Com.

127. Piven, J., & Palmer, P. (1997). Cognitive deficits in parents from multiple-incidence autism families. *Journal of Child Psychology and Psychiatry*, *38*(8), 1011–1021. https://doi.org/10.1111/j.1469-7610.1997.tb01618.x

128. Porter, N., & Loveland, K. A. (2019). *An Integrative Review Of Parenting Stress In Mothers Of Children With Autism In Japan. International Journal Of Disability, Development Education*, 66(3), 249-272.

129. Postorino, V., Gillespie, S., Lecavalier, L., Smith, T., Johnson, C., Swiezy, N. Andridge, R. R. (2019). *Clinical Correlates Of Parenting Stress In Children With Autism Spectrum Disorder And Serious Behavioral Problems. Journal Of Child Family Studies*, 3(1), 1-9.

130. Quesnel-Vallières, M., Weatheritt, R.J., Cordes, S.P. Et Al. (2019) Autism Spectrum Disorder: Insights Into Convergent Mechanisms From Transcriptomics. Nat Rev Genet 20, 51–63. HTTPS://DOI.ORG/10.1038/S41576-018-0066-2.

131. Rasmussen, P. S., & Pagsberg, A. K. (2019). Customizing methodological approaches in qualitative research on vulnerable children with autism spectrum disorders. *Societies*, *9*(4), 75. https://doi.org/10.3390/soc9040075

132. Richa, S., Fahed, M., Khoury, E., & Mishara, B.L. (2014). *Suicide In Autism Spectrum Disorders. Archives Of Suicide Research*, 18, 327 - 339.

133. Robinson, R. G., & Price, T. R. (1982). Post-stroke depressive disorders: a follow-up study of 103 patients. *Stroke*, *13*(5), 635-641.

134. Robles-Bello, M. A., & Sánchez-Teruel, D. (2021). *Psychometric properties of the Spanish version of the Family Centred Practice Scale for use with families with children with Autism Spectrum Disorder. Children and Youth Services Review*, 121, 105863..

135. Rodriguez Fuentes, A., Caurcel Cara, M. J., Gallardo-Montes, C. del, & Crisol Moya, E. (2021). Psychometric Properties of the questionnaire "demands and potentials of ICT and apps for assisting people with autism" (DPTIC-aut-Q). *Education Sciences*, *11*(10), 586. https://doi.org/10.3390/educsci11100586

136. Rodriguez, G., Drastal, K., & Hartley, S. L. (2020). *Cross-Lagged Model Of Bullying Victimization And Mental Health Problems In Children With Autism In Middle To Older Childhood. In Autism* (Vol. 25, Issue 1, Pp. 90–101). Sage Publications. Https://Doi.Org/10.1177/1362361320947513

137. Rojas-Charry, L., Nardi, L., Methner, A., & Schmeisser, M. J. (2021). Abnormalities of synaptic mitochondria in autism spectrum disorder and related neurodevelopmental disorders. Journal of Molecular Medicine, 99(2), 161-178.

138. Saber, M. (2021) *Everything about the autism of Dr. Saber's children - diagnosis of autism - treatment of autism Dr. Mehdi Saber*. Autism. Retrieved February 6, 2023, from https://mehdisaber.com/24312-2/

139. Salomone, E., Leadbitter, K., Aldred, C., Barrett, B., Byford, S., Charman, T.& PACT Consortium Rachel Cole-Fletcher Isobel Gammer Jessica Maxwell Hannah Tobin George Vamvakas. (2018). *The association between child and family characteristics and the mental health and wellbeing of caregivers of children with autism in mid-childhood. Journal of autism and developmental disorders*, 48, 1189-1198.

140. Samadi, S. A., Mahmoodizadeh, A., & McConkey, R. (2012). A national study of the prevalence of autism among five-year-old children in Iran. Autism, 16(1), 5-14.

141. Sanderson, K. (2021). High-profile autism genetics project paused amid backlash. Nature, 598(7879), 17-18.

142. Savadi, H., Khaki, M., Javnbakht, M., & Pourrafiee, H. (2016). The impact of hemodialysis on sexual function in male patients using the international index of erectile function questionnaire (IIEF). *Electronic Physician*, *8*(5), 2371.

143. Segar, D. J., Chodakiewitz, Y. G., Torabi, R., & Cosgrove, G. R. (2015). Deep brain stimulation for the obsessive-compulsive and Tourette-like symptoms of Kleefstra syndrome. Neurosurgical Focus, 38(6), E12.

144. Seraji, A., Momeni, H., & Salehi, A. (2010). The investigation of factors affecting dependence on narcotics and reappearance of drug usage in narcotics anonymous population in Khomein. *Arak Med Univ J*, *13*(3), 68e75

145. Seymour, K. E., Macatee, R., & Chronis-Tuscano, A. (2019). *Frustration tolerance in youth with ADHD. Journal of attention disorders*, 23(11), 1229-1239.

146. Shadish, W. R., Montgomery, L. M., Wilson, P., Wilson, M. R., Bright, I., & Okwumabua, T. (1993). Effects of family and marital psychotherapies: a meta-analysis. *Journal of consulting and clinical psychology*, *61*(6), 992.

147. Short, A. B., & Schopler, E. (1988). Factors relating to age of onset in autism. *Journal of autism and developmental disorders*, *18*(2), 207-216

148. Singh, N. N., Lancioni, G. E., Winton, A. S., Adkins, A. D., Singh, J., & Singh, A. N. (2007). *Mindfulness training assists individuals with moderate mental retardation to maintain their community placements. Behavior Modification*, 31(6), 800-814..

149. Sinha, S.R., Mcgovern, R.A., & Sheth, S.A. (2015). *Deep Brain Stimulation For Severe Autism: From Pathophysiology To Procedure. Neurosurgical Focus*, 38 6, E3.

150. Spain, D., Et Al. (2020). *Social Anxiety In Adults With Autism: A Qualitative Study. Int J Qual Stud Health Well-Being* 15(1): 1803669.

151. Stănescu, M. (2017). *Child Diagnosis Of Autism - How It Can Change The Family Life. European Journal Of Multidisciplinary Studies*, 2(5), 498–498. Https://Doi.Org/10.26417/Ejms.V5i1.P498-498.

152. Taghavi, S. (2002). Validity and reliability of the general health questionnaire (ghq-28) in college students of shiraz university. *Journal of psychology*, *5*(4), 381-98.

153. Tahira Batool, Sofia Akhter, & Tahira Kalsoom. (2020). Exploring gender differences in attitude towards mathematics at secondary level in Pakistan. *Journal of Business and Social Review in Emerging Economies*, *6*(2), 587–596. https://doi.org/10.26710/jbsee.v6i2.1157

154. Talebizadeh, Z., Arking, D. E., & Hu, V. W. (2013*). A novel stratification method in linkage studies to address inter-and intra-family heterogeneity in autism. PLoS One*, 8(6), e67569..

155. Tang, T. C., Ko, C. H., Yen, J. Y., Lin, H. C., Liu, S. C., Huang, C. F., & Yen, C. F. (2009). *Suicide and its association with individual, family, peer, and school factors in an adolescent population in southern Taiwan. Suicide and Life-Threatening Behavior*, 39(1), 91-102.

156. Tantam, D. (2000). *Psychological disorder in adolescents and adults with Asperger syndrome. Autism*, 4(1), 47-62.

157. Tengland .-A. (2001). Marie Jahoda's current concepts of Positive Mental Health. *Mental Health*, 47–78. https://doi.org/10.1007/978-94-017-2237-7_4

158. Termine, C., Grossi, E., Anelli, V., Derhemi, L., & Cavanna, A. E. (2021). *Possible tics diagnosed as stereotypies in patients with severe autism spectrum disorder: a video-based evaluation. Neurological Sciences*, 42, 1559-1561.

159. Tramonti, F., & Fanali, A. (2015). Toward an integrative model for systemic therapy with individuals. *Journal of Family Psychotherapy*, *26*(3), 178-189.

160. Turcotte, K., & Bureau, T. (2002). Phylogenetic analysis reveals*stowaway*-like elements may represent a fourth family of the is*630*-tc1-*mariner*superfamily. *Genome*, *45*(1), 82–90. https://doi.org/10.1139/g01-127

161. Tušková, E., Dobiášová, K., & Duškov, I. (2020). *An Overview of Mental Health in the Czech Republic. World Scientific Book Chapters*, 77-115.

162. Tuttle L. C. (1998). Experiential Family Therapy: An Innovative Approach to the Resolution of Family Conflict in Genetic Counseling. *Journal of genetic counseling*, *7*(2), 167–186. https://doi.org/10.1023/A:1022802006630

163. U.S. Department of Health and Human Services. (2014). *Home*. National Institute of Neurological Disorders and Stroke.Https://www.ninds.nih.gov/

164. Varghese, M., Kirpekar, V., & Loganathan, S. (2020). *Family interventions: Basic principles and techniques. Indian journal of psychiatry*, 62(Suppl 2), S192.

165. Waldman, M., Nicholson, S., & Adilov, N. (2006). Does television cause autism?

166. Wampler, K. S. (2020). *The Handbook of Systemic Family Therapy, Systemic Family Therapy with Children and Adolescents* (Vol. 2). John Wiley & Sons.

167. Wechsler, D. (2011). *Wechsler Abbreviated Scale Of Intelligence–Second Edition (Wasi-Ii). San Antonio*, Tx: Ncs Pearson.

168. Weiss, J. A., Thomson, K., & Chan, L. (2014). *A Systematic Literature Review Of Emotionregulation Measurement In Individuals With Autism Spectrum Disorder. Autism Research*, 7(6), 629–648. Https://Doi.Org/10.1002/Aur.1426.

169. Weiss, J. A., Thomson, K., Burnham Riosa, P., Albaum, C., Chan, V., Maughan, A., ... & Black, K. (2018). *A randomized waitlist-controlled trial of cognitive behavior therapy to improve emotion regulation in children with autism. Journal of Child Psychology and Psychiatry*, 59(11), 1180-1191.

170. Weiss, J., A, Burnham Riosa, P., Mazefsky, C., A, & Beaumont, R. (2017). *Emotion Regulation In Autism Spectrum Disorder. Emotion Regulation And Psychopathology In Children And Adolescents. (Pp. 235–258). Oxford University Press*.

171. Weiss, J.A., Cappadocia, M.C., Tint, A., & Pepler, D.J. (2015). *Bullying Victimization, Parenting Stress, And Anxiety Among Adolescents And Young Adults With Autism Spectrum Disorder. Autism Research*, 8.

172. Wellington, J. (2010). Weaving the threads of doctoral research journeys. In *The Routledge doctoral student's companion* (pp. 146-160). Routledge.

173. White &Conner, C. M., S. W. (2014). *Stress in mothers of children with autism: Trait mindfulness as a protective factor. Research in Autism Spectrum Disorders*, 8(6), 617-624.

174. Winter, Alix S., Christine Fountain & Keely Cheslack-Postava & Peter S. B. (2020). *The Social Patterning Of Autism Diagnoses Reversed In California Between 1992 And 2018," Proceedings Of The National Academy Of Sciences, Proceedings Of The National Academy Of Sciences*, Vol. 117(48), Pages 30295-30302.

175. Wolstencroft, J., Robinson, L., Srinivasan, R., Kerry, E., Mandy, W., & Skuse, D. (2018). A systematic review of group social skills interventions, and meta-analysis of outcomes, for children with high functioning ASD. *Journal of Autism and Developmental Disorders*, *48*(7), 2293–2307. https://doi.org/10.1007/s10803-018-3485-1

176. Wong, K., Hicks, L. M., Seuntjens, T. G., Trentacosta, C. J., Hendriksen, T. H. G., Zeelenberg, M., & Van Den Heuvel, M. I. (2019). *The Role Of Mindful Parenting In Individual And Social Decision-Making In Children. Frontiers In Psychology*, 10, 550. Https://Doi.Org/10.3389/Fpsyg.2019.00550

177. World Health Organization. (2014). *World Health Statistics 2014. World Health Organization*. Https://Apps.Who.Int/Iris/Handle/10665/112738.

178. World Health Organization. (2016). *World Mental Health Report*. World Health Organization. Retrieved from https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report

179. Wu, H. F., Chen, Y. J., Chu, M. C., Hsu, Y. T., Lu, T. Y., Chen, I. T., ... & Lin, H. C. (2018). *Deep brain stimulation modified autism-like deficits via the serotonin system in a valproic acid-induced rat model. International journal of molecular sciences*, 19(9), 2840..

180. Yen, C.-F., Yang, P., Wang, P.-W., Lin, H.-C., Liu, T.-L., Wu, Y.-Y., & Tang, T.-C. (2014). *Association Between School Bullying Levels/Types And Mental Health Problems Among Taiwanese Adolescents. In Comprehensive Psychiatry* (Vol. 55, Issue 3, Pp. 405–413). Elsevier Bv. Https://Doi.Org/10.1016/J.Comppsych.2013.06.001

181. Yorke, I., White, P., Weston, A., Rafla, M., Charman, T., & Simonoff, E. (2018). *The Association Between Emotional And Behavioral Problems In Children With Autism*

Spectrum Disorder And Psychological Distress In Their Parents: A Systematic Review And Meta-Analysis. Journal Of Autism Developmental Disorders, 48(10), 3393-3415.

182. Yu, L., Stronach, S., & Harrison, A. J. (2020). *Public knowledge and stigma of autism spectrum disorder: Comparing China with the United States. Autism*, 24(6), 1531-1545.

183. Yücehan, Yucesoy, Başak, Bağlama, Mehmet, T. (2020). "*Art Education, Therapy Interventions And School Management In Autism*," Revista Romaneasca Pentru Educatie Multidimensionala - Journal For Multidimensional Education, Editura Lumen, Department Of Economics, Vol. 12(1), Pages 334-349.

184. Zakirova-Engstrand, R, Hirvikoski T, Westling Allodi M, Roll-Pettersson, L. (2020). *Culturally Diverse Families Of Young Children With Asd In Sweden: Parental Explanatory Models. Plos* One 15(7): E0236329.

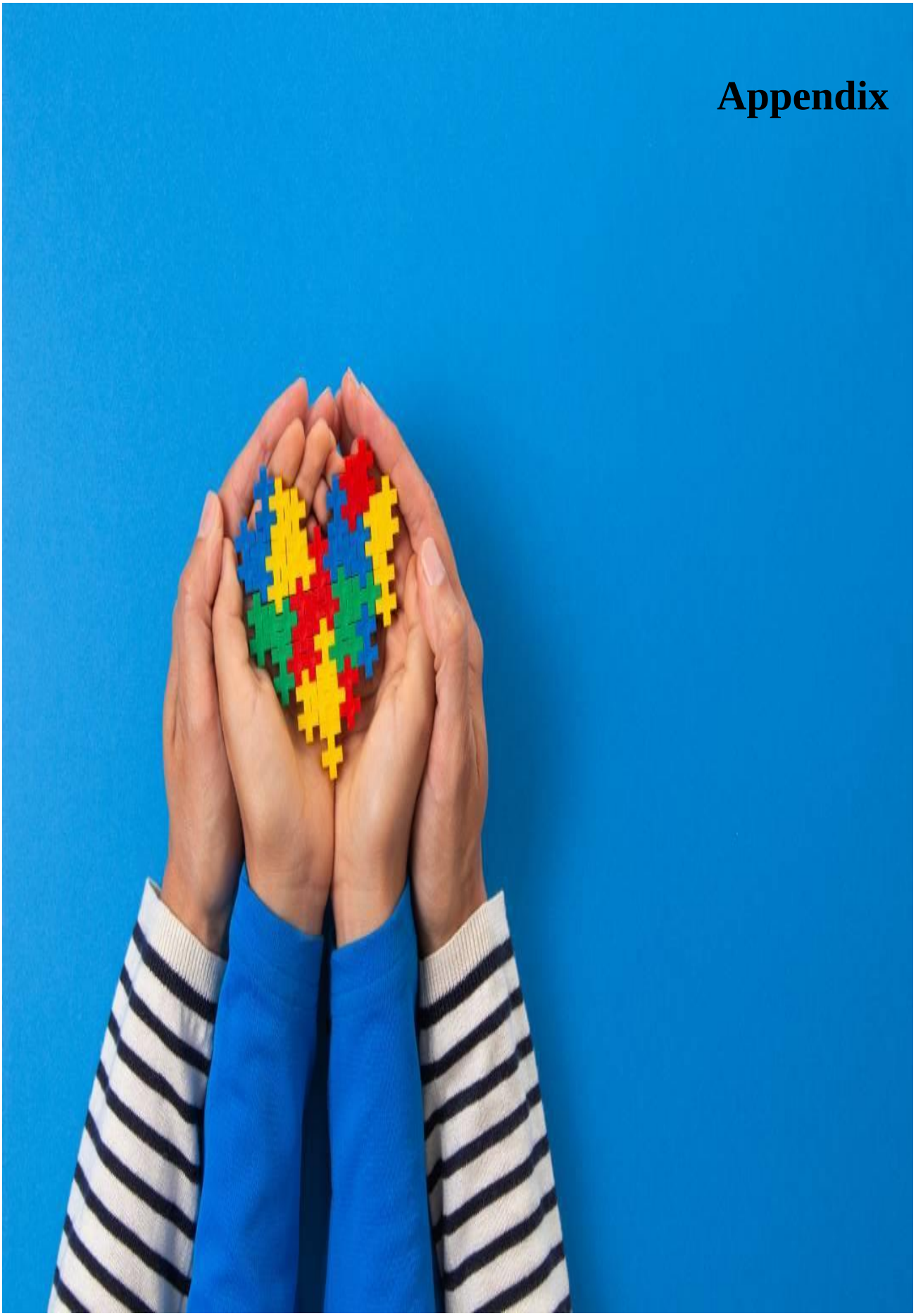
185. Zarei Mahmoud Abadi, H.; Ahmadi, A; Bahrami, F; Fatehizadeh, M.; Etamadi, A. (2016) Prevention of divorce. Yazd: Publications

186. Zhang, W., Wang, M., & Ying, L. (2019). *Parental Mindfulness And Preschool Children's Emotion Regulation: The Role Of Mindful Parenting And Secure Parent-Child Attachment. Mindfulness*, 10, 2481–4297. Https://Doi.Org/10.1007/S12671-019-01120-Y

187. Zhukova, M. A., Talantseva, O. I., Logvinenko, T. I., Titova, O. S., & Grigorenko, E. L. (2020). *Complementary And Alternative Treatments For Autism Spectrum Disorders: A Review For Parents And Clinicians. In Клиническая И Специальная Психология* (Vol. 9, Issue 3, Pp. 142–173). *Federal State-Financed Educational Institution Of Higher Education Moscow State University Of Psychology And Education*. Https://Doi.Org/10.17759/Cpse.2020090310

188. Zou, M,Sun,C,Wang,J,Kang,J,Xu,Z,Ma, Y,&Wu, L.(2018).*Factors influencing the severity of behavioral phenotype in autism spectrum disorders: Implications for research*. Psychiatry Research, 261, 290-297.

Appendix



10. Appendix

10.1 GHQ-28

GHQ-28	More than usual	As usual	Less than usual	Less than usual
1. Been feeling perfectly well and in good health?				
2. Been feeling in need of a good tonic?				
3. Been feeling run down and out of sorts?				
4. Felt that you are ill?				
5. Been getting any pains in your head?				
6. Been getting a feeling of tightness or pressure in your head?				
7. Been having hot or cold spells?				
8. Lost much sleep over worry?				
9. Had difficulty in staying asleep once you are off?				
10. Felt constantly under strain?				
11. Been getting edgy and bad-tempered?				
12. Been getting scared or panicky for no good reason?				
13. Found everything getting on top of you?				
14. Been feeling nervous and strung-up all the time?				
15. Been managing to keep yourself busy and occupied?				
16. Been taking longer over the things you do?				
17. Felt on the whole you were doing things well?				
18. Been satisfied with the way you've carried out your task?				
19. Felt that you are playing a useful part in things?				
20. Felt capable of making decisions about things?				
21. Been able to enjoy your normal day-to-day activities?				

22. Been thinking of yourself as a worthless person?				
23. Felt that life is entirely hopeless?				
24. Felt that life isn't worth living?				
25. Thought of the possibility that you might make away with yourself?				
26. Found at times you couldn't do anything because your nerves were too bad?				
27. Found yourself wishing you were dead and away from it all?				
28. Found that the idea of taking your own life kept coming into your mind?				

10.2 GARS-3

Please rate all itemsHe often has a tendency to manipulate his body parts (self-stimulation) or play with parts of objects

Restricted/repetitive behaviors

3	2	1	0	It is often involved in repetitive and stereotyped behaviors.
3	2	1	0	Constantly and for a long time has a strong mental and practical conflict with an object.
3	2	1	0	He/She often stares for 5 seconds at his hands, objects and objects around him.
3	2	1	0	He/She often shakes his fingers or hands violently in front of his eyes for 5 seconds or more
3	2	1	0	He/She is often restless and jumps from place to place.
3	2	1	0	He/She often holds his hands in front of his face and makes a winging gesture.
3	2	1	0	Produces repeated sounds (such as ……) regularly.
3	2	1	0	Often uses toys and other objects in an unconventional way (turning car wheels)
3	2	1	0	It often has formal and ceremonial behaviors (such as order and order in some activities)
3	2	1	0	In playing with toys, there are often repeated movements and patterns or conflicts.
3	2	1	0	often produces unusual sounds repeatedly.
3	2	1	0	He/She often has a tendency to manipulate his body parts (self-stimulation) or play with parts of objects

3	2	1	0	He/She often has obsessive and compulsive behaviors.

plural of part

Raw score of restricted/repetitive behaviors

Social interactions

3	2	1	0	He/She often does not initiate conversations with others and peers
3	2	1	0	He/She often doesn't pay attention to what his friends do, he pays little attention.
3	2	1	0	He/She often does not imitate his peers or others in playing or doing educational tasks.
3	2	1	0	He/She often does not pay attention to other people's comments.
3	2	1	0	He/She is indifferent to the presence of others and communication with others (he often does not try to establish, maintain and continue communication).
3	2	1	0	In interacting with others, he often does not express his/her emotions as necessary and does not feel pleasant interacting with them
3	2	1	0	He/She is usually unwilling or unwilling to show his toys or equipment to others.
3	2	1	0	He/She is reluctant to share his favorite things with others. (masculino)
3	2	1	0	He/She is reluctant and indifferent to the persuasion of others.
3	2	1	0	Often responds little or not at all to the demands of others in communication.
3	2	1	0	Has little interest or reluctance to interact socially with others.
3	2	1	0	Often does not make an effort to communicate and build friendships with others
3	2	1	0	He/She is averse to fantasy games
3	2	1	0	He/She is often indifferent to the presence of others

plural of part

Raw score of restricted/repetitive behaviors

Social relations

3	2	1	0	Does not often respond to humor (e.g., does not laugh at funny jokes, cartoons, or movies).
3	2	1	0	Often does not understand jokes.
3	2	1	0	He/She often does not understand colloquial and slang expressions.
3	2	1	0	Indifference or lack of understanding of basic behaviors.
3	2	1	0	He often does not understand rejection and ridicule.
3	2	1	0	It is difficult to recognize why others (peers) are not interested in communicating with him/her.
3	2	1	0	Social events are often difficult to predict.
3	2	1	0	He/She does not understand that the thoughts and feelings of others are different from his thoughts and feelings
3	2	1	0	He/She seems to have no understanding of what others say is right or wrong.

plural of part

Raw score of restricted/repetitive behaviors

Emotional reactions

3	2	1	0	He/She often needs more reassurance to change things that have been created in his environment.
3	2	1	0	He/She often feels hopeless and frustrated when he is unsuccessful in doing something.
3	2	1	0	Often, when he does not receive a positive response to his/her demands, he breaks down and screams.
3	2	1	0	When the order of the environment changes (such as the arrangement of objects), it collapses.
3	2	1	0	Often indifferent or indifferent to environmental demands or commands from others.

3	2	1	0	Often reacts strongly to loud and unexpected sounds (for example, cries and shouts).
3	2	1	0	He/She often gets angry when things don't go his way.
3	2	1	0	When asked to stop doing something he enjoys, he often gets angry and grumpy.

plural of part

Raw score of restricted/repetitive behaviors

Cognitive style

3	2	1	0	It has dialogue and dictionary
3	2	1	0	Often has the word salad
3	2	1	0	He/She often talks about a particular topic regularly
3	2	1	0	She/He follows and understands a certain subject with amazing skill
3	2	1	0	He/She has a great memory
3	2	1	0	She/He shows an extreme and obsessive interest in mental subjects and phenomena
3	2	1	0	He/She often says irrelevant things (regardless of the subject of the conversation

plural of part

Raw score of restricted/repetitive behaviors

10.3 Group consultation

10.3.1 First session

Hello to all the dear ones and all the dignitaries who were honored to be in their service today, as you are aware and informed about the events, these meetings are being conducted based on a series of researches that we want to investigate the impact of systematic counseling on autism families. From all of you who are in the meeting today, there are 30 of you and you were chosen randomly, 18 of you were present in the first phase of the research and 12 more people were added to this group in the second phase, and this caused It is our honor. What is going to happen in these meetings is that the total number of meetings is five, and we hold these meetings every week on 5 Saturdays at a specific time, which is 5:00 PM inside the clinic, and all the members, who are 30 people. They must be present in the meeting, as you can see that a number is attached to the clothes of each loved one. Please note that this number is for you until the end of the 5th meeting and will not change in any way. These numbers are actually your names and surnames, which were chosen randomly based on the confidentiality discussion .These numbers are yours until the end of the session. The next point is the issue of confidentiality, for example, should someone ask number 16 if this matter that was discussed in the meeting was true or not? No one is allowed to talk about what happened in the meeting afterwards or to reveal the information of the people anywhere, so please, except for me, I am recording the sound, and this sound will remain with me forever and will not be published anywhere. No one is allowed to record. It does not have the voice of individuals. The next point that is very important is that the meeting has a leader, and I am the leader of the meeting for example, in the meeting, I say, for example, Madam, for example, number 2, you can speak, then I will manage the meeting and we will discuss the points, and people must follow the leader of the meeting so that there is no disorder, and in the case of the group leader, there is no reason other than this. That the order of the meeting should be maintained. The time of each session Is between 45 and 60 minutes, and at the end of each session, a homework is given to the loved ones for the whole week. The next point is very important to us the point is that during the meeting, people are not supposed to be just listeners, so they should enter into the discussion and they should even challenge themselves in some places, and these challenges can make people grow. It causes the growth of every human being; it is challenging that causes it

Many of us, who are generally shy about speaking and expressing our opinion, will solve our problem, and we want after this meeting and this series of meetings, this shyness that we might have will disappear and people will be able to talk easily. One of the important topics is that we can easily express our feelings and talk easily, so please participate in the discussions as much as possible and you are comfortable. You are going to take notes and notes Inside the meeting, if you have noticed, my secretary has given all of you a small notebook and a pen, and this notebook and pen are meant for you to write your points during these five meetings in this notebook and this notebook as a souvenir. It will remain for you that you participated in the group counseling session that you attended, and the session was related to your mental health. I have to tell you that we are starting our sessions, but at the end of the 5th session, you will be tested again. That show how much your situation is compared to his day. I hope that we will be able to reach the result that I want, of course, with the help of you who participate in these meetings. If you agree, we will start today's meeting officially. All the ladies and gentlemen are ready for the meeting. Start? Yes, we will start the meeting officially from this moment.I will introduce myself to all the dignitaries and then dear ones, instead of telling their families, they should announce their numbers and if they want to tell us their educational qualifications, we will be happy. Friends who are in this meeting. Between ages They are 28-42 years old and all loved ones have at least one autistic child. Group leader: I am Montazeri, a doctoral student in Spain, and I am going to be the leader and advisor of your group meetings, and I hope that we will be able to spend good days together in these 5 meetings. Please tell us the level of education, although I have a list of how many people have diplomas, how many people have associate's degrees, master's degrees and doctorates. Hello, I am number 1, I have a bachelor's degree and I am glad that it is with you dear ones I am happy Hello, I am number 2. I have an autistic child and I am happy to be with you for the first time in group counseling.

I am number 3 and I have a bachelor's degree and two autistic children, and I hope that in these meetings we will get the results we want and that we will get better soon because I personally do not experience good mental conditions due to the pressures of life. Group Leader: Thank you for your good feedback that you gave us a relatively complete explanation of your mental state. Next person please Hello, I am number 4, I have a doctorate degree, a doctorate in mathematics, and I am very happy that I am doing these sessions and being with you. I have experience in group counseling so far. I didn't have one, but my wife and I went to several individual counseling sessions Group leader: We are also happy to meet you, next person please Hello, I am number five and I am happy to be with you. Hello, I am number 6. I have a master's degree

and I have an autistic child. These days we are also scheduling these courses. I am happy to be with you. I hope that at least after a long time I will be able to change my mood and mood. Autism is considered and well, it is a very difficult task that everyone is going through, I hope that can get a good result from these meetings and my mental condition and family condition will improve a lot. Leader of the group: We also hope to be able to help autism families as much as we can because we know that they are under a lot of pressure from a mental point of view and it affects their family and work situation. Hi, I am number 7. I also have a master's degree and studied nutrition. I hope that we will reach the result we want in these meetings. I also thank Mr. Montazeri for holding these meetings. I made a plan and of course I think I was lucky that in that situation one of the members mentioned my name by chance and I am with you today. Hello, I am number 8. I studied postgraduate diploma and postgraduate diploma in veterinary medicine. I hope that I will be able to achieve the results that I want in these meetings. May the events of these meetings happen to all of us.

Hello, I am number 9. The fact is that I have never had a positive view of counseling and psychology, but I hope that as my first experience, this experience will be a good one, and at the end of the sessions, my view will completely change towards counseling and psychology, and the conversations that I had at the beginning of the session In my opinion, the talks were encouraging and I hope that I will become a regular client of counseling and psychology from now on and it is my first experience and I hope that I will have the best experience. Group leader: I also really hope that I can help you at least with psychology and Counseling, establish a good relationship and these meetings will be useful for you and you will be able to continue this process. Hi, I'm number 10. First of all, I'm a naughty child, so I can't sit quietly in meetings until now. I had the experience of group counseling once in relation to the discussion of self-esteem and I went to 3 group counseling workshops two years ago with one of my friends, so I think that a lot of good things happen in group workshops and the experiences we get from each other are very, very It is constructive, from Mr. Afterthink you, of course, I am very happy that they are not one of those bad-mannered counselors, and they are very well-mannered counselors, because I have a lot of experience in psychology and I like it very much, and I read a lot of books and watch a lot of workshops and movies. They are kind counselors and I met them here for the first time, so I don't know them before, but I think they will be good meetings based on my experiences with counselors. Group leader: Thank you for your good feedback and of course I hope that these meetings will be better than your meetings two years ago the next person please. Hello, I am number 11. Contrary to our friend who said that I am very naughty, number eleven

is very calm and I am not very noisy and I am very, very calm. In my private life, I am just as calm. Group Leader: Be sure to see the balance, we will create number 10, which are busy and number 11, which are quiet, and the meetings will proceed in a very correct balance, and for sure one person will not talk too much and one person will not talk too little, and I promise you this. I will give the meetings as well There were participating members and everyone could get enough benefit from the meetings. Please, the next person. I am number 12 and I am very eager to see what we are going to learn in these sessions

I am number 13 and I hope that our meetings will be very good meetings and I hope that the best will happen in these meetings for all of us because I know that all of us who have an autistic child find it very difficult to work and live in some places, so I hope that after these meetings, a series of positive events will happen for all of us, and basically, I have a positive attitude towards all the events that happen. Leader of the group: I really hope that these positive things will happen and that we will have very good feedback at the end of the meeting, man14th, please introduce yourself Hello, I am 15 years old, my degree is a diploma, and even though I did not go to university and I could not participate because of the happenings in university life, I am very interested in psychology and I hope that the material that is said will be very new to me because I generally like psychology books. I am very interested, and according to my friends, I might have more information than a doctorate in psychology Group leader: I am so happy that you are in our group and I hope that what I am saying will be new for you and you will definitely learn a lot. It is appreciated and I hope that one day you will be able to find a place in the university because you said that you could not continue your studies and that all scientific societies will make the best use of you. Next person please. Hello, I am the 15th person and I am glad to be with you. I really have nothing more to say. I hope the meetings go well. I am the 16th person. The fact is that I really hope that something good will happen because I am really very tired mentally and I have two children with autism. Hello to all the dear ones who are here, I am very hopeful Actually, I am the 17th person and for the first time I was called by the number and of course I was very comfortable. I thought that everyone, wherever they are dealing with it, should call me the 17th person because they don't want me to introduce myself so much anymore and the purpose Let me tell you who I am, what I am, my family is similar to who it is, it is not similar to who it is, and from today I completely changed my partner's name and surname to the 17th person. Group leader: (jokingly) We had the first achievement of our group counseling. One person completely changed his last name to the 17th person, and he achieved the first result in the group counseling that we had now. I am very happy about this

I am the 18th person, I have a bachelor's degree in nursing, I have participated in many workshops from the hospital, and because of my job, I have a knowledge of diseases. I know that autism is a serious disease, and I know that my child also has this disease, and I am so aware that until today, there is no cure for this disease, so when my name was mentioned in that list, I was very happy that I could participate in the workshop, because there is no definitive cure for our child, but I can't improve myself mentally. And a better procedure and I want to be more mentally healthy with the children, so I am very happy to be with all of you and I hope that this workshop will be one of the best workshops that I have come to and considering the knowledge I have of this center and considering the inquiries regarding I talked to Mr. Montazeri and I know that he is a very good consultant and we will definitely get a very good result here. Group leader: I am very happy with your feedback and thank you very much for your kindness. I hope that this workshop will be the best workshop that you have come to. Today, next person please. Hello, I am 19, I am happy to be with you and I hope that this workshop will be useful for all of us and the good thing about this workshop is that we are all very similar and we have at least one autistic child that we can understand each other's conditions and this is very important for me. It was important for me to be in a place where at least the people there understand what I am saying and because we often talk about our problems and people who have autistic children, they do not understand us and do not understand at all that we What are we talking about, and they tell us very simply that it is not important, we all have a series of problems, and then I get very annoyed, I am very happy, and more than that, I think I should not speak now until we enter the main meeting. Hello, I am the 20th person and my degree Is Bachelor of Mechanics and I have a good position in terms of career and academically, but mentally I know that my mental condition is not good and my blood condition is not good and I am really having problems in my relationships with family members. And I have one child with autism and two other children who are like this They are not autism, but actually due to the same autistic child, my relationship with two other children and also with my wife has become very difficult, so I hope that these five weeks will be a dream for me and my life will be able to change a lot. Thank you for holding this meeting. I hope that we will say goodbye to each other in the same cool fifth meeting.

Group Leader: Next person please Hello, I am the 21st person and it Is very difficult for me to actually participate in these meetings because I went to counseling sessions a lot and well, the counseling sessions never gave me any results, and I really put myself through this session. I promised myself that if I don't get the result at the end of this session, I will not experience any counselor again, and even now, I really don't know if I should look positively or negatively, but

I hope that our sessions will be good sessions. Group leader: Thank you for this feedback You gave us the honest and I hope that at the end, when I ask you what was your opinion about the meetings, you tell me that no, these meetings were really different, and this will make people happy, and the next passenger will introduce himself. Because you have to get into my topic and you don't want this meeting to be just an introduction, as a familiarization meeting, we want to work on the topic of empathy in this first meeting. Hello, I am the 22nd person and I hope to learn many things with you. Thank you twenty third and it was very interesting to me when I got the number 23, because once again I participated in a workshop and I got the same number 23 again. I think that the number 23 is a good number. Hello, I hope you are well. I am a 24-year-old mother who has a diploma and has no claim. She thinks that she has lost her whole life because she got married with a thousand hopes and dreams and today, she has a child with autism who is 4 years old and is under severe pressure from Mental and psychological opinion and this pressure is not bearable for me, the way I like to be I wouldn't get married, or now that I see that this has happened for many days and I say why this should happen to me and I really don't feel good. Leader of the group: I hope you will feel better after our meetings and good things will happen to you, next person please I am number 25 and I don't have much to say, I would like to learn more and that in any case I accepted that I have an autistic child, but my wife has not accepted this issue yet and unfortunately this makes me feel bad. Thank you, every day. I am number 26 and I am a teacher It is a master's degree, although my degree has nothing to do with it.

He doesn't have autism or psychology, but because of my child's condition, I read a lot of psychology books. The next doctor that exists is that I have an autistic sister, and actually, I have both an autistic child and an autistic sister, and I feel very, very well. This makes it worse, I don't know, maybe I'm autistic myself, I really don't know, but I wanted to investigate and follow up on this issue a few times, but I was really scared, but based on the symptoms I at least check, I didn't find anything, but I ask you to read more and research. And I'm afraid the name is autism It has become scary for me because I grew up with the name since I was a child and when the doctor told me that my child has autism, I think at night that I didn't sleep until the morning and I was in a very bad mood, and all the memories of my childhood came before my eyes and unconsciously. Like right now, I'm crying and the same thing happened to me. I'm sorry if I messed up the atmosphere of the meeting, but it was something that I think I should have said in my introduction. Group leader: I thank you, lady number 26, for considering all of us so confidential and so confidential. You knew that you should talk to us and share your feelings

with us. I am very grateful to you for this. He introduced himself to you from number 27, and who are we without knowing the law of number 27? I am lady number 27. I studied midwifery and during the day working in the hospital, many children who are about to be born, the first thing I wish for them is autism, because the first time my child was born with Kelly Joy, laughter and happiness, and how happy I was to have a child, but the day that heard that he was really sad, I didn't know what to do, and this is the only thing that I wish every day for the children who are born, thank you all for being here and we are going to have a good workshop together and I am sure that we can do unique things with the help of our mental health because we remember that autistic children only have us and their hope is in us and not in anyone else because it is true that they and maybe somewhere Let things be in their own hands, shout in some places, shout in some places But again, as a mother, I am the only support for my child and I have to prepare all the conditions for the best to happen to him, thank you. Hello, I am number 28 and my educational qualification is a diploma. I go to work from morning to evening and in the evenings, I have to pick up my child who has autism and pick him up from school. I have to deal with this situation every day and have an argument with my child every day.

Hello, the truth of the story is that many of my friends introduced themselves. I was thinking about what to say. You can see yourself. My number is 29. Maybe I am younger than all of you in this workshop, and considering that I got married early, today and they have an autistic child, and of course my having an autistic child has nothing to do with early marriage, but every day I have problems with my wife because I can't manage myself and my emotions. My wife with me when with We used to talk that we had big dreams, but he sees this question that you can sleep very easily one night and wake up smiling and happy in the morning. It's an unfortunate thing that happened to me. I think I have depression, but I hope that after this the sessions will make me feel better Group leader: The last person please introduce himself to us Hello, I am the 30th person and I hope that the meetings will be good. I will not talk more so that the dear ones can focus on the main discussion. The first subject of KI wants to talk about the formation. It exists in the name of empathy. Let's use the word empathy and the word sympathy a lot. The truth of the story here is that it is clear whether empathy is different from sympathy or not. Critics who say empathy and sympathy are the same: Ms. No. 5 Ms. No. 10 17 18 27 7 15 Do you believe that there is no difference between empathy and sympathy? No. 7, can you tell us exactly what empathy is, what is sympathy, because it is very important for us to know that there is a difference between empathy and pain. Or not and fake the difference in sleep when you Changing the difference of the rest of the people, I sat here, for example, lady number 8, they believe that

there is a difference, can you explain it to us? Lady number 7: In my opinion, empathy and sympathy are the same, and we convey our discomfort to the other party, and we want to tell the other party that we understand what he is doing, and in my opinion, there is no difference here. The leader of the group, Ms. No. 10, is your opinion the same.

Number 10: Yes, I also think that we just want to tell the opposite party that you understand him, the one who disagrees. For example, number 25, can you tell me why you disagree with this and do you believe that there is a difference? Number 25: I believe that there must be a difference, otherwise we wouldn't have two different words and they would call them all the same word. The leader of the group: The reason is not correct, we are looking for a scientific reason, what is the difference, it is really good that it is good, maybe you can pay ten tomans for one word, because it costs ten tomans, so it must have two different approaches. We are talking about two different issues, and number 30, you know the difference between sympathy and empathy, and there is no difference at all, which one is better, which is not better. Number 30: In my opinion, it might be better to empathize and worse to empathize Group leader: It is better to empathize, what is the reason, do you know the reason, or just like that, for example, you are saying that I don't think so, and we are talking based on luck. No. 30: I say, but I really don't know the scientific reason for the matter, if there is something Group leader: Does anyone want told must speak or have a newer opinion I will talk about this issue first, maybe the situation will be a bit clearer and clearer, empathy. We are talking to convey something to the other side, we want to convey a message to you, this message does not contain more than one sentence, I understood you and I understand you, and we use these sentences very consciously, for example, He is hungry, and you understand the pain of the person's hunger and understand the situation of the other party, but the important point here is that we are not supposed to take care of the other party, and if we take care, it is empathy. We didn't, which means that if we want to convey something more to the person in front of us, we are actually doing more than empathy, so we can't call it empathy anymore, because for us, empathy is one of the things that causes psychological damage and causes that I soul health.

Q. I hurt myself a lot, but like number 8, I still don't know how to empathize with people Group leader: As soon as we understand what empathy is and what sympathy is, let's do it, we will start teaching you how to empathize, and empathy is very, very simple, and at the same time, we have to do it very, very professionally. We will practice together here in the meeting, and I am sure that all of you have learned this completely when you leave this door, and I want you to empathize with others from now on, right? Sympathy. How are we supposed to do this now?

How do we empathize with people? It's very simple. From now on, when we meet someone, we want to send a message to the opposite party. The message is exactly this: I understood you I understood you I understand how stressed you are I understand your feeling wholeheartedly

I understand how upset you are You are very busy these days and that is understandable. In all the sentences I said, I just conveyed to the other side that I understood you and that's it. I didn't send any more sentences to the other party, but when I sympathize, something else happens, I tell the other party, I understand you, but, after but, I give unwanted advice to the other party or tell him stories. I explain that it has happened to others, and if one of these stories is not good, it will make the other party think thousands of things, then I Willi want to empathize with others from today for my own mental health. Others can be my children, my father, my mother, my sister, or any other person. We will not be allowed to empathize with others. Did everyone fully understand? Yes, Group leader: Number 18, you understand Number 18: Yes, Group leader: Can I ask you to sympathize with number 23? Number 23: I have a very big problem that they are firing me from my workplace and this is seriously damaging my economic situation and the conditions of my home and my family. monk Group: No. 18, please sympathize with them Number 18: I understand you very well, it must be very difficult for you. Can you tell me why you are being fired? Leader of the group: You said the first part correctly, but I think that the reason for being fired has nothing to do with you, and you are only supposed to empathize with them when you come to empathize Then you can ask why you are being fired, but when we are empathizing, you cannot tell the other party why you are being fired. For whatever reason, we are only allowed to express that we are upset that the person was fired, right? Number 18: It will be very difficult then we practically have nothing to say Leader of the group: We are forced not to do many things for our own mental health, so if we lived in a different way and in other ways, and that way was wrong. Do this exercise with the call to prayer and number 3 with number 25 together. Do it again Number 3: I have a problem with my wife and it is possible that we want to separate from each other #25: I'm so sorry about that Leader of the group: That's enough, you don't continue the sentence any more. Now you understand how we do empathy Number 6: Give us another example Leader of the group: Please let all 30 people start practicing with each other two by two, number 6, now in these exercises you will learn how to empathize with each other. It is nice to learn how we should do this when we are going to empathize. I will give you 10 minutes to complete this exercise. Leader of the group: For ten minutes, all the children did the exercises and I came over you one by one and listened to how you should do this. Does anyone have a problem or feel that they have not learned something? I am glad that all members learned

this homework: Please everyone take notes, this is your first assignment. For this week, we want you to make a table and inside it Write down the days of the week and every day you should check how many times you sympathized with people and how many times you sympathized with people? Empathy is right and important to us, and wherever you sympathized, you made a mistake, so this is how we learn what our mind system is like. Let's manage that you only empathize with people, this will be your assignment until next week, so what you are going to do Is to check within a week how many times you empathized and how many times you sympathized and you should try to be with people Just empathize. Does anyone have a question for End week? I hope you are not tired, the first meeting lasted exactly 65 minutes and I hope that I will see you next week at 5 o'clock on the same day. 6. You announce the end of the meeting. Have a good evening and goodbye.

جلسه اول : همدلی کردن

سلام به همه عزیزان و همه بزرگوارانی که افتخار دادند که امروز در خدمتشون باشیم همانطور که مستحضر هستید و در جریان اتفاقات قرار گرفتید این جلسات بر اساس سری تحقیقاتی که ما می‌خواهیم تاثیر مشاوره سیستمی رو بر روی خانواده های اوتیسم بررسی بکنیم در حال انجام است و از همه شما عزیزانی که امروز تو جلسه هستید که تعداد شما 30 نفر هست و به صورت اتفاقی انتخاب شدید که ۱۸ نفر از شما بزرگواران در دوره اول تحقیقات حضور داشتند و 12 نفر دیگر در فاز دوم به این گروه اضافه شده اند و این باعث افتخار ماست. چیزی که قراره توی این جلسات اتفاق بیفته این که تعداد کل جلسات پنج جلسه است که ما این جلسات رو به صورت هر هفته روزهای 5 شنبه دریک ساعت مشخص که همین ساعت ۵ بعد از ظهر باشه داخل کلینیک برگزار می کنیم و همه اعضا که ۳۰ نفر هستند باید توی جلسه حاضر باشد که میبینید روی لباس هر کدوم از عزیزان یک عدد وصل شده است.دقت کنید که این شماره مخصوص شما تا پایان جلسه 5 ام است و هیچ تغییری نخواهد کرد. این عدد ها در واقع اسم و فامیل های شما هستند که بنا به بحث رازداری که صورت گرفته بصورت راندوم انتخاب شده است که این اعداد تا پایان جلسه مال شخص خود شماست .

نکته بعدی بحث رازداری است مثلا کسی جویا شود از شماره ۱۶ که این موردی که داخل جلسه صحبت شد این واقعیت داشت یا واقعیت نداشت؟ کسی راجع به اتفاقات درون جلسه اجازه نداره بعدش صحبت بکنه یا اطلاعات اشخاص را جایی افشا کند پس لطفاً به جز من که دارم صدا را ضبط می کنم و این صدا برای همیشه پیش من خواهد ماند و هیچ جایی نشر پیدا نخواهد کرد هیچ کسی اجازه ضبط صدای اشخاص را ندارد .

نکته بعدی که خیلی مهمه اینه که جلسه یک رهبر دارد که رهبر جلسه من هستم و مثلا در جلسه میگم مثلاً خانم مثلاً شماره ۲ شما می توانید صحبت کنید بعد جلسه را مدیریت می کنم و نکات رو میگیم و اشخاص باید از مدیر

جلسه پیروی می کند که بی نظمی رخ ندهد و در مورد رهبر گروه ، دلیلی به جز این وجود نداره که نظم جلسه می خواهد پابرجا باشد.

زمان هر جلسه بین 45 تا 60 دقیقه است و در پایان هر جلسه یک تکلیف برای طول هفته به عزیزان داده می شود که از همه خواهشمند هستم که این تکالیف را به دقت انجام دهند که در پایان 5 جلسه یک تاثیر مثبت را در افراد شاهد باشیم.

نکته بعدی که خیلی برامون مهم هست اینه که در طول جلسه آدم ها قرار نیست فقط شنونده باشند پس باید داخل بحث وارد بشن و باید خودشون رو یه جاهایی حتی به چالش بکشند و این چالش ها باعث رشد آدم ها میتونه بشه. این باعث رشد هر انسانی میشه این به چالش کشیدن است که باعث رشد میشه خیلی از ما که اصولا خجالت میکشیم از حرف زدن و ابراز عقیده ، مشکل ما را حل کند و میخوایم بعد از این جلسه و این سری جلسات این خجالت هم که شاید داشته باشیم از بین بره و آدم ها راحت بتونند صحبت کند دقیقا یکی از سرفصل‌های مهم همینه که راحت بتونم ابراز احساسات بکنیم و راحت بتونیم حرفمون رو بزنیم پس از همتون خواهش می کنم که در مباحث تا جایی که ممکن هست و راحت هستید لطفاً شرکت کنید نکته بعدی که باید خدمت بزرگواران عرض بکنم در رابطه با این موضوع که شما قراره نت برداری بکنید و قراره که نکات داخل جلسه را به این صورت که اگر دقت کرده باشید منشی من به همه شما یک دفترچه کوچک و یک قلم داده است و این دفترچه و قلم به عنوان اینکه شما نکات تون رو در طول این پنج جلسه داخل این دفتر بنویسید و این دفتر به یادگار برای شما خواهد ماند که شرکت کردید در جلسه مشاوره گروهی که حضور داشتید و جلسه در رابطه با بحث سلامت روان شما بوده که باید خدمت عزیزان بگم اینه که ما شروع میکنیم جلساتمان را اما در پایان جلسه 5 ام قرار است شما مجدداً یک تستی گرفته بشه که نشون بده که چقدر وضعیت حال شما نسبت به روز اول تغییر داشته امیدوارم که ما به این نتیجه ای که مد نظر من هست بتوانیم برسیم البته با کمک شما عزیزان که دراین جلسات شرکت می کنید.اگر موافق هستید جلسه امروز را به صورت رسمی شروع میکنیم .همه خانم ها و آقایون آماده هستند که جلسه رو شروع کنی ؟

بله

جلسه را از همین لحظه به صورت رسمی شروع میکنیم و خودم رو معرفی می کنم خدمت همه بزرگواران و بعد عزیزان بجای اینکه فامیلشون بگن همون شمارشون رو اعلام بکنند و مدرک تحصیلی شان را اگر دوست داشتند بهمون بگن خوشحال میشیم .دوستانی که توی این جلسه هستند مابین سن ۲۸تا۴۲ سال هستند و تمامی عزیزان حداقل یک فرزند اوتیسم دارند.

رهبر گروه:من منتظری هستم دانشجوی دکترا در کشور اسپانیا و قرار رهبر و مشاوره جلسات گروهی شما باشم و امیدوارم که این ۵ جلسه بتونیم در کنار همدیگه روزهای خوبی رو طی بکنیم.لطفاً بقیه اعضا به ترتیب شمارشون خودشون را معرفی کنند و اگر تمایل نداشتند مقطع تحصیلی هم بهمون بگن هر چند که من داخل لیست خودم دارم که چند نفر دیپلم ،چند نفر کاردانی، کارشناسی ارشد و دکتری است.

سلام من شماره ۱ هستم مدرک تحصیلی کارشناسی و از اینکه با شما عزیزان هستم خوشحالم

سلام من شماره 2 هستم یه بچه اوتیسم دارم و اولین بار که در مشاوره گروهی شرکت می کنم خوشحالم از اینکه کنار شما هستم.

من شماره ۳ هستم مدرک تحصیلی کارشناسی و دو تا بچه اوتیسم دارم و امیدوارم که توی این جلسات به او نتیجه که میخواهیم برسیم، دست پیدا کنیم و حال ما زودتر خوب بشه چون که شخصاً شرایط روحی خوبی رو با توجه به فشارهای زندگی تجربه نمیکنم.

رهبر گروه : متشکرم که بازخورد خوبتون که توضیح نسبتا کاملی از حال روحی خودتان به ما ارائه کردید. لطفاً نفر بعدی

سلام من شماره 4 هستم مدرک تحصیلی دکتر، دکترای ریاضیات دارم و خیلی خوشحالم که این جلسات رو دارم انجام میدم و در کنار شما هستم من تا حالا تجربه ی مشاوره گروهی نداشتم ولی مشاوره فردی با همسرم چندین جلسه رفتیم

رهبر گروه: ما هم از دیدار شما خوشحال هستیم ، نفر بعدی لطفا

سلام من شماره پنج هستم و خوشحالم که در کنار شما هستم.

سلام من شماره 6 هستم. مدرکم فوق لیسانس و یه بچه اوتیسم دارم این روزها هم که داریم این دوره‌ها را قرار بگذاریم خوشحالم که پیش شما هستم امیدوارم که حداقل بعد از مدتها بتونم مقداری حال و روحیه را تغییر بدم و تو این شرایط که کار کردن با بچه من که طیف بالای اوتیسم حساب میشه و خوب کار خیلی سختی هم است که همگی در جریان هستند،امیدوارم که بتونم از این جلسات یه نتیجه خوب بگیرم و مقداری شرایط روحی خودم و شرایط خانوادگی خیلی بهتر میشه.

رهبر گروه:ما هم امیدوار هستیم که بتونیم بیشترین کمکی که میتونیم رو به خانواده های اوتیسم انجام بدیم چرا که می دانیم که از نظر روحی شدیدا تحت فشار هستند و وضعیت خانوادگی و شغلی را هم تحت تاثیر قرار میدهد.

سلام شماره ۷ هستم من هم مدرک تحصیلی فوق لیسانس دارم و رشته تغذیه خوندم. من امیدوارم که توی این جلسات به این نتیجه ای که میخواهیم برسیم از آقای منتظری هم تشکر می کنم بابت اینکه این جلسات رو برنامه ریزی کردم و البته فکر می کنم خوش شانسم بودم که توی اون شرایطی که قرار بود به صورت اتفاقی یکی از اعضا در بیار اسم من درآمد و امروز در کنار شما هستم.

سلام من شماره هشت هستم مدرک من فوق دیپلم و فوق دیپلم دامپزشکی خوندم امیدوارم که بتونم توی این جلسات به اون نتیجه‌ای که مد نظر خودم هست دست پیدا کنم و البته از آقای منتظری تشکر می کنم من هم به خاطر تشکیل جلسات شون و امیدوارم که بهترین اتفاقات رو این جلسات برای همه ما رخ بدهد.

سلام من شماره ۹ هستم واقعیت اینه که من هیچ وقت مشاوره و روانشناسی نگاه مثبتی نداشتم ولی امیدوارم که به عنوان اولین تجربه که این تجربه، تجربه خوبی باشه و در پایان جلسات نگاهم کلاً به مشاوره و روانشناسی تغییر بکنه و خود صحبت هایی که اول جلسه شد به نظر من صحبت ها، صحبت های امید بخشی بود و امیدوارم که من مشتری همیشگی مشاوره و روانشناسی بشم از این به بعد و خوب اولین تجربه من هم هست و امیدوارم که بهترین تجربه را داشته باشم.

رهبر گروه:من هم خیلی امیدوارم که بتونم کمک بکنم که حداقل شما با روانشناسی و مشاوره یک ارتباط خوبی برقرار کنید و این جلسات براتون مفید باشه و بتوانید این روند را ادامه دهید.

سلام من شماره ۱۰ هستم اول از همه بگم بچه شیطونا هستم بنابراین خیلی نمیتونم اصولاً ساکت توی جلسات بشینم تا الانم خیلی خودمو کنترل کردم. تجربه مشاوره گروهی را یکبار داشتم در رابطه با بحث عزت نفس و3 جلسه کارگاه مشاوره گروهی را دو سال قبل با یکی از دوستانم رفتم، بنابراین فکر می کنم که خیلی اتفاق های خوبی میوفته توی کارگاه های گروهی و تجربیاتی که از هم پیدا میکنیم بسیار بسیار سازنده است، از آقای منتظری تشکر می‌کنم البته خیلی خوشحالم که ایشون از اون مشاور های بد اخلاق نیستند و مشاوره خیلی خوش اخلاقی هستند چون تجربه روانشناسی رو خیلی دارم و هم خیلی دوست دارم و خیلی کتاب میخونم و خیلی کارگاه ها را و فیلم ها را می بینم به نظرم از آن دسته مشاوره های خوش اخلاق هستند و اولین بار هم اینجا باهاشون آشنا شدم بنابراین هیچ شناخته قبلی ندارم ولی فکر می کنم که جلسات خوبی باشه بر اساس تجربیات که از مشاورین دارم.

رهبر گروه: متشکرم از بازخورد خوب شما و البته امیدوارم که این جلسات بهتر از جلسات دو سال قبل شما باشد.نفر بعدی لطفا.

سلام من شماره ۱۱ هستم یه شماره ۱۱ برخلاف دوستمون که گفتن خیلی شیطون، شماره یازده خیلی آروم هستم و خیلی اهل سرصدا نیستم و خیلی خیلی آرام هستم .تو زندگی خصوصی خودم هم همینقدر آروم هستم و البته مدرک من کارشناسی و یک فرزند اوتیسم هم دارم.

رهبر گروه: مطمئن باشین که تعادل رو ببین شماره ۱۰ که شلوغ هستند و شماره ۱۱ که آروم هستند ایجاد خواهیم کرد و جلسات در یک توازن خیلی درستی جلو خواهد رفت و مطمئناً یک نفر خیلی زیاد صحبت نخواهد که یک نفر خیلی کم واین رو بهتون قول میدم که جلسات همه اعضا شرکت کننده داشت و همه بتونن از جلسات بهره کافی رو ببند لطفاً نفر بعد.

من شماره ۱۲ و خیلی مشتاقم که ببینم که تو این جلسات قراره چه چیزهایی یاد بگیریم

من یه شماره ۱۳ هستم و امیدوارم که جلسات مون خیلی جلسات خوبی باشه و امیدوارم که بهترینها اتفاق بیفته تو این جلسات برای همه ما چون میدونم که همه ما که یک فرزند اوتیسم داریم بسیار بسیار کار کردن و زندگی کردن برامون یه جاهایی سخت است بنابراین امیدوارم که بعد از این جلسات یک سری اتفاق های مثبت برای همه ما بیفته و اصولاً نگاهم مثبت اندیش نسبت به همه اتفاقات و وقایعی که به رخ میده

رهبر گروه:من خیلی امیدوارم که همین اتفاق های مثبت و آن رخ بده و بازخورد خیلی خوبی را در پایان جلسه داشته باشیم نفره چهاردهم لطفاً خودشو معرفی میکن

سلام من نفر 15 هستم مدرک من دیپلمه و با اینکه دانشگاه نرفتم و نتونستم به خاطر اتفاق های زندگی دانشگاه شرکت کنم ولی به روانشناسی خیلی علاقه دارم و امیدوارم که مطالبی که گفته میشه خیلی برای من جدید باشه به خاطر اینکه من کلاً به کتاب های روانشناسی خیلی علاقه دارم و به قول دوستان شاید نسبت به یک دکترای روانشناسی شاید بیشتر اطلاعات داشته باشم

رهبر گروه: چقدر خوشحالم که شما توی گروه ما هستید و امیدوارم مطالبی که میگم مطالب جدیدی برای شما باشه و قطعاً مطالعه زیاد شما قابل تقدیر هست و امیدوارم که روزی هم بتونید در دانشگاه شرکت پیدا کنید چون گفتید که نتونستید درستون را ادامه بدید و همه جوامع علمی از شما بهترین استفاده را بکند نفر بعدی لطفاً

سلام من نفر 15 هستم و خوشحالم که با شما هستم واقعا چیز بیشتری برای گفتن ندارم امیدوارم که جلسات خوب جلو بره.

من نفر 16 ام هستم واقعیت اینه که من خیلی امیدوار هستم که یک اتفاق خوب بیفته چون واقعاً دیگه از نظر روحی بسیار بسیار خسته هستم و دوتا فرزند اوتیسم دارم.

سلام به همه عزیزانی که اینجا هستند من خیلی امیدوار هستم .راستی من نفر17 هستم و برای اولین بار که به شماره صدا زده میشم و البته خیلی خیلی برام راحت داشتم فکر می کردم دیگه هر کسی هر جایی که با آن کار داره بهم بگه نفر هفدهم چون که دیگه نمیخواد خودم رو اینقدر معرفی کنم و هدف بگم من کی هستم چی هستم فامیلم شبیه کی هست شبیه کی نیست و از امروز من کلا اسم و فامیل همراهم تغییر دادم به نفر هفدهم.

رهبر گروه:(به شوخی)اولین دستاورد مشاوره گروهی مون رو پس داشتیم یه نفر کلا اسم فامیل را تغییر داد به نفر هفدهم اولین دست آورد و در مشاوره گروهی که الان داشتیم و از این بابت بسیار خوشحال هستم

من نفر هجدهم هستم لیسانس پرستاری دارم خیلی از طرف بیمارستان کارگاه شرکت کردن و خوب به خاطر شغل من یه شناختی روی بیماریها دارم میدونم که اوتیسم بیماری سختیماری سختی است و میدونم که فرزند من هم دچار این بیماری هست و و و انقدر آگاه هستم که تا امروز درمانی برای این بیماری نیامده پس وقتی که اسمم توی اون اسم من در اومد که مناسلام در آمد که میتونم توی کارگاه شرکت کنم خیلی خوشحال شدم به خاطر اینکه در هر صورت برای فرزندمان درمان قطعی وجود نداره اما نمیتونم از نظر روحی خودم رو بهتر بکنم و رویه بهتری و سلامت روانی بیشتری کنار بچه ها باشم پس خیلی خوشحالم از اینکه در کنار همه شما هستم و امیدوارم که این کارگاه یکی از بهترین کارگاه هایی باشه که اومدم و با توجه به شناختی که از این مرکز دارم و با توجه به پرس و جوی که در رابطه با آقای منتظری کردم هم میدونم که ایشون مشاوره خیلی خوبی هستند و قطعاً ما اینجا نتیجه خیلی خیلی خوبی را خواهیم گرفت.

رهبر گروه: من از بازخورد شما بسیار خوشحالم و از لطفی که به من داشتی بسیار متشکرم هستم امیدوارم که امیدوارم که این کارگاه بهترین کارگاهی بشه که اومدی تا به امروز نفر بعد لطفا .

سلام من نفر 19 هستم خوشحالم که در کنارتون هستم و امیدوارم که این کارگاه برای همه ماها مفید باشه و خوبی این کارگاه اینکه همه ما خیلی شبیه هم هستیم و حداقل همون یک فرزند اوتیسم داریم که شرایط همدیگر رو بتونیم درک بکنیم و این برای من خیلی مهم بود که جایی باشم که حداقل آدم‌های اونجا و حرفایی که میزنم رو درست برداشت کنند و به خاطر اینکه ما خیلی وقت‌ها مثلاً از یکسری از مشکلاتمون صحبت می‌کنیم و آدم هایی که فرزند اوتیسم دارند آنها ما را درک نمیکنند و اصلاً متوجه نمیشن که ما داریم راجع به چه چیزی صحبت می کنیم و خیلی ساده به ما میگن که چیز مهمی نیست همه ما یک سری مشکلات داریم و اونوقت من خیلی اذیت میشم خیلی خوشحالم و بیشتر از این فکر کنم نباید الان صحبت کنم تا وارد جلسه اصلی بشیم.

سلام من نفر بیستم هستم و مدرک من کارشناسی مکانیک است و از نظر شغلی و از نظر علمی جایگاه خوبی را دارم ولی از نظر روحی خودم میدونم که حال روحیم خوب نیست و حال خونمون هم خوب نیست و خوب در روابطم با اعضای خانواده واقعاً دچار مشکل هستند و یک فرزند اوتیسم دارم و دو فرزند دیگه دارم که اینها اتیسم نیستند ولی عملاً به واسطه همون فرزند اوتیسم رابطه من با و دو فرزند دیگر و همین طور با همسرم شدیدا دچار مشکل شده بنابراین امیدوارم که این پنج هفته ۵ هفته رویایی برای من باشه و زندگی من توش بتونه یک تغییر خیلی خیلی زیادی رخ بدهد متشکرم است که این جلسه برگزار شده امیدوارم که همون جلسه پنجم باحال خیلی خوب از هم خداحافظی کنیم

رهبر گروه: نفر بعدی لطفاً

سلام من نفر بیست و یکم هستم و خوب خیلی برام سخته که واقعاً تو این جلسات شرکت می کنم به خاطر اینکه من توی جلسات مشاوره خیلی رفتم و خوب نتیجه هیچ وقت به من نداده جلسات مشاوره و واقعاً از این جلسه را با خودم قرار گذاشتم و به خودم قول دادم اگر در پایان این جلسه نتیجه را نگیرم، من دیگه هیچ مشاوری را تجربه نخواهم کرد و الان هم و واقعا نمیدونم که نگاه مثبت باید داشته باشم یا جلسات نگاه منفی اما امیدوارم که جلسات مون جلسات خوبی باشه

رهبر گروه:متشکرم از اینکه این بازخورد صادقانه را به ما دادید و من هم امیدوارم که در پایان بتونم وقتی از شما سوال می پرسم که نظرتون راجع به جلسات چطور بود شما به من بگید که نه واقعاً این جلسات فرق می‌کرد و این باعث خوشحالی مردم میشه وقت و مسافر بعد خودشو معرفی کنه به خاطر اینکه ما باید وارد مبحث من بشین و این جلسه رو نمیخوای فقط معارفه داشته باشید که به عنوان جلسه آشنایی باشه میخواد توی همین جلسه اول مبحث همدلی را هم با همدیگه کار بکنیم.

سلام من نفر بیست و دوم هستم و امیدوارم که کنارتون چیزهای زیادی یاد بگیرم متشکرم

بیست و سوم و برام خیلی جالب بود وقتی که شماره ۲۳ به من افتاد به خاطر اینکه یک بار دیگه من یک جایی شرکت کردم در یک کارگاه و دوباره همین شماره ۲۳ نصیب من شد برای من فکر می کنم شماره ۲۳ شماره خوبی باشه

سلام امیدوارم که خوب باشید من یه ۲۴ امی هستم که دیپلم داره و هیچ ادعایی هم نداره فکر میکنه که همه زندگی رو باخته چرا که با هزار امید و آرزو ازدواج کرد و امروز یک فرزند اوتیسم داره که فرزند ۴ سالشه و شدیداً تحت فشار هست از نظر روحی و روانی و این فشار اصلاً قابل تحمل برای من نیست جوری که خیلی دوست داشتم که هستم ازدواج نمی کردم یا الان که میبینم که این اتفاق افتاده خیلی از روزها و میگم که چرا باید این اتفاق برای من بده و واقعاً حال خوبی رو تجربه نمیکنم

رهبر گروه: امیدوارم بعد از جلسات مون اندکی حالتون بهتر بشه و اتفاق های خوب براتون رخ بده نفر بعد لطفاً

من نفر شماره ۲۵ هستم و چیزی زیادی برای گفتن ندارم بیشتر دوست دارم که یاد بگیرمو اینکه در هر صورت قبول کردم که یک فرزند اوتیسم دارم ولی همسر من این موضوع هنوز قبول نکرده و متاسفانه این باعث حال بده من میشه هر روز مرسی از همتون

من شماره ۲۶ هستم و مدرک تحصیلی کارشناسی ارشد هست هر چند مدرک تحصیلی من ربطی به اوتیسم و روانشناسی نداره اما به خاطر شرایط فرزندم من خیلی کتاب های روان شناسی مطالعه می کنم دکتر بعدی که وجود داره اینه که من یک خواهر اوتیسم دارم و و عملاً و هم یک فرزند اوتیسم را دارم و هم یک خواهر اتیسم و بسیار بسیار حالم را این بد میکنه نمیدونم شاید خودم اوتیسم باشم واقعا نمی دونم ولی یه چند باری هم خواستم این موضوع را بررسی و پیگیری کنم ولی واقعا ترسیدم ولی بر اساس علائمی که خودم حداقل دارم بررسی می کنم چیزی پیدا نکردم ولی از این که بیشتر بخوانید تحقیق راجیش کنم و میترسم کلا اسم اوتیسم اسم ترسناکی برای من شده چون از بچگی من با اسم بزرگ شدم و زمانی که دکتر به من گفت فرزندم اتیسم پست و شب فکر می کنم که تا صبح نخوابیدم و حال بسیار بدی داشتم تجربه میکردم و تمام خاطرات دوران کودکی و اومد جلوی چشم ها و ناخودآگاه مثل همین الان که اشک دارم میریزم و گریه می کنم من و امروز هم همین اتفاق رخداد ببخشید از هم اگر جو جلسه رو بهم ریختم ولی واقعاً چیزی بود که فکر می کنم باید در معرفی خودم میگفتم

رهبرگروه:از شما خانم شماره۲۶ تشکر می کنم از اینکه تمامی ما رو اینقدر محرم دونستید و اینقدر رازدار دونستید که حرفتون رو بهمون بزنید و این احساساتتون رو با ما در میون بذارید از این بابت از شما بسیار سپاسگزار هستم از شماره ۲۷ خودش رو براتون معرفی کنه و ما بدون اینکه قانون شماره ۲۷ چه کسی هستند

من خانم شماره ۲۷ هستم من کارشناسی مامایی خوندم و در طول روز در بیمارستان که فعالیت میکنن خیلی از بچه هایی که به دنیا میان راه اولین چیزی که براشون آرزو می کنم این که اوتیسم باشند چرا که اولین بار که فرزند خودم به دنیا اومد با کلی ذوق و کلی خنده و شادی و من چقدر خوشحال بودم که فرزندی دارم ولی روزی که شنیدم که هست واقعا از شدت ناراحتی نمیدونستم باید چیکار بکنم و این تنها چیزی است که من هر روز برای

بچه هایی که به دنیا میاد آرزو می کنم ممنون از همه شما که اینجا هستید و قراره که با هم میگه کارگاه خوب رو داشته باشیم و من مطمئن هستم که ما با کمک به سلامت روان خودمون میتونیم اتفاق های بی نظیر را هم بزنیم چون که یادمون باشه و بچه های اوتیسم فقط ما را دارند و امیدشان به ما هست نه به شخص دیگری به خاطر این که درسته که اونها و شاید یک جاهایی چیزهایی دست خودشون باشه جاهایی فریاد بزند جاهایی داد بزنم ولی باز هم من به عنوان یک مادر تنها تکیه گاه این فرزندم هستم و باید تمامی شرایط رو برای اینکه آماده کنم که بهترین اتفاق براش رخ بده ممنون از شما

سلام من شماره ۲۸ هستم و مدرک تحصیلی دیپلم هست از صبح سرکار میرم تا عصر و عصر ها با یک خستگی بسیار زیاد باید برم دنبال فرزندم که اوتیسم داره و اون را از مدرسه بیارم و خوب خیلی خیلی برای من خسته کننده است که تازه بعد از این شرایط باید هر روز سر کله بزنم و هرروز بحث داشته باشم با فرزند

سلام من واقعیت داستان اینه که خیلی از دوستان داشتن خودشون رو معرفی می کردند داشتم فکر میکردم که باید چی بگم میبینید خودتو من شمارم ۲۹ هست شاید از همه شما هم توی کارگاه این جوان تر باشم و من و با توجه به اینکه زود ازدواج کردم امروز و فرزند اوتیسم دارند و البته فرزند اوتیسم داشتن من ارتباطی با ازدواج زودهنگام نداره اما من هر روز به خاطر اینکه نمیتونم خودم رو و روحیات خودم رو مدیریت دیگه بکنم با همسرم دچار مشکل هستم شدیداً از این بابت از زندگی ما داره آسیب دیده و یادم میاد همسرم با من وقتی که با هم صحبت می کردیم که آرزوهای بزرگی داشتیم ولی این سوال رو میبینه که یک شب خیلی راحت بتونی بخوابی و صبح خندان و خوشحال از خواب بیدار بشیم اتفاق ناگواری هست که برای من افتاده فکر می کنم که افسردگی را داشته باشم ولی امیدوارم که بعد از این جلسات حالم بهتر بشه

رهبر گروه: نفر آخر لطفاً خودشو برامون معرفی کنه

سلام من نفر سی ام هستم و امیدوارم که جلسات خوب باشه من بیشتر از همه صحبت نمیکنم که عزیزان به بحث اصلی بپردازند فقط بگم که مدرک من هم کارشناسی ارشد هست و خوشحالم که اینجا هستم

اولین موضوعی که می خوام درباره تشکیل صحبت بکنیم اینه که وجود داره به نام همدلی از کلمه همدلی و از کلمه همدردی خیلی استفاده بکنیم واقعیت داستان اینجا مشخص میشه که آیا همدلی با همدردی تفاوتی دارد یا تفاوتی ندارد منتقدین که همدلی و همدردی یکی هست:

خانم شماره ۵ خانم شماره ۱۰ ۱۷ ۱۸ ۲۷ ۷ ۱۵ معتقدید که تفاوتی بین همدلی با همدردی وجود نداره درسته، شماره ۷ میشه برای ما بگید که دقیقاً همدلی چیه همدردی چیه چون این خیلی برامون مهمه که ما بدونیم که همدلی با هم دردی است تفاوتی دارد یا نه و تقلبی تفاوتی در خواب وقتی شما تغییر تفاوت بقیه آدمها اینجا نشستم مثلاً خانم شماره مثلا ۸ آنها معتقدند که یک تفاوتی وجود دارد میشه برامون تعریف کنید

خانم شماره ۷: از نظر من همدلی کردن و همدردی که یکی است و حس ناراحتی مون رو به طرف مقابل منتقل بکنیم و میخوایم به طرف مقابلمون بگیم که کارهایی که او میکنه را درک می‌کنیم و همین به نظر من تفاوتی وجود نداره اینجا

رهبر گروه» خانم شماره ۱۰ نظر شما هم همینه

شما شماره ۱۰ :بله منم فکر می کنم که ما فقط میخوایم به طرف مقابلمون بگین که اون رو درکش می کنی کسی که مخالف هستند مثلاً شماره۲۵ میشه به من بگی که چرا شما مخالفت با این و معتقدید که تفاوتی وجود داره؟

شماره ۲۵: معتقدم که خوب حتماً یه تفاوت وجود داره وگرنه دو تا کلمه متفاوت که نداشتیم و همه را یک کلمه می گفتند.

رهبر گروه: دلیل درست نیست ما دنبال یه دلیل علمی می‌گردیم که چه تفاوتی وجود داره واقعاً خوب اینکه خوب شد یک کلمه شاید ده تومنی بده چون ده تومنی میشه پس به دو رویکرد متفاوت باید داشته باشه الزاماً و نمیتونه ما داریم راجع به دو موضوع متفاوت صحبت می‌کنیم و شماره ۳۰ شما میدونی که همدردی با همدلی چه تفاوتی داره و اصلاً تفاوت داره نداره از کدوم بهتره کدوم بهتر نیست

شماره ۳۰: از نظر من همدلی کردن شاید بهتر باشه و همدردی کردن بدتر باشه

رهبر گروه: اینکه همدلی کردن بهتر باشه دلیلش چیه دلیلش رو میدونی چیه یا همینجوری مثلاً داری میگی که نه فکر می کنم و بر اساس شانس داریم صحبت را انجام میدهیم

شماره ۳۰: در میگم ولی واقعاً دلیل علمی موضوع را من اطلاع ندارم که چیزی هست

رهبر گروه:کسی میخواد واجبی صحبت بکنه یا نظر جدید تری داشته باشه

من راجع به این موضوع یکم صحبت بکنم شاید که یه ذره وضعیت روشن‌تر و شفاف‌تر میشه همدلی. صحبت میکنیم به طرف مقابلمون یک چیزی رو منتقل بکنیم یک پیامی را می خواهیم به شما منتقل کنیم، این پیام شامل یک جمله بیشتر نیست من تو را درک کردم و تو را می فهمم و خیلی آگاهانه این جملات را به کار می بریم و مثلا شخص گرسنه است و شما درد گرسنگی شخص را درک می کنید و متوجه حال طرف هستید اما نکته مهم اینجاست که ما قرار نیست از طرف مراقبت کنیم و اگرمراقبت کردیم دیگه همدلی نکردیم، همین یعنی اگر ما چیزی بیشتر از این بخواهیم به شخص مقابلمون منتقل بکنیم عملاً بیشتر از همدلی انجام می دهیم پس دیگه اسمش رو نمیتونیم همدلی بزاریم چون برای ما همدلی کردن همه یکی از مواردی که باعث آسیب روانی میشه و باعث این میشه که من سلامت روح و روانمون به خطر بیفته به جرات میشه گفت اینکه ما با آدمها همدلی نمیکنیم ما با آدمها همدردی میکنیم و چون با آدمها همدردی میکنیم،بنابراین اگر ما به شخصی برخورد کردیم که این شخص مثلاً به شخصی به شما رسید و شما به من گفتید که من یک کودک اوتیسمی دارم و شخص شروع کرد به نصیحت

شما یا مراقبت کردن ازروحیات شخص و شخص عملاً اولین کلمه این بود که چقدر ناراحت شدم اما همسایه ای من داشتم که فرزند اوتیسم داشت و این اتفاق براش افتاد .من کاری ندارم که این اتفاق رو که داره برای شما روایت میکنه اتفاق مثبتی است یا اتفاق منفی است فرقی نمیکنه ما اینجا دیگه همدردی می کنیم یعنی عملاً ما چیزی به نام همدلی کردن را فراموش کردیم یادمون باشه اگر ما روزانه این کار را انجام دادیم یعنی داریم به خودمون آسیب وارد می کنی ما اجازه همدردی کردن با شخصی را نداریم اولین چیزی که الان یاد گرفتیم چی بود لطفاً به من بگید که چه چیزی یاد گرفتیم

شماره ۸:ما فهمیدیم که همدلی کردن درسته نه همدردی کردند اما هنوز من نمیدونم که قراره چه شکلی همدلی انجام بشه

شمار12: من فهمیدم که تا امروز همدردی داشتم می کردم و همدردی کردن با آسیب پس من به خودم خیلی آسیب زدم اما من مثل شماره ۸ هنوز بلد نیستم چه شکلی باید همدلی بکنم با آدم ها

رهبر گروه: همینقدر که متوجه شدیم که همدلی چی هست و همدردی چی هست، انجامش بدیم،ما شروع میکنیم بهتون یاد میدیم که چه شکلی قراره همدلی بکنید و همدلی کردن خیلی خیلی ساده و در عین حال باید بسیار بسیار حرفه ای این کاررا انجام دهیم. اینجا با همدیگه تمرین خواهیم کرد در جلسه و مطمئنم همه شما وقتی از این در بیرون میروید کاملا این کار را یاد گرفته اید و میخواهم از امروز به بعد باهم با دیگران همدلی بکنید نه همدردی.

حالا قرار است به چه صورتی این کار را انجام دهیم؟ما چه شکلی همدلی می کنیم با آدم ها؟ خیلی ساده است ما از امروز به بعد وقتی که به شخصی بر می خوریم،یک پیامی را میخواهیم به طرف مقابلمون ارسال کنیم پیام دقیقا این است:

من تو را درک کردم

من تو را فهمیدم

من متوجه شدم که چقدر تحت فشار هستی

من احساس تو را با تمام وجود درک می کنم

من می فهمم چقدر ناراحت هستی

این روزها بسیار زیاد مشغول هستی و این خیلی قابل فهم است.

در همه جملاتی که من گفتم فقط به طرف مقابلم منتقل کردم که من تو را فهمیدم و تمام.

هیچ جمله ای بیشتر از این من به طرف مقابل ارسال نکردم ولی زمانی که همدردی می کنم اتفاق دیگری رخ میدهد، من به طرف مقابل میگم من تو را فهمیدم اما،بعد از اما من به طرف مقابلم مشاوره ناخواسته میدم و یا براش داستان هایی را تعریف می کنم که برای دیگران رخ داده و اگر یکی از این داستان ها خوب نباشد طرف رو دچار هزاران فکر میکنه پس من می خوام به دیگران از امروز برای سلامت روان خودم فقط همدلی بکنم دیگران میتونند فرزندم باشه یا پدرم باشد مادرم باشد خواهرم باشد یا هر شخص دیگری ما اجازه همدردی کردن با دیگران رو نخواهیم داشت.آیا همه کامل متوجه شدند؟

بله

بله

بله

رهبر گروه:شماره ۱۸ شما متوجه شدی

شماره ۱۸: بله

رهبر گروه:میتونم خواهش کنم که با شماره ۲۳ یک همدلی انجام بدید

شماره ۲۳: من یه مشکل خیلی بزرگ برام پیش اومده که از محل کار اخراجم دارند می‌کند و این شدیداً به وضعیت اقتصادی من و شرایط خونه من و خانوادگی من آسیب میزنه

رهبر گروه:شماره ۱۸ لطفاً با ایشون همدلی کن

شماره ۱۸:من شما را خیلی خوب درک می کنم حتماً خیلی بهتون سخت داره میگذره. میتونید به من بگید که به چه دلیل اخراج دارید میشی

رهبر گروه: قسمت اول رو درست گفتی اما اینکه به چه دلیل اخراج میشه من فکر می کنم که به شما ارتباطی نداشته باشه و شما قراره که فقط با ایشون همدلی کنی وقتی که می آیی روی همدردی اونوقت میتونی بپرسی که چرا اخراج می کنی ولی وقتی ما داریم همدلی میکنیم شما نمیتونی به طرف مقابل بگی که چرا اخراج میشی به هر دلیلی که اخراج میشود ما فقط اجازه داریم ابراز بکنیم که از اخراج شدن آن شخص ناراحت هستیم،درست است؟

شماره ۱۸: خیلی سخت میشه اونوقت عملاً ما حرفی برای گفتن نداریم

رهبر گروه: ما مجبور هستیم برای سلامت روان خودمون خیلی از کارها را انجام ندهیم پس اگر ما جور دیگه ای و به شیوه های دیگری زندگی میکردیم و ان شیوه غلطی بوده است.این تمرین را اذان و شماره ۳ با شماره ۲۵ لطفاً با هم دیگه انجام بدهند

شماره ۳: من با همسرم دچار مشکل هستم و امکان داره که بخواهیم از همدیگه متارکه کنیم

شماره 25: خیلی از این بابت متاسفم

رهبر گروه: همین کافیه یعنی بیشتر از این ادامه نمیدی جمله رو. الان قشنگ متوجه شدید که به چه صورت ما همدلی را انجام میدیم

شماره 6: مثال دیگر هم برامون بزنید

رهبر گروه: لطفاً همه ۳۰ نفر شروع کند با همدیگه دو به دو به تمرین کردن، شماره ۶ الان توی این تمرین‌ها شما قشنگ یاد میگیرید که چه شکلی با هم دیگه باید همدلی کنیم دو نفر دو نفر شروع کنیم به همدلی کردن که قشنگ یاد بگیرید که به چه صورت ما وقتی که قراره همدلی کنیم این کار را باید انجام بدیم ۱۰ دقیقه زمان میدم برای اینکه کامل بتونید این تمرین رو انجام بدین

رهبر گروه: ده دقیقه همه بچه های تمرین را انجام دادند و من هم یک به یک بالای سرتون اومدم و گوش دادم که به چه صورت باید این کار را انجام میدهید از کسی مشکلی داره یا احساس میکنه که چیزی رو یاد نگرفته

خوشحالم که همه اعضا این کار رو یاد گرفتن

تکلیف:

لطفاً همه یادداشت کنید، این اولین تکلیف شما هست برای این هفته هفته میخوایم یه جدول درست کنید و داخلش روزهای هفته را بنویسید و هر روز باید بررسی کنید که چند بار با آدمها همدردی کردید و چند بار به آدمها همدلی کردی ؟همدلی درسته و برای ما مهم است و هر جایی که همدردی کردید اشتباه کردید پس ما اینجوری یاد میگیریم که چه شکلی سیستم ذهنمون رو مدیریت کنیم که با آدم ها فقط همدلی کنی این میشه تکلیف شما تا هفته آینده پس کاری که قرار انجام بدی این هست که در داخل یک هفته فقط بررسی کنید که چند بار همدلی کردید و چند بار همدردی و باید تلاش کنید که با آدم ها فقط همدلی انجام بدید کسی سوالی داره برای این هفته؟

امیدوارم که خسته نشده باشید ما دقیقاً ۶۵ دقیقه با هم دیگه جلسه اول طول کشید و امیدوارم که هفته آینده ساعت ۵ همین روز دقیقاً شما رو میبینم هیچ شخصی لطفاً غیبت نداشته باشه و هیچ کسی دیر نیاد به خاطر اینکه مارس ساعت ۵ شروع کنیم و ساعت ۶ خاتمه جلسه رو اعلام میکنی عصر خوبی داشته باشید و خداحافظ.

جلسه دوم:استعاره شناخت خصوصیات مثبت اشخاص

همه ۳۰ نفر عضو اینجا هستند و قرار با همدیگه کار را شروع کنیم. جلسه به دو قسمت تقسیم میشه قسمت اول جلسه به بررسی تکالیف که هفته گذشته داده بودیم و عزیزان که 5تا ۱۰ دقیقه به اون پرداخته میشه و باقی زمان رو هم بحث جدیدی که قراره داشته باشیم می پردازیم. از جلسه قبل کسی سوالی داره؟

شماره ۸: من کارهایی که گفتید را انجام دادم اما خیلی شاید نتونستم همه اون کارها را به خوبی انجام بدم و فکر می کنم که اون همدردی رو خیلی بیشتر داشتم انجام میدادم

رهبر گروه: حالا باهم بررسی میکنیم یک به یک و ببینیم که چه اتفاقی رخ داد توی هفته گذشته.

همه اعضا همه بزرگواران تمرین را انجام دادند؟ کسی رو داریم که تمرین را انجام نداده باشه؟

اتفاق خوب این هست که از هفته گذشته تا امروز ۷ روز رو سپری کردیم تو این هفت روز قرار بود که هر روز شما بررسی بکنید که چقدر تونستید همدلی با آدم ها بکنید و چقدر تونستید همدردی بکنید چه کسی میخواد به عنوان نفر اول سر صحبت رو باز بکنه؟

شماره ۶: سلام به همه من هر روز انجام دادم و به این نتیجه رسیدم که خیلی درگیری های ذهنی کمتری داشتم به خاطر اینکه دیگه وارد جزئیات بحث ها با آدم ها نمیشدم و فقط براشون آرزوی می‌کردم که امیدوار باشم که مشکلشون حل بشه و اینکه فشار روانی خیلی شدیدی که روم بود میتونم بگم که حس کردم که به مراتب کمتر شده

رهبر گروه: این نتیجه، نتیجه خوبی به جز شماره۶ چه کسی دیگری همچین حسی رو داره:

خیلی عالیه شماره 15شماره ۱شماره۸ شماره ۷ شماره ۳۰ شماره ۲۴ شماره ۲۱ شماره ۴وشماره 11 شماره 18شماره 23

این خیلی نتیجه خوبیه پس شما چند نفر هم همین حس رو داشتی دیگه چه کسانی تمرین را به صورت کامل انجام دادند و نتیجه گرفتند

لطفاً شماره ۷: من زمانی که این تمرین رو انجام میدادم خیلی خودم رو مقید کردم که با کسی بحث نکنم واین رفتار رو با همسرم هم داشتم و این هفته شاید ۲۰ درصد از بحثهای ما کمتر شده بود به خاطر اینکه من دیگه توصیه بهش نمی کردم نصیحت نمیکردم و چیزی رو سرزنش و گوشزد هم بهش نمی کردم و فقط گفتم که من میدونم که چقدر تو در طول روز خسته میشی و جالب این که دیروز به من گفت که اگر میدونستم اینقدر مشاوره در یک جلسه جواب میده این چند سال و قطعاً تورو مشاوره می فرستادم و از این بابت خوشحالم من.

رهبر گروه: چقدر خوشحالم که این نتایج خوب رو در اولین جلسه همون داریم میبینیم و این خیلی خیلی باعث خوشحالی من هست عزیزان دیگه ای هم لطفاً توی این بحث شرکت می‌کنند که بدون اینکه آنها چیکار کرد شماره ۱۴ نفره

شماره ۱۴: من این کار را انجام دادم اما هم دردی هم واقعیت اینه که انجام دادم و خیلی خودم رو کنترل می کردم که همدردی نکنم و خیلی جاها فراموش می کردم ولی تا جایی که در توانم بود من این کار را کردم و خوب و شاید حالا مثل خیلی از دوستان شاید بهترین نتیجه را به دست نیاورده باشم اما واقعیت اینه که تمام تلاش خودم را کردم که این کار رو انجام بدم

رهبر گروه:همینقدر که تلاشتون رو کردی که به نتیجه مثبت بررسی و تونستید شرایط خودتون رو درک بکنید این برای ما خیلی مهمه و ما دنبال معجزه نیستیم ما دنبال این هستیم که آرام آرام تغییر بکنید و آرام آرام یکسری از اشتباهاتی را که در طول سالهای سال داشتیم رو برطرف میکنیم، من از اینکه این تمرین را انجام دادید از شما بسیار سپاسگزار هستم شماره ۱۹ لطفاً

شماره ۱۹: من تمرین رو خیلی نتوانستم به صورت کامل که خودم رضایت داشته باشم انجام بدم ولی در حد اینکه هر روز به خودم یادآوری کردم باید تلاش بکنم که کمترین همدردی را داشته باشم و بیشتری همدلی را داشته باشم رو انجام دادم البته کار دیگه ای که من کردم این بود که به همسرم یاد بدم که اون هم به جای اینکه همدلی باید با من بکنه توی این سال ها تماماً همدردی میکرده و بهش همدلی کردن رو یاد دادم و تلاش من این بود که بتونیم با هم دیگه این روند رو به رو به جلو ببریم ولی من هم از خودم تو خیلی راضی نیستم ولی تا جایی که در توانم بود تمرین ها را انجام دادم.

رهبر گروه: من از شما سپاسگزارم بخاطر تلاشی که کردید برای این تمرین. از بقیه عزیزان هم اگر تمایل دارند که صحبت می کند در رابطه با این موضوع به همون حتماً بگم

کسی هست که اصلا تمرین را انجام داده باشه:

خیر

این خیلی اتفاق خوبیه از این بابت از همتون تشکر می کنم و اگر تمایل دارید و آماده هستید مبحث جدید اون رو با هم دیگه شروع میکنیم

کاری که ما قراره توی جلسات انجام بدیم این نیست که از کلمات خیلی سخت و یا از اصطلاحات روانشناسی برای شما استفاده می کنیم به خاطر اینکه قراره شما آموزش ببینید و شما هیچ گروه دانشجویی روانشناسی نیستید بنابراین ماه باید از ساده ترین کلمات برای اینکه شما راحت تر متوجه بشوید و بتونید اون موضوع رو برای خودتون موشکافی کنید استفاده کنیم پس من می خواهم از یک موضوعی الان صحبت بکنم که برامون خیلی مهمه و این موضوع راجع به یک ظرفی بزرگی هست که در خانه همه ماه ها پیدا میشه اسم این ظرف دیگ هست

همون دیگ را دیدیم یک ظرف بسیار بسیار بزرگ که ما توش غذا درست میکنیم اما چی میشه که ما امروز میخوایم راجع به این صحبت کنیم ما میخواهیم از استعارهای دیگ استفاده بکنیم و بگیم که قراره چه اتفاقی برامون بده که میدونه من می خوام راجع به چه موضوعی صحبت بکنم و اصلاً چرا میگم دیگ؟

خیر

حالا من می خوام از همتون خواهش کنم حس کنید که همه ما یک دیگ هستیم چرا حالا گفتیم دیگ؟

وجود ما شبیه یک دیگ است که یا سر پر است یا سر خالی. این سر پر و سر خالی به معنی میزان توجهی است که ما به خودمون می کنیم یعنی من چقدر به فردیت خودم توجه کنم این خیلی برای ما مهمه چون واقعیت داستان اینه که ما خیلی از زمانها به خودمون بها نمیدیم. یه سوال بپرسم همین اول کار آخرین باری که به خودتون بها دادید کی بوده؟

فقط خانم شماره ۱۱ دستش را بلند کرد. شماره ۱۱ آخرین باری که خودتون بها دادید چه زمانی بود یادتون میاد؟

خانم شماره ۱۱: هفته قبل بود برای خودم لباس خریدم و با کلی ذوق برای خودم تنم کردم و ازش لذت بردم.

رهبر گروه: کس دیگه ای را داریم که مثل شماره ۱۱ به خودش این بها را داده باشه، توجه کرده باشه به خودش ،شماره ۱۵ لطفاً

شماره ۱۵: من هر روز صبح از خواب بیدار میشم برای خودم یک موسیقی خوب میزارم و قبل از اینکه فرزندم بیدار بشه برای خودم قهوه خوب درست می کنم و این کاری که من هر روز انجام میدم به این تنها توجهی که من خودم به خودم دارم

رهبر گروه: در قدم اول اتفاقی که افتاد فقط خانم شماره ۱۱ دستش رو بلند کرد اما ما دیدیم که نفر پانزدهم هم یادش اومد آیا شخص دیگری هم داریم که شبیه این عزیزان باشد؟ شماره ۳

شماره ۳: من خیلی وقتها به خودم توجه نکردم اما کسی را دارم بر کنارم که اون به من خیلی توجه میکنه نمیدونم این شامل حالش میشه یا نه یا من فقط خودم باید توجه کنم به خودم؟

رهبر گروه:

اینکه کسی دیگه به شما توجه میکنه اتفاق خیلی خوشایندی است اما الان می خواهیم ببینیم چقدر دیگ ما سر پر هست و چقدر دیگ ما سر خالی هست اینکه کسی دیگ شما را پر میکند این اتفاق خوبی است اما ما الان به دنبال موضوع دیگری هستیم.

کسی دیگه ای هست که بخواد در رابطه با این موضوع با ما صحبت بکنه

الان با هم دیگه یه تمرین بیاین همینجا انجام بدیم

حالا می خواهم خودشون رو در یک محیط آرام تصور بکنند و به یاد بیارن لطفاً همه اعضا چشم های خودشون رو ببندند و به یاد بیاورند آخرین باری رو که روحیه شون خیلی خوب بوده چه زمانی بوده است؟

این روحیه خوب میتونه مثلاً یه حرف خوبی زده باشند یه کار خوبی کرده باشند یه چیزی برای خودشون و دیگران خریده باشم که روحیه خوبی باشه می خواهم همه اعضا همچین چیزی رو تصور کنم و تجسم کنند داخل ذهنش و30 ثانیه زمان می دهم که همه چنین موضوعی رو فکر کنند و تجسم کنند کاملا:

الان دقیقاً می خوام بهم بگید چه احساسی دارید:

چه کسی دستش رو بلند میکنه شماره ۳۰

شماره ۳۰:یک لحظه احساس آرامش شدید کردم

شماره ۲۷: خیلی حس خوبی بود

شماره ۱۵: شدیدا احساس کردم که توی همون روز قرار گرفتم و انگار همه فشار روانی از روی من برداشته شد

شماره ۵: کاملاً خوشحالم

شماره ۱: احساس کردم که توی همون لحظه زندگی می کنم و هیچ آرامشی بهم داد

شماره ۱۷: احساس کردم که من الان چقدر آدم خوشحالی هستم و چقدر میتونم حس خوب داشته باشم

شماره ۲۸: احساس رضایت کردم

شماره 2: خیلی حس ارامشی داشتم

شماره 18:حس کردم که چقدر خوشبختم

شماره 9: در چند ثانیه اول حس خاصی نداشتم اما کم کم حس بهتری بهم دست داد.

شماره 22:حس می کنم دیگ من چقدر سرپر هست در این لحظه و دوست دارم این حس را بیشتر تجربه کنم.

شماره 13:ایجاد حس غرور داشتم.

شماره 4:وضعیت خاصی است وقتی دیگ ادم سرپر هست ولی متاسفانه زیاد دوام ندارد.

رهبر گروه: آیا کسی رو داریم که توی گروه این احساس رضایت را نکرده باشه بستن نتونسته باشه حس کنه:

شماره ۲۱: من خیلی سخت احساس کردم وقتی احساس کردم حس خاصی بهم نداد ولی بدم نبود

رهبر گروه: متشکرم که اینقدر صادقانه حستون را بیان کردید. با هم تمرین دیگری را انجام می دهیم

مجدد همه چشم ها را ببندیم و چشم ها را می بندیم مجدد و کاری که انجام میدیم این است که فکر کنیم که این بار یک کار بد کردیم که خیلی بد بوده است و مثلاً دچار لغزش شدیم مثلاً یه اتفاق بدی برامون توی محوطه خونه افتاده یا مورد سرزنش قرار گرفتیم یا یک کار خیلی ناراحت کننده ای را انجام دادیم لطفاً سی ثانیه هم به این مورد توجه کنید و فکر کنید بعد ۳۰ ثانیه من مجدد از شما سوال می پرسم.

میشه به من بگید الان چه احساسی دارید؟

شماره ۹: واقعاً احساس کردم که توی همون موقعیت قرار گرفتم و مورد تحقیر و سرزنش شدید همکارم قرار گرفتم خیلی حسش برام بد بود و شدیدا احساس ناراحتی می کنم و خیلی از این اتفاق ناراحت و پریشان شدم

شماره ۱۵: چند دقیقه قبل خیلی احساس خوشایندی داشتم ولی الان که این فکر کردم احساس آن خیلی بد شد به اندازه‌ای که الان دلم میخواد که اشک بریزم

شماره ۳۰: من هم دقیقا همین حس رو دارم الان بغض دارم و کلافه شدم از فکری که انجام شده بود و الان مجدداً یادآوری کردم

رهبر گروه: اگر به چهره همدیگر را نگاه کنیم می بینیم که توی فاصله دو سه دقیقه از تمرین قبل تا الان کاملا چهره ها برعکس شده و کاملاً چهره ها متفاوت شده و این نشون میده که ما چقدر تحت تاثیر افکارمون هستیم و این نشون میده و این نشون میده که ما چقدر میتونیم توجه بکنیم یا نه مجدّداً بزارید برگردم به بحث دیگ. دفعه اول که داشتیم فکر می کردیم دیگ سر پر شد از توجهی که خودمون کردیم و در دفعه دوم کاملا این دیگه ما سر خالی شد این اتفاقیه که برای ما رخ میدهد. الان بیاین یه چیزی رو مجددا بررسی بکنیم میخوای این بار بیاید این احساسات امروزمون رو بررسی کنیم لطفاً چشمهاتون رو ببندید و احساسات اتفاقهای فقط همین امروز یعنی اگر ۸ صبح از خواب بیدار شدید تا ساعت ۵ بعد از ظهر که توی این کارگاه نشستید لطفاً بگید که امروز دیگتون سر پر بوده یا سر خالی و این برای همه ما مهمه به خاطر اینکه الان متوجه میشیم که ما چقدر آدم هایی هستیم که به خودمون خیلی جاها توجهی نمی کنیم پس می خواهیم دیگمون رو الان با هم بررسی کنیم، یک دقیقه زمان میدم و بعد از یک دقیقه سوال می پرسم که ببینیم که امروز حالمون چطور بوده است؟

لطفاً به من میشه بگید که چند نفر دیگ سرپر امروز داشته است ؟

این رقم که فقط سه نفر توی ۳۰ نفر این احساس رو دارند و دیگشون سرپر بوده اتفاق خیلی بدی است

خانم شماره ۴: من امروز دیگم سرپر بود به خاطر اینکه روز تولدم هست و و شاید به همین دلیل که من امروز خوشحال هستم و از صبح به خودم توجه کردم

رهبر گروه: همه اعضای گروه برای ایشون یک دست بزنید و همگی به ایشان تبریک بگید.

خانم شماره ۴: بعد از تبریک و شنیدن صحبت دوستان که بچه ها برام الان انجام دادند و تبریک گفتند واقعا احساس می کنم که دیگ من سرپر شده است و خیلی از این بابت خوشحالم.

ما از امروز می خواهیم این تمرین رو انجام بدیم و هفته آینده من این تمرین را از همه اعضای گروه می خوام این تمرین به این صورت که ما در طول روز می خواهیم بررسی می کنیم که چقدر به خودمون در طول روز اهمیت داده ایم و چقدر به خودمون توجه کرد و اگر توجه نکرده ایم دلیل این عدم توجه چه بوده است و این توجه کردن باید روزانه افزایش پیدا میکنه یعنی من وقتی امروزم را بررسی می کنم باید رضایت مندی رو در بررسی هام به دست بیارم اگر امروز دوشنبه است من بررسی وقتی که می کنم در روز دوشنبه من چه توجهی به خودم کردم شاید مثلاً از صد نمره به خودم ۶۰ من روز سه شنبه می خوام تلاش بکنم این ۶۰ من به ۶۵ برسد و به خودم توجه بیشتری کنم پس برای ما مهم اینه که از امروز یاد بگیریم توجه کنیم و دیگ خودمون رو سر پر نگه داریم، وقتی من توجه به خودم می کنم پس در برابر یکسری از موضوعات می توانم مقاومت داشته باشم.باید یادآوری کنم که خیلی از ما در طول روز در معرض هزاران هزار اتفاق قرار می گیریم و اگر این سرپر بودن دیگ مون رو دقت نکنیم ما دچاره بحران می شویم.

موضوع بعد که خیلی برامون مهم هست اینه که هر انسانی یک سری ویژگی هایی داره که این ویژگی ها برای این انسان میتونه یک برگ برنده باشه می خوام همه اعضا کمک کنند و هر کدومشون یکی یک ویژگی از خودشون رو برامون بگن. ۳۰ ثانیه زمان میدم که فکر کنید و ببینید که چه ویژگی دارید که میتونه این ویژگی ویژگی خیلی خوبی باشه.

شماره ۱: من احساس می کنم که همسر فداکاری هستم

شماره ۲: آشپز خوبی است

شماره۳: کارهای ورزشی خیلی کارهای خوبی را انجام میدم

شماره ۴: طراح خیلی خوبی هستم

شماره ۵: برگ برنده خاصی ندارم ولی تلاشمو می کنم که معلم خوبی باشم

شماره ۶: موسیقی خیلی خوب بوش میدم و خیلی خوب کتاب میخونم و همینطور فکر می کنم که خوب میتونم حرف های دیگران رو گوش بدم

شماره ۷: آشپز خیلی خوبی هستم و همسر خیلی خوب

شماره ۸: من مادر خیلی خوبی هستم و و خیلی تحمل می کنم و خیلی صبرم زیاد است

شماره 9: اصولا آدمی هستم که تو محوطه کاری خوب فعالیت می کند

شماره 10:مادر خیلی خوبی هستم

شماره ۱۱: فکر می کنم که فرزند خوبی هستم و همینطور همسر خوبی ولی مادر خوبی نیستم

شماره ۱۲: آدم مرتبی است و فکر می‌کنم که برای کارهای که توش نظم خیلی مهم هست من گزینه خوبی هستم

شماره ۱۳: رفیق خیلی خوبی هستم

شماره ۱۴:واقعا چیز خاصی تو خودم پیدا نمیکنم اما میتونم بگم که یه همسر معمولی هستم

شماره ۱۵: پشتکار خوبی دارم

شماره ۱۶: همبازی خوبی هستم برای بچه هام

شماره ۱۷: من یه قهرمان ورزشی هستم و مدال هم دارم اتفاقا

شماره ۱۸: من عاشق گل و گیاه هستم و در پرورش انواع گیاه ها خیلی خوب هستم

شماره ۱۹:من معلم هستم و فکر می کنم معلم خوبی باشم

شماره ۲۰: من فکر می کنم توانایی های زیادی دارم اما سرکوب شده ولی در کار با کامپیوتر ادم موفقی هستم

شماره ۲۱: آشپز خیلی خوبی هستم و یک رستوران هم دارم

شماره ۲۲: من عاشق کارهای شیرینی پزی هستم

شماره ۲۳: فکر می کنم مادر خوبی باشم

شماره ۲۴: من یک خواهر خوب، مادر خوب و فرزند خوب هستم.

شماره 25:آدم منظمی هستم

شماره ۲۶: بزرگترین برگ برنده من من این هست که سعی می کنم دروغ کم بگم.

شماره ۲۷: آدم زیاده خواهی نیستم و قانع هستم

شماره ۲۸ : آشپز خیلی خوب و همسر ایده عالی هستم

شماره ۲۹: فکر می کنم هم کار خوبی باشم در محوطه کاری

شماره 30: من یک گیمر خوب هستم

رهبر گروه: اگر دقت کرده باشید شما با ۳۰ ثانیه فکر کرده اند تونستید یکی از خصوصیات تون رو بیان بکنید بنابراین تمرین دومی که به جز تمرین اول باید انجام بدید این هست که می خوام و پیدا کنی یک سری از خصوصیات خوبی که دارید را پیدا کنید.

تکلیف

این جلسه یکی از مهمترین جلسات ما بود که شما به دوتا از مهمترین و تکنیک هایی که وجود داره دست پیدا کردید و الان میدونید که چه شکلی دیگ خودتون رو سرپا نگه دارید و نکته بعد بعد که خیلی مهمه اینه که ما چه خصوصیاتی داری که تا امروز پنهان کردیم و بیان نکردیم با اینکه وقتی ۳۰ ثانیه فکر کردیم همه ما یکی از این خصوصیات رو تونستیم بیان بکنیم.امیدوارم که عصر خیلی خوبی رو سپری بکنی و جلسه بعد خدانگهدار

جلسه سوم :خطاهای تفکر

رهبر گروه :سلام به همه دوستان امیدوارم حال همه خوب باشه. جلسه رو شروع می کنیم.این سومین جلسه از کارگاه گروهی ما است.

همه 30 عضو در جلسه حضور دارند و از این بابت از همه تشکر می کنم.

در ابتدا به بررسی تکالیف اعضا می پردازیم و در ادامه در مورد دو مورد از عوامل سلامت روان صحبت خواهیم کرد.

چه کسی تمایل داره که اولین نفر باش که در رابطه با تکالیف جلسه قبل میخواد صحبت کنه شماره ۵

شماره ۵: من اون ظرف خودم را احساس کردم و این تمرین و خیلی انجام دادن و فهمیدم که خودم هستم که باید در طول روز سیستم ذهنم رو مدیریت کنم و خوب هر روز هم نمیشه گفت که احساس های مثبت داشتم ولی احساس هام احساس های خوبی بود با توجه به اینکه من روی تمام این هفته دقت کافی رو داشتم که ببینم که خودم دارم با خودم چه کاری انجام میدم و خوب خیلی از مباحث رو واقعاً من به اشتباه برای خودم برداشت می کردم و امروز خوشحال هستم که حالم نسبت به دو هفته قبل بهتر هست

شماره ۱: تکلیف من انجام دادم و سعی کردم که به خوبی انجام بدم اما نه به صورت کامل اما ظرف احساس من در طول هفته گذشته وضعیت بهتری داشت ، همینطور من خیلی ویژگی در خودم پیدا کردم که باعث خوشحالی من شد و حس می کنم اعتماد به نفس بالاتری داشتم.

شماره ۱۷: ویژگی هام رو پیدا کردم و خیلی حس خوبی داشتم نکته من تنی که وقتی که ویژگی را پیدا کردم و احساساتم رو بررسی می کردم دیدم که رابطه خیلی مستقیمی با هم دارند به من هر چقدر بیشتر خودم رو میشناسم بیشتر حس های خوبم رو در طول روز تجربه می کنم و این خیلی برای من این هفته اتفاق خوبی بود

شماره ۱۳: من هم دقیقا همین حس رو پیدا کردم و جالب اینکه من یکی از ویژگی هایی که داشتم و خوب اصلا بهش دقت نکرده بودم این بود که خیاط خیلی خوبی هست و این هفته یک دست لباس برای خودم درست کردم و از این کار چقدر احساس خوبی داشتم و این حس دیگ سر پر خیلی به من کمک کرد و دلم نمیخواست که دیگ من سرخالی باشه.

شماره29:من خیلی تلاش کردم که ویژگی در خودم پیدا کنم ولی متاسفانه چیز جدید پیدا نکردم.

رهبر گروه: خیلی متشکرم که صادقانه با من در میان گذاشتید.

شماره ۲۱: من احساس و در خودم خیلی بررسی کردم به واسطه رفتارهای اطرافیانم خیلی ظرف من سر پر نمیشه و خوب این خیلی من را اذیت کرد و خوبم تازه متوجه شدم که باید خیلی تلاش کنم اما ویژگی که در خودم پیدا کردم این بود که من خیلی آدم مقاومی هستم و در برابر اتفاقات زندگی خیلی زیاد و تلاش می کنم و از این بابت خوب خیلی خوشحال هستم ولی خوب به مراتب به جز خوشحالی خیلی هم خسته هستم

رهبر گروه: الزاما قرار نیست که همیشه خوشحال یا همیشه ناراحت باشی مهم ترین نکته ای که این تمرین داشت این بود که ما پیدا می کنیم و می فهمیم که ما در برابرچه اتفاق هایی در طول روز قرار داریم و اگر تغییراتی را باید انجام بدهیم خیلی آگاهانه بتونیم یک سری از کارها رو انجام بدیم. شماره 6

شماره ۶: من احساسی که از تمرین های هفته قبل دارم این هست که من پر از از امید به زندگی هستم و با توجه به احساس به خودم فکر می کنم که خیلی ویژگی مثبتی دارم که هنوز با این همه مشکلات و با داشتن یک بچه اوتیسم امید دارم که بچه من بهتر بشه و من روزهای قشنگی را با این بچه سپری کنم.

شماره ۲۴: من تمرین رو یاد همسرم هم دادم این هفته هر دو طرف تلاش کردی این که یک سری کارها را انجام بدهیم فکر می کنم این هفته زندگی ما بهتر بود

شماره ۳۰: بزرگترین ویژگی من این هست که در برابر یک سری آدم ها خیلی صبور هستم و حس می‌کنم این بزرگ‌ترین و مهم‌ترین ویژگی من بود وقتی بررسی کردم خودم رو دیدم که من اصلاً به خودم اهمیت نمیدم و این خیلی ناراحت کننده است.

شماره 9:یکی از ویژگی های من این بود که من یاد دادم به خودم که زندگی پر از مشکلات است و من با این مشکلات خیلی خوب دست و پنجه نرم می کنم و سازگاری بسیار مناسبی دارم

رهبر گروه: خیلی خوشحال هستم که نتایج خوبی را گرفتیم تا این ساعت و این حس خوب و اینکه شما خودتون رو بیشتر از قبل می شناسید این فکر می کنم یکی از بهترین اتفاق هایی بوده که تا این ساعت برای گروه ما رخ داده بزارید در رابطه با موضوع جدیدی که میخوایم صحبت کنیم خیلی موضوع مهمی هم هست و با هم بحث رو شروع میکنیم

همه ما در طول روز فکر های زیادی می کنیم، که این فکرها قابلیت این رو داره که درست باشه یا غلط باشه اما ما به ذهنمون یاد میدیم که چه فکرهایی را انجام بدهد چه فکرهایی را انجام ندهد د و مدل تفکر چیزی هست که ما آموزش می دهیم پس یادمون باشه اگر ما در هر موقعیتی خوب نبودیم این از آموزش ذهن ما ناشی میشه و اگر در همه جا ها خوشحال بودیم این هم از آموزش ذهن ما ناشی میشه و ما قرار است یاد بدهیم که چگونه فکر کنیم و یاد میگیرم چگونه از سلامت روان خودمان دفاع کنیم.

یادمان باشد تفکرات ما اتفاق های زندگی ما را رقم میزنه، نکته ای که خیلی مهمه این هست که من قرار کمترین اشتباهات را داشته باشم

پس لطفاً همه بنویسید شماره ۱

نکته اول:تفکر همه یا هیچ

یکی از مهمترین خط و هایی که آدم ها باهاش سر و کار دارند و موضوعات روز صفر یا صد بررسی میکند یعنی شخص هر موضوعی رو یا صفر میبینه یا صد میبینه و این باعث آسیب به شخص میشه به خاطر اینکه ما باید یک حد وسط رو رعایت بکنیم. بنابراین میخواندم قدم اول از امروز زمانی که موضوعی را بررسی میکنیم موضوع موضوعی را می شنویم یا در مورد موضوعی صحبت می کنی صفر تا صد موضوع را بررسی نکنید یعنی نگین که این کار اشتباه قطع است یا این صد در صد درست است بنابراین ما با گوش دادن فعال به خودمان یاد میدهیم که بتونیم موضوعات را کامل بشنویم و قضاوت های اصلاً یا صد درصد در موضوعات بیان کنیم از امروز و این رویکرد را انجام ندهیم بنابراین این اولین تمرین شما برای جلسه بعد است.

نکته شماره 2:بایدها

کلمه ای رو ما خیلی استفاده می کنیم. وقتی که می خواهیم صحبت کنیم میگیم (باید) و این کلمه ساده اما پرکار برد میتونه باعث یک موضوعی بشه به نام افسردگی. سوال پیش میاد باید چه ربطی به افسردگی دارد؟ باید چه ربطی به استرس داره؟ زمانی که ما از کلمه باید و یا کلمات مشابه ای که معنی باید رو بده استفاده می کنیم باعث این میشه که شما ۱۰۰ درصد به این موضوع دست پیدا کنید حالا اگر شما به هر دلیلی به این موضوع دست پیدا نکنید دچار مشکلی می شوید که آسیب روحی به شما میرسونه. مثال میزنم شما رفتید درب یک مغازه و یک

لباسی رو یا یک وسیله ای رو اونجا دیدید، خیلی هم این وسیله رو دوست داشتید، داخل ذهن خودتون میگی من باید امروز این وسیله را بخرم، و شما پول هاتون رو جمع میکنید و میری به سمت آن مغازه، با هزار امید آرزو و احساس خوب، اما متاسفانه مغازه دار میگه من اون جنس را فروختم شما در لحظه اون حس خوب رو دیگه ندارید. بنابراین خیلی زیاد دچار حال بد میشید که عجب شانسی من داشتم، این باعث حال بد شما شد پس اگر می رفتید مغازه و میگفتی من می خوام تلاش کنم که اون وسیله را بخرم ولی مغازه دار به شما نمی فروخت یا از قبل فروخته شده بود شما می گفتید من همه تلاشم رو کردم اما نتونستم این وسیله را به دست بیارم امام زمانی که گفتید من باید این وسیله را بخرم اونوقت شما دچار شکست شدید. این اتفاق در زندگی بسیار رخ می دهد که ما ناخواسته دچار شکست میشه، به دلیل استفاده از کلمات نامناسب است.

چند نفر است اعضا تفکر صفر یا صد دارند کسی میتونه الان دستش رو برای من بلند کنه، شماره ۸

شماره ۸:من همیشه همینجوری زندگی کردم یعنی تازه فهمیدم که اشتباه است و همیشه فکر میکردم که در هر صورت همه چیز را سفید یا سیاه ولی برام خیلی جالب بود

شماره ۲۱: من اصولاً همه چیز صفر میبینم و از بعد از تولد دخترم که اوتیسم داره دیگه چیزی به نام من وجود نداره به جز اینکه اون ۱۰۰ نکته منفی باشه به خاطر اینکه هیچ چیز مثبتی رو برداشت نمیکنم.

شماره ۲: من سعی می کنم که اینجوری نباشه ولی اصولاً نمیتونم خودم رو مدیریت کنم و خوب این هفته با این تمرین سعی می کنم خیلی هم کلمه باید استفاده میکنه یعنی اصلاً هر اتفاقی که میفته من میگن باید این کارو بکنم و خوب خیلی آسیب ندیدم یعنی الان که بهداشتی توضیح میدادید تازه متوجه شدم خیلی هم نکته مثبتی نیست.

شماره 7: من از تلاش می کنم اما همیشه تفکر همه یا هیچ قالب هست بر من

رهبر گروه: موضوعی که خیلی مهم هست اینه که ما بتونیم سیستم ذهنمون رو مدیریت کنیم

نکته سوم : پیشگویی کردن

ی همه ما در طول روز خیلی اتفاقات برای ما رخ میده پیشگویی میکنیم وقایع را واقعیت اینه که هیچ انسانی بر روی کره خاکی اجازه و قابلیت پیشگویی کردن را ندارد اما ما این کار رو انجام می دهیم و اتفاقا از این کار خودمون هم پشیمان نیستیم یعنی خیلی هم خوشحال هستیم که ما داریم این کار را انجام میدهیم و در صورتی که این کار یکی از خطاهای بزرگ حساب میشه برای یک مثال میزنم شما میخواهید به سفری بروید.

قبل از اینکه به مسافرت برید میگی که من که میدونم که این سفر آخرش یک اتفاق بد رخ میده و من میدونم این مسافرت از اول اشتباه پس ما داریم یک پیشگویی را انجام میدهیم بر پایه هیچ مبحث واقعی و این بزرگترین ایرادی هست که همیشه داشته باشه یک انسان.

اما ما یه کار دیگه ای هم انجام میدیم

نکته چهارم :قضاوت کردن

کار بعدی که ما انجام میدیم واقعیت این است که ما بر اساس حرف های آدم ها آدمها را قضاوت می کنیم قضاوت کردن هم در همه جوامع صحیحی نیست واقعیت اینه که ما آدم ها را بر اساس ظاهرشون بر اساس بیانشون بر اساس ملیت شون بر اساس مذهب شوند و بر اساس هر چیزی که شاید برای ما مهم باشه آنها را قضاوت می‌کنیم و این قضاوت باعث این میشه که ما از ابتدا یک تفکر دیگری را نسبت به شخص داشته باشیم که این تفکر میتونه واقعی نباشه

موضوعی که خیلی مهم هست اینه که یکبار الان با هم تمرین کنیم و ببینیم که کسانی را داریم که از این چهار نکته ای که من گفتم یعنی قضاوت کردن،باید، پیشگویی کردن و همه یا هیچ ، همه را رعایت بکنند و انجام ندهند؟

نکته پنجم: تعمیم دادن

دقت کنید که این موضوع یکی از اصلی ترین موضوعات در بحث خطاهای شناختی است و به دقت زیاد در این بحث نیاز داریم. به زبان ساده خواهم گفت که در این مبحث تعمیم دادن به این معناست که فرد موضوعی را که تنها مربوط به یک موقعیت بوده، به سایر موقعیت‌ها بسط می‌دهد. یک بار اتفاق افتادن چیزی انتظار وقوع دائمی آن را در فرد ایجاد می‌کند. به طور مثال کسی که یک بار از خوردن غذایی مسموم شده همیشه از خوردن آن غذا اجتناب می‌کند و این خطا به شدت به سلامت روانی ما می تواند ضربه بزند و در یک اتفاق درون خانواده از خطای تعمیم استفاده کنیم و مشکلات یکروزه را به گسترش خواهیم داد.

نکته ششم:تیجه گیری سریع از انواع خطاهای شناختی

لطفا عزیزان با دقت نکات را یادداشت کنند زیرا ما با همه این مفاهیم برای سلامت روان در تمرینان این هفته نیاز داریم و به درمان اضطراب؛افسردگی و خیلی از مشکلات ما کمک می کند.

گاهی افراد بدون داشتن شواهد نتیجه گیری می‌کنند و تصور می‌کنند که نتیجه‌ای که گرفته‌اند کاملا صحیح است. مثلا ممکن است فرد درباره یک اتفاق افکاری منفی داشته باشد و نتیجه‌ای بد بر اساس آن گرفته و همان نتیجه را تنها پیامد قطعی آن اتفاق بداند.

چند نفر از ما تا امروز این صحبت را در مورد خودمان داشتیم؟شماره 4

شماره4:من در مورد بحث با همسرم همیشه این رویکرد را دارم

شماره 18:دقیقا من همیشه خودم نتیجه گیری می کنم در مورد اتفاقات و همیشه هم نتیجه گیری منفی در مورد موضوعات دارم.

شماره1:آخرین بار یادم می اید که در مورد صحبت دکتر فرزندم همین احساس را داشتم و با اینکه همسرم مثبت برداشت کرده بود ولی من منفی برداشت کردم و به معلم فرزندم هم انتقال دادم و الان میفهمم که یک خطا بوده است.

نکته هفتم: فاجعه انگاری

رهبر گروه: تا الان 7 مورد را برای شما بیان کرده ام و چند مورد دیگر هم برای شما عزیزان مطرح خواهم کرد که در طول هفته این تمرین ها را انجام دهید.

در فاجعه انگاری فرد انتظار وقوع حادثه‌ای ناگوار یا ایجاد پیامد بدی برای یک اتفاق دارد. ممکن است اتفاقی را بزرگ نمایی یا توانایی خود را کوچک نمایی کند. مثلا بگوید اگر شکست بخورم میمیرم یا فکر کند توان مقابله با حادثه‌ای را ندارد. شماره 1 موضوعی دارید؟

شماره 1: من همیشه فکر میکنم توان مقابله با مشکلات را ندارم و حتی ظرف خودم را هم خالی احساس می کنم و عملا در توانایی خودم شک دارم

رهبر گروه:چند نفر دیگر شبیه ایشان هستند؟

شماره19:من هم به توانایی خودم اعتقاد نداشتم و بعد این جلسات فکر می کنم اندکی بهتری شده ام.

شماره4:من حس شماره 1 را درک می کنم و خیلی سال ها اینجوری بودم.

نکته هشتم: برچسب زنی

یکی از موضوعاتی که می توان حتی برروی افسردگی و افسرده خویی ما تاثیر بگذارد بحث برچسب زنی است که فکر میکنم اگر الان اعلام کنیم چند نفر این شاخصه را دارند، تعداد زیادی این رویکرد را با خودشون حمل می کنند . افراد ممکن است خود یا دیگران را به خاطر فقط یک ویژگی یا نکته منفی به صورت کلی با برچسب‌های منفی بشناسند. مثلا کسی که فقط کمی احساس ناراحتی می‌کند خود را افسرده می‌نامد. برچسب زنی همچنین ممکن است به تفسیر غلط از یک اتفاق گفته بشه. به طور مثال فردی ممکن است به جای عبارت فرستادن کودک به مهد از عبارت رها کردن کودک در دستان غریبه غیر قابل اعتماد استفاده کند.

چند نفر از شما چنین رویکردی را روزانه دنبال می کنید؟28 نفر دست بالا کردند بجز شماره 13 و 19 بقیه این کار را می کنند.

شماره 13:من فکر کنم تنها همین کار را انجام نمی دهم و برچسب به خودم نمی زنم و لی از بقیه مواردی که گفته اید استفاده می کنم.

شماره19:من قبلا این رویکرد را داشتم ولی چند ماهی است که بعد از دیدین یک برنامه در تلویزیون سعی کردم این کار را انجام ندهم

رهبر گروه: پس بعضی از رویکردها را به همین سادگی مثل دوستمون میتونیم با شنیدن یک پادکست یا برنامه تلویزیونی مشکل را حل کنیم.

تکلیف

واقعیت اینه که ما همه انسان هستیم و قابلیت اشتباه کردن رو داریم، و قابلیت خطا کردن را هم داریم بنابراین همه ما میتونیم قضاوت بکنیم میتونیم باید بگیم میتونیم همه یا هیچ وقت استفاده کنیم میتونیم پیشگویی کنیم و.....

یادمان باشد این لیست بیشتری هست ولی ما در همین حد نکات را می خواهیم.نکته مهم این است که ما ما میخواهیم سیستم ذهنی خودمون رو مدیریت کنیم که خطا های تفکری کمتری را در طول روز داشته باشیم به وسیله این خطاها که مدیریت میشه سلامت روان ما در جامعه به وسیله این خطاها که مدیریت میشه استرسم کمتر میشه و به واسطه این خطاها که مدیریت بشود ما دچار بحران های کمتری در طول روز خواهیم بود بنابراین تمامی اعضا تا جلسه بعد بررسی می‌کند که در طول روز چند بار هر نفر قضاوت کرده چند بار از کلمه باید استفاده کرده چند بار پیشگویی کرده و چند بار آدم ها و موضوعات را صفر یا صد بررسی کرده و بقیه مواردی که گفته ایم را می خواهم بررسی کنید.

بنابراین می خواهم یک جدول بکشید و همه این 7 مورد را در ردیف عمودی و روزهای هفته را در ردیف های افقی ترسیم کنید و شروع کنید به بررسی کردن روزانه و هفته اینده امیدوارم تاثیرات را بررسی کنیم.

اگر شخص سوال ندارد،آرزوی موفقیت برای همه عزیزان دارم.

جلسه چهارم: کاهش استرس

سلام به همه دوستان امیدوارم که حال همگی خوب باشه

امروز جلسه چهارم را با هم شروع میکنیم

این جلسه یکی از مهمترین جلسات ما است به خاطر این که در رابطه با موضوع مهمی به نام استرس می خواهیم با هم صحبت کنیم که این موضوع دربرگیرنده خیلی از موضوعات مهم زندگی ما خواهد بود چرا که ما در طول روز با مشکلات بسیار زیادی دست و پنجه نرم می‌کنیم و این باعث میشه که هر روز ما دچار مشکلاتی بشویم که نوساناتی را برای ما ایجاد کند قبل از اینکه بخواهیم جلسه رو شروع کنیم با همدیگه یک مروری بکنیم روی جلسه سوم که ببینیم که خوب بچه ها تکالیف جلسه سوم را انجام داده اند یا نه خیلی سریع بررسی میکنیم تکالیف رو در حد ۵ تا ۱۰ دقیقه و بعد به جلسه اصلی خود می پردازیم

رهبر گروه : در بین ۳۰ نفر از اعضا کسی رو داشتیم که تمرین را حل نکرده باشه

خیلی خوشحالم که همه پس یک تلاشی رو کردند و تمرین رو انجام دادند

کسی رو داشتیم که هر چهار مورد رو توانسته باشه رعایت بکنه

شماره ۱۱ : من همه موارد رو رعایت کردم و روز اول خیلی سخت بود روز دوم بهتر شدم ولی از روز سوم به بعد تونستم مدیریت بکنم و خوب امروز که با شما صحبت می کنم سه روز هست که هیچ خطایی رو انجام ندادم و دقیقا بر اساس مواردی که گفتید کار را انجام دادم و حالم خیلی بهتره خیلی بهتر هستم و از شما متشکرم هستم که به ما این موضوع رو یاد دادید

رهبر گروه : خوشحالم از اینکه تونستید این کار را انجام بدیم کسی دیگه ای به جز نفره ۱۱ تونسته بدون خطا انجام بده ، شماره ۲۶

۲۶ : من هم تونستم این کارو انجام بدم و البته بعضی روزها هنوز اشتباه هایی را دارم ولی خیلی بهتر تونست مدیریت بکنم سیستم ذهن مرا

۱۳ : من سه مورد شب تونستم خیلی خوب انجام بدم اما مورد باید ها رو نتونستم هنوز به خاطر اینکه جزو ادبیات روزانه من هست و خیلی در تلاش هستند که این مشکل رو حل کنم

شماره ۱۷: من مورد باید و مورد همه یا هیچ رو خیلی خوب تونست مدیریت می کنم در مورد قضاوت کردن هنوز در یک سری آدمها را قضاوت می کنم ولی پیشگویی راجع به هیچ موضوع این هفته انجام ندادم

شماره چهار: من موفق بودم و از خودم راضی هستم این هفته و بقیه تمرین های هفته های قبل را هم دارم انجام میدم و از این بابت خوشحالم

شماره ۳۰: در رابطه با باید من هم مثل شماره ۱۷ دچار مشکل هستم اما در رابطه با بقیه موارد تونستم این موضوع را حل کنم

شماره ۱ : فکر می‌کنم که موارد رو رعایت کردم اما پیشگویی رو هنوز نمیتونم انجام ندهم به خاطر اینکه من یکی از شغل هایی که دارم و در رابطه با بورس هست و هر روز مجبور هستند که یک سری پیشگویی ها را بکنم ولی خیلی تلاش دارم می کنم که نگاه مثبتی روی زندگیم داشته باشم

رهبر گروه : از این بابت که شما عزیزان این تلاش‌ها را انجام دادید خیلی خوشحالم و خوشحالم از اینکه حال روحی شما هر روز داره بهتر میشه و نشون داده شده که در این چهار جلسه چقدر اتفاق های خوب برای همه رخ می تونه بده

شماره 9 : یک سوال دارم و اینکه خوب ما بعد از این جلسات باید دورههای تکمیلی داشته باشیم یا خیر؟

رهبر گروه : بله قطعاً باید همه شما مشاوره ها را بر اساس نیاز تون ادامه بدید اما و این ادامه دادن دیگه فرق میکنه با این کار تحقیقی که مدلی با هم انجام میدیم و توصیه می شود که این کار انجام بشود و کمک به سزایی به همه دوستان می کند.

اگر عزیزان نکته ای ندارند می تونیم جلسه امروز را شروع کنیم.

یکی از موضوعات مهم که همه ما این روزها درگیری با ان داریم بحث اضطراب است. تا الان کسی رو میشناسید که اضطراب نداشته باشه شما کسی رو میشناسید که تا امروز از این کلمه استفاده نکرده باشه؟

ما قطعاً از این کلمه در طول روز خیلی زیاد استفاده کردیم حالا خواسته یا ناخواسته این کلمه را استفاده کردیم شاید خیلی وقت ها و تفاوت بین اضطراب و استرس رو نمیدونم چیه اما به صورت عامیانه از این کلمه استفاده می کنیم و این کلمه برای ما یکی از ابزارهایی هست که زمانی که حس خوبی نداریم یا سردرگم هستیم یا حتی می خواهیم یک موضوع را به دیگران خیلی واضح نشان بدهیم از این کلمه استفاده میکنیم میگیم من اضطراب دارم و خوب همه آدمها اولین سوالشون از ما زمانی که این جمله را می شنوند یک چیز هست چرا؟

و خیلی از ما میگیم نمیدونم دلیلش چیه ولی میدونیم که آدم مضطرب هستم.

از بین ۳۰ نفر از عزیزانی که توی جلسه امروز هستند چی هست که تو امروز بگی که من هیچ وقت اضطراب رو تجربه نکردم؟ دقت کنید هیچ کسی دستش رو بالا نیاورد

کسی رو داریم که تا امروز خیلی زیاد اضطراب را تجربه کرده باشه؟

کسانی که اضطراب رو تجربه کردن دستشون رو بالا بیارند؟

خانم شماره ۱۱ میشه به من بگید الان توی کلاس چه صحنه ای را دارید میبینید؟

شماره ۱۱: همه دستاشون بالا است و برخلاف چند دقیقه قبل چه کسی دستش رو بالا نیاورده بود الان دست همه به کلاس بالاست شماره ۱۷شما صحبت خانم شماره ۱۱ را تائید می کنید؟

شماره ۱۷ :قشنگ این بود که در لحظه همه دستاشون رفت بالا و بله همه ما حتما تجربه کردیم

رهبر گروه:چه زمانی یک انسان دچار اضطراب میشه؟

می خوام فکر کنید به این موضوع که آخرین باری که دچار اضطراب شدی چه زمانی بوده بنابراین یک دقیقه زمان میگم به همه عزیزان چه زمانی بوده است و در مورد چه موضوعی بوده است؟

شماره یک: من آخرین بار فکر می کنم که دیروز بود که پسرم شروع به فریاد زدن و صدای بلند او من را مضطرب کرد

شماره ۲ : آخرین بار فکر می کنم که یک ساعت قبل از شروع جلسه بود که با همسرم سر یک موضوعی بحث کردیم و این موضوع شدیداً و من را مضطرب کرده و فکر می‌کنم که از این حالت خارج نشوم.

شماره ۳ : آخرین بار فکر می کنم سر یک بحث مالی بود که بانک به من زنگ زد و گفت من عقب افتاده بود مال دو روز قبل

شماره 4:هفته قبل با پدر و مادرم یک بحثی داشتم و این بحث خیلی من را اذیت کرد و فکر می‌کنم که این آخرین باری بود که من مضطرب شدم و بهم استرس وارد شد

شماره 5: داخل همین کلاس دقایقی قبل من یاد یک موضوعی افتادم که فکر می کنم دقایقی من مضطرب شدم

شماره6: سه روز قبل در رابطه با بیماری پسرم بود

شماره 7: در رابطه با یک موضوع خانوادگی که همه خانواده ما را تحت تاثیر قرار داد و متاسفانه فشار بسیار زیادی را به همه ما وارد کرد

شماره 8: در رابطه با یک بحث مالی که فکر می کنم و بعد از این جلسه هم قرار دارم با یک وکیل صحبت کنم.

شماره ۹: در رابطه با مشکل شخصی من با همسرم هست

شماره ۱۰: در رابطه با بیماری فرزندم

شماره ۱۱: در ارتباط با وضعیت شغلی خودم هست که متاسفانه به دلیل مشکلات اقتصادی کشور من شاید شغلم را از دست بدهم

شماره ۱۲: در ارتباط با موقعیت فرزندانم

شماره ۱۳:آخرین بار فکر می کنم دیروز صبح بود که از مدرسه پسرم با من تماس گرفتن

شماره ۱۴: درست یادم نمیاد اما فکر می کنم دوست روز قبل بود حتی موضوع اضطراب رو هم یادم نمیاد

شماره ۱۵: در ارتباط با وضعیت شغلی همسرم

شماره 16: من به جز اینکه یک فرزند اوتیسم دارم مادر من دچار بیماری سرطان است و متاسفانه به خاطر مادرم اضطراب دارم

شماره ۱۷: در ارتباط با موضوع زناشویی خودم و همسرم است

شماره ۱۸: در ارتباط با وضعیت شغلی و وضعیت درمانی پسرم

شماره ۱۹ : در ارتباط با وضعیت خانه که من مستاجر هستم و باید منزل رو تخلیه کنم

شماره ۲۰: در ارتباط با موضوع خودم با پدرم بر سر مباحث مالی

شماره ۲۱: در ارتباط با خانواده همسرم هست که دچار یک و ورشکستگی بزرگ شدند

شماره ۲۲: در ارتباط با موضوع اوتیسم فرزندم است

شماره ۲۳ : در ارتباط با وضعیت مالی خودم و همسرم هست و آینده شغلی

شماره ۲۴ : آخرین بار ۴ روز قبل و در ارتباط با پسرم

شماره ۲۵ : دیروز صبح و همینطور دیروز عصر به خاطربه خاطر وضعیت درمانی پسرم و دخترم که هر دو مبتلا به اوتیسم هستند

شماره ۲۶ : ۱ ماه قبل به خاطر فوت پدرم

شماره ۲۷ : به دلیل اخراج همسرم از محل کار حدود ۲ هفته پیش

شماره ۲۸:من دیروز تصادف کردم و به خاطر این تصادف دچار اضطراب بسیار شدیدی شدم به دلیل هزینه ها و تعمیر ماشین

شماره ۲۹ : اصولاً خیلی اضطراب ندارم ولی وقتی که مضطرب میشم بد مست رد میشم مثل امروز هر که که افتادم زمین و الان اضطراب این رو دارم که اگر شکسته باشه یا مشکل خاصی داشته باشه و به کارهای روزانه ام نمیرسم

شماره ۳۰ : به دلیل رفتارهای همسرم حرفهایی که هر روز در رابطه با وضعیت پسرم و دخترم و خانوادهام بهم نمیزنه و من را سرزنش میکنه من به جرات میتونم بگم که هر روز مضطرب هستم و هر وقت فریاد میزنه و صداش رو بلند میکنه توی حرف زدن من به قدری اضطراب پیدا می کنم که دیگه هیچ چیزی رو متوجه نمیشم.

رهبر گروه : همانطور که همه ما الان شاهد بودیم همه اعضا اضطراب را تجربه کردند و این تجربه کردن اضطراب شاید در لحظه ناخوشایند باشه اما یک تجربه است برای ما اما باعث آسیب های روانی بسیاری به ما میشه بنابراین ما باید برای این که بدونیم یک اضطراب چگونه رخ می دهد باید دقت کنیم تمام عزیزانی که شروع به صحبت کردند تمام اینها وقتی داشتن راجع به بحث صحبت میکردن میگفتن که این اتفاق افتاده اون اتفاق افتاد یک اتفاقی را در هر صورت بیان می‌کردند که به واسطه این اتفاق حال اینها بد شده یا این که دچار اضطراب شدند ما بدون اینکه زمانی که به ما منتقل میشود چه دستاورد دارد و اصلاً مهم تر از اون باید یاد بگیریم که چه شکلی آن است را بر او درمان بکنیم بهترین کاری که میشه انجام داد اینکه ببینیم به چه دلیلی به ما است را وارد شده. هر موضوعی یکی دلیلی داره شما نمی توانید بدون دلیل بگید من اضطراب شدم من الان حالم خوب نیست خوب باشه، حال شما خوب نیست من هم قبول می کنم اما این حال بد دلیل باید داشته باشد. مهمترین نکته ای که باید در این بحث مورد نظر قرار بگیره و خیلی باید همه ما توجه کنیم یک مسئله است ، اولین نکته ای که باید رعایت کنیم که من به منشاء اضطراب باید پی ببرم زمانی که زمانی که من بتونم منش رو پیدا بکنم یعنی اینکه یک قسمتی از مشکل را حل کردم از این اولین چیزی که برای ما خیلی مهمه یادمون باشه ما زمانی که داریم راجع به اضطراب صحبت میکنیم داریم راجع به یک یک مجموعه بسیار بزرگی صحبت می کنیم در علم روانشناسی که این مجموعه بزرگ شامل ترس ها میشه شامل پنیک ها میشه شامل اضطراب اجتماعی میشه و.....بنابراین الان می خوام راه درمان رو با هم دیگه در پیش بگیریم و این کار رو امروز انجام بدیم که خیلی برای ما مهم است.

اولین تکنیک: برای اینکه ما درمان اضطراب ایرا شروع بکنیم یک مسئله ساده است اینکه من باید مدل زندگی مناسبی را داشته باشم. حالا شاید خیلی ها سوال بپرسم که این مدل زندگی باید چه جوری باشه که ما اضطراب کمتری داشته باشیم خیلی ساده است. این دو موردی را که الان بیان می کنم این برای کمک به اضطراب ما و همین جور خیلی وقت ها برای درمان افسردگی هم به کار میره. اول از همه باید روزی ۲۰ الی ۳۰ دقیقه ورزش می کنیم ،ضربان قلب من باید افزایش پیدا کنه من نیازمند ورزش هایی هستم که ضربان قلب من را افزایش بده مثلاً اگر ضربان قلب ما به صورت نرمال ۵۰ ضربه در دقیقه هست ۵۰ ضربه باید افزایش پیدا کنه مثلاً بشه ۷۰ ضربه در دقیقه، پس این قدم اول ماست.

قدم دوم

از امروز میخوایم نوشیدنی هایی که کافئین داره را در زندگی مون کم کنیم چرا که کافئین،باعث افزایش اضطراب هر انسانی می شود پس ما کافئین رو کم میکنیم استفاده از نوشابه های انرژی زا رو کم میکنیم

قدم سوم

در قدم بعدی ما باید یک خواب منظم داشته باشیم، وقتی که خوابمان منظم باشه سیستم بدن ما تنظیم میشه و اضطراب ما عملاً کاهش پیدا می کنه

قدم چهارم

ما همه اون سه قدم قبل رو برای این انجام دادیم که یک زمینه سازی خوب داشته باشیم، اما یک کار دیگه ای هم میخواهیم انجام بدهیم میخوای مدل نفس کشیدنمون را هم تغییر بدین به این صورت که در طول روز تمرین میکنیم که از طریق بینی فقط تنفس رو انجام بدیم به این شیوه در اصطلاح تنفس دیافراگمی گفته میشه

قدم پنجم

اما از اینجا به بعد می خواهیم شیوه اصل روانشناسی را هم انجام بدیم، ما برای اینکه بتوانیم مشکل را حل کنیم اولین قرار شد پیدا کنیم منبع مشکل رو، در گام بعد تلاش می‌کنیم که چندین راهکار برای این موضوع پیدا کنیم ،زمانی که راه کار را پیدا کردیم راهکار هامون رو اولویت بندی می کنیم و بر اساس اولویت ای که داره شروع میکنیم به انجام دادند برای این مشکل مالی ۵ تا کار میتونیم انجام بدیم از توی این ۵ کار اولویت بندی می کنیم الان کاراول درست است یا کار دوم درست است یا کار پنجم درست است زمانی که ما اولویت بندی کردیم ،اونوقت میتونیم نگاه کنیم که خوب ما چه دستاورد جدیدی رو برای ما به ارمغان آورده است.نکته بسیار مهم این هست که من اجازه ندارم که این راهکارها را درون ذهنم بنویسم، همه این راهکارها باید روی یک کاغذ نوشته باشه هست، یک کار دیگه ای هم ما انجام میدیم یک کاغذی را برمیداریم به دو قسمت تقسیم میکنیم، یک قسمت نکات مثبت یک قسمت نکات منفی و به صورت مساوی شروع به نوشتن نکات مثبت و منفی می کنیم یعنی اگر من این کار را بکنم این نکته مثبت را دارد این نکته منفی را دارد این نکته مثبت است ولی نکته بسیار بسیار مهم یک مسئله است که من همزمان نکات مثبت و منفی رو یادداشت کنم من اجازه ندارم دو مورد مثبت یادداشت کنم سه مورد منفی یادداشت کنم همه نکات مثبت و منفی باید یکسان نوشته بشه

همه اعضا کاملاً متوجه شدند؟

خیلی خوشحالم که اینقدر خوب توضیح دادم که اینقدر خوب شماها متوجه بشین بنابراین تا جلسه بعد که میشه آخرین جلسه من و شما ،از همه شما خواهش می کنم منبع اضطرابی خودتون رو پیدا کنید خواهش می کنم در مورد یکی از موضوعات است رابی خودتون راهکار بنویسید و توی جلسه بیارید راه کارتون رو و راهکار هامون رو با هم دیگه بررسی کنید که بتونیم بررسی کنیم که چه کسی راهکار درستی را نوشته چه کسی راه کار اشتباهی را نوشته است.

خیلی خوشحال شدم از اینکه امروز در کنار شما بودم و تا جلسه بعد براتون آرزوی موفقیت می کنم خدا نگهدار.

جلسه پنجم :

سلامت به همگی

امروز آخرین جلسه از مجموع جلسات مشاوره گروهی را با هم برگزار می کنیم و امیدوارم تا امروز به نتایج خوبی دست پیدا کرده باشید.

طبق همه جلسات قبلی در ابتدا در 5 تا 10 دقیقه بررسی کنیم تکالیف جلسات قبل را و اگر سوالی است در این مورد عزیزان بپرسند.

چند نفر از عزیزان تمرینات جلسه قبل رو کامل انجام دادند

به جز سه نفر بقیه کامل انجام دادن از بزارید اول از همه بپرسم ،که اون سه نفر چرا تمرینات برخلاف جلسات قبل انجام ندادند

شماره ۱۷: من چند روز انجام دادم اما بعد از چند روز واقعاً فکر کردم که حالم خوبه و به خاطر همین انجامش ندادم و استرس رو دیدم میتونم خیلی راحت کنترل کنم و مدیریت می کنم به خاطر همین انجام دادم ولی تمرین تنفس رو که نفس از طریق بینی بکشم رو اون رو به راحتی انجام دادم

شماره ۲: من فرزند مریض شده بود به خاطر همین نتونستم انجام بدم اما مطمئنا توی این هفته این تمرین را انجام میدم و اگر سوالی داشتم حتما ازتون اگر دیدم تو میپرسم یا براتون پیام میذارم که سوال من را جواب بدید

شماره ۱۱: من تنفس را انجام دادم ولی هرکاری کردم ساعت خوابو کافئین را نتونستم مدیریت بکنم برای همین بقیه روزها را انجام ندادم و استرس خاصی هم نداشتم که اذیت بشم در طول روز و این هفته فرزندم به همراه همسرم مسافرت بودم و من تنها بودم در منزل و به خاطر همین مشکل خاصی وجود نداشت که بخوام استرس خاصی داشته باشم

رهبر گروه:

درسته یا کار داشتید یا استرسی احساس کردید نداشتی یا اضطرابی نداشتید اما واقعیت داستان اینکه وقتی تمرین داده میشه میخوای این تمرین انجام بشه بنابراین تا هفته آینده که آزمون قرار مجددا از شما گرفته بشه و وضعیت سلامت روان شما سنجیده بشه خواهش می کنم این سه نفر از عزیزان این تمرین این هفته را حتما انجام بدهند و بر اساس این تمرین که انجام میدهند توی جلسه شرکت کنند

کدام یک از عزیزان دوست دارم راجع به تمرین هایی که انجام دادن الان با ما صحبت کنند لطفاً دستشون رو بالا بکنن تا ببینیم که کی دوست داره الان شرکت بکنه صحبت بکنه در این مورد؟

شماره ۱ : فکر کنم معجزه اتفاق افتاد برای من به خاطر اینکه بعد از سه روز خوابم خیلی خوب شد و ورزشی که انجام میدادم فوق العاده تاثیرگذار بود برای من و همینطور من روی منبع هایی که باعث مشکل می شد خیلی فکر کردم و کار کردم ،یک جورهایی مطمئن هستم اگر هفته آینده تست بدم حتماً حال من رو بهتر نشون میده به خاطر اینکه خیلی من تاثیرش رو توی زندگی خودم دارم میبینم و خیلی حال بهتری دارم

شماره 3:من احساس نشاط بیشتری رو این هفته داشتم و از این بابت خیلی خوشحالم از تمرین های قبلی را هم انجام میدم و حس خیلی خوبی دارم

شماره4:زمانی که ورزش را شروع کردم اولش ولی بعد از روز دوم من احساس خوبی داشتم اضطرابم رو منبعش رو بررسی میکردم و حس میکردم که این وضعیت الان برای من خیلی بهتر شده به خاطر اینکه اس سبکی بیشتر می‌کند و البته درگیریهای من با خانواده‌ام کمتر شده

شماره ۵ : به قول خانم شماره یک من هم فکر می کنم معجزه رخ داد برام به خاطر اینکه توی همین ۴ جلسه خیلی زندگی من تغییر کرده و این تغییر زندگی باورنکردنی شرایط به نحوه خیلی خوبی جلو رفته و من احساس خیلی خوبی دارم نسبت به اتفاقاتی که داره رخ میده

شماره ۶ : من تمرین ها را انجام دادم کامل اما نمیگم معجزه برام رخ داده اما حسم خوبه و مهمترین چیزی که دست پیدا کردم بهش این بود که هیچ وقت دنبال منبع مشکلاتم نمی گشتم ولی الان دنبال منبع این موضوع خاص میگردم و وقتی یاد گرفتم که چه شکلی برخورد بکنم و باید راه حل به هر موضوعی بدم شرایط خیلی بهتری رو تجربه می کنم

شماره ۸ : باید قبول کنم که خواب من خیلی مشکل داشت و تو این یک هفته خوابم را تنظیم کردم و با این تنظیم خواب خیلی حال بهتری دارم از کافئین مرا خیلی نتونستم تغییر بدم اضطراب خیلی زیادی هم واقعاً نداشتم این هفته ولی در کل شرایطم خوبه

رهبر گروه: کسی دیگه میخواد صحبت کنه در رابطه با تمرین هایی که انجام دادی

شماره ۲۱: من خیلی حالم خوبه اما نگران این هستم که این حال خوب موقتی نباشه و آیا ما میتونیم این موضوعات را به همسران مون هم آموزش بدین؟

رهبر گروه:

اگر بر اساس همین چیزهایی که من گفتم میخوای به اونها آموزش بدید مشکلی نداره ولی اگر خودتون میخواهیم چیزی را اضافه بکنی ولی مشکل داره یا میتونید یک جلسه هماهنگ کنید که این موضوعات رو من برای همسرتون توضیح بدم که خدایی نکرده دچار سوءتفاهم نشوند.

شماره ۲۷: موضوعات که کار کردیم موضوعات جالبی است اما برای من مهم ترین موضوع توی این چهار جلسه موضوع اضطراب ها بوده است که خیلی به من کمک کرده بخصوص نوشتن نکات مثبت و منفی که در اخر جلسه به ما اموزش داده اید.

رهبر گروه ه : با توجه به اینکه این جلسه آخر هست و باید سرفصل آخر باهم صحبت کنیم من شروع کنم به توضیح کاری که قراره توی این جلسه با هم دیگه انجام بدیم

در ابتدا باید بگم که ما چهار سرفصل خیلی مهم را که روی سلامت روان افراد تاثیر بسزایی میزاره رو با هم دیگه کار کردیم

مبحث ای که امروز راجع بهش صحبت میکنیم در رابطه با موضوعی به نام کوه یخ

کسی در مورد کوه یخ چیزی میدونه و میدونید که کوه یخ چی هست شماره ۱۷

شماره ۱۷ : کوه یخ و اصولاً توی شنیدیم اسمش را و توی کشتی تایتانیک کوه یخ رو دیدیم که من از اینجا فقط یادم میاد کشتی خیلی بزرگی بود که با یه کوه یخ تصادف کرد و تمام اعضا توی اون کشتی فوت کردند این میشه گفت داستان کل فیلم جهان را داخل اون کشتی داستان های متفاوتی هم رخ می دهد ولی اصل موضوع اینکه این کشتی که یکی از مهم ترین کشتی های زمان خودش بود با یه کوه یخ تصادف میکنه

رهبر گروه : چند نفر دیگه فیلم کشتی تایتانیک را دیده اند؟به جز دو نفر بقیه عزیزان این فیلم رو دیدن این داستان هم اینه که شماره ۱۷ الان گفت یک کشتی بسیار بزرگ که معروفترین کشتی زمان خودش حساب میشه و متاسفانه در یک سانحه ای به یک کوه یخی برخورد میکنه که کاپیتان کشتی عملاً نتوانستند این کوه یخ را درست تشخیص بدهند و حجم کوه یخ براشون مشخص نبود و متاسفانه تمامی اعضای اون کشتی به جز یکی دو نفر انگار که بعد از فوت کردن همگی فوت شدم و این کشتی کاملاً با آن عظمت به دلیل برخورد به کوه یخ غرق شد. این کل داستان کشتی تایتانیک ولی ما با کشتی تایتانیک امروز کاری نداریم مبحث ما اون کوه یخی است که در موضوع کشتی تایتانیک مطرح شد و میشه گفت که این تکنیک هم از آن موضوع برداشت شده است.

ما میخواهیم در مورد یک کوه یخ صحبت کنیم که الان برروی تابلو هم میکشم و این کوه یخ ما چند لایه دارد ولی مهمترین نکته این است که ما همه لایه ها را نمی بینیم

هر کوه یخ تشکیل شده است ۴ قسمت در قسمت بالای حرم که الان دارم روی تابلو ها برای شما میکشم نمیشه قسمت رویداد ها قسمت بعدی میشه قسمت روندها قسمت بعد ساختارها و در قسمت آخر ما مدل های ذهنی را داریم پس یک کوه یخی داریم که ۴ قسمت داره قشنگه داستان اینجاست که فقط رویدادها و اتفاق ها بیرون این موضوع است و ما فقط آنها را میبینی دقت کنید به کوه یخ کوه هم فقط ده درصدش دیده میشه وقتی هر چیزی را به و چیز دیده نمیشه بنابراین ما هم در زندگی به سادگی فقط رویدادها را می بینیم یعنی قسمت اولی که در نوک هرم قرار دارد و جزو همون ۱۰ درصد مثلاً میگن طرف تصادف کرده میگن طرف مثلاً خونش آتیش سوزی شده مثلاً صفحه حوادث روزنامه‌ها را می خونیم توی این صفحه حوادث روزنامه ها نوشته شده که فلانی فوت کرده نمیدونم بر اثر بیماری فوت کرده یا تصادف کرده یا ورشکست شده و موضوعات این تیپی اما اگر ما رویداد رو ندید بگیریم هیچ مسئله ای میتونم به جرات بگم به حذف مسئله منجر نمیشه هیچ اتفاقی نمیفته چرا چون سه لایه دیگه زیر را به شما میتونید الان رویدادها را نادیده بگیرید اما سه لایه دیگر را می خواهیم چیکار میکنید یعنی روندها ساختارها و مدل‌های ذهنی لایه به لایه بسیار مهم هستند که هیچ وقت هم دیده نمیشن بنابراین با حذف قسمت رویداد ها هیچ اتفاقی در حل مسئله ما رخ نمیده.

نمیده نادیده گرفتنش هم برای ما کار درست نیست چرا به خاطر اینکه اقدام اصلاحی را ما وقت نمی تونیم انجام بدیم ریشه موضوع حل نشده که ریشه سر جای خودشون وقتی ریشه برقراره شما هر کاری که میخوای بکنی ریشه سر جاست.یادمون باشه ما هر اقدامی را که انجام بدیم برای حل مسئله در قسمت رویدادهای حرکت واکنشی به خاطر این که می خوام خیلی کوتاه مدت فوری سریع یک کاری را انجام بدیم و وقتی که این حرکت انجام میدیم ما داریم یک حرکت واکنشی را انجام می دهیم که سریع ترین راه حل رو میخوایم انتخاب کنیم و فکر می کنیم که شاید از اثرات مخرب بعدی که شاید بزرگتر هم باشه جلوگیری کنه . قدیمی های ضرب المثلی دارند میگن که درمانهای بدتر از درد که شخص را بدتر می کنه و خیلی بدتره پس باید یک مقداری دنبال نشانه هایی باشیم که نشانه های مسئله مهم پس یک لایه پایین تر می رسیم .تو لایه روندها ارتباطی بین لایه اول نیروی دارد و لایه دوم روند به وجود بیاد مناطق مختلفی بود حضور داشته باشه مثل یک اتش نشان که دقیق گزارش می دهد. اتفاق ها را خوب گزارش می دهد وقتی این شخص اینقدر خوب داره گزارش میده یعنی اینکه روند ها را بررسی کرده و روند های یک زندگی یعنی من وقتی که اولین به سمت یک موضوعی با همسرم هست با فرزندم هست یا یک مشکلی را دارم باید بیام این روند را بررسی کنم من بدون بررسی کردن روند موجود یعنی یک تاریخچه ای که نشان دهد که من از کجا مشکلم شروع شده است که مثلاً بعد از یک سال دو سال یا هر چند سال در این. قرار گرفتند وقت ما نمیتونیم اگه این روند را درست بررسی نکنیم نمی تونیم به نتیجه دلخواه برسیم پس ما موظف هستیم که یک روند درستی رو انجام بدیم اما یه خطای شناختی همیشه توی بحث روندها هست که ما باید تفکر های عملیاتی رو بد نظر قرار بدیم تفکر عملیاتی حالا خودش چی هست؟

زمانی که از تفکر عملیاتی صحبت می کنیم یعنی اینکه باید روابط علت و معلول را پیدا کنیم وقتی روابط علت و معلول را پیدا می کنیم و ما ورود می کنیم به تفکر های عملیاتی اما برای ما خیلی مهمه که روند را فعلاً بررسی کنیم و الان کاری به تفکر عملیاتی و این داستان ها ندارم پس ما اومدیم گفتیم یه رویداد داریم یه روند داریم حالا میرسیم به یک ساختاری است ،یعنی لایه سوم توی این لایه سوم ما با مسئله‌ای روبرو میشیم که با هدف تغییر روند باید صورت بگیره چون وقتی

حل مسئله را می خواهیم انجام بدین یادمون باشه ساخت آرا هستند که باعث روند می شوند پس ما باید ساختار و تغییر بدیم که روند تغییر بکنه خیلی آسونه تا اینجا همه عزیزان متوجه شدن کامل این سری که تکون دارید میدی به معنی بله است دیگه انشاالله.

بنابراین ما باید بیایم ببینیم که ریشه های مسئله ما کجاست و کجاها اصولاً مسائل ما فروکش میکنه یعنی مسئله وجود ندارد که بخوای حلش کنیم.

در مرحله آخر به بحثی به نام مدل های ذهنی مطرح است که لایه اخر این کوه یخ است. توی این مرحله خوب ما وقتی که با مرحله مدل زندگی روبرو میشیم در واقع میشه گفت مهمترین مرحله است به خاطر اینکه پایه گذار تمام روندها و ساختارها وجود دارد های ماست و اتفاقی که میوفته به خاطر اینکه بتونیم این موضوع اهلش بکنیم ما باید یکسری از شاخصه های رفتاری مون رو تغییر بدیم ولی از اونجایی که خوب بود این جلسه آخر هست و نمیخوام تمرین جلسه آخر را به همه دوستان بدهم باید بگم که ما از امروز به بعد راجب موضوعاتی که شک داریم راجب موضوعاتی که احساس می‌کنیم که باعث ایجاد اون رویدادها برامون میشه ما میخوایم با آدمهای که سلامت روان ما را به خطر میاندازند وارد گفتگو های رودررو بشیم از این یکی از تکنیک هست به خاطر اینکه ما باید مدل ذهنی ایمن رو بسازیم و مدل ذهنی ایمن ساختن یک تکنیکی داره به نام رو در رو صحبت کردن ها یادتون هست جلسه قبل من خدمت شما عرض کردم که ما چیزی به نام پیشگویی نداریم پس وقتی که ما چیزی به نام پیشگویی کردن رو نداریم ما راجع به موضوعاتی که فکر میکنیم ما را دچار مشکل می کنه رو در رو صحبت می‌کنیم و این یکی از مهمترین اتفاق هایی هست که رخ میده حالا ما میخوایم یه تمرین را انجام بدیم رو همه اعضای خانواده در طول هفته از امروز به بعد انجام بدم به این به یکی از قسمتهای خانواده شما به خاطر اینکه این قسمت از کاری را که میگیم واقعیت داستان این است که تکراری نمیشه و قدیمی نمیشه و این شدیداً نیاز است که ما بدونیم چه ساختاری و چه رویکردی را داریم در سیستم خانواده جلو میبریم بنابراین تمرین به این صورت در هفته یک روز خاص را مشخص میکنیم مثلاً روزهای دوشنبه ساعت مشخصی هم باید داشته باشه مثلاً ۸ شب روزهای دوشنبه اعضای خانواده دور هم جمع میشن و به مدت هر نفر ۵ دقیقه در رابطه با مشکلاتی که شخص داره یا در رابطه با چیزی که ناراحتش کرده یا در رابطه با اتفاقی که رخ داده شروع میکنه به صحبت کردن و این صحبت کردن ها باعث این میشه که آرام این کوه یخ ما درست شکل بگیره و عملاً قسمت مدل ذهنی تغییر پیدا کنه کاملاً برای عزیزان مشخص شد که قراره چه کاری انجام بدم؟

شماره ۱۱: این کاری که الان ما باید انجام بدیم باید به صورت هفتگی باشه یعنی؟

رهبر گروه : بله دقیقا به صورت هر هفته ای یکبار در طول هفته این کار را انجام میدهیم

شماره ۲۱ : من با همسرم مشکلات ساختاری دارم و الان که شما این رو توضیح دادیم متوجه شدم که ما همیشه موضوعات را در لحظه و دقیقاً به صورت واکنشی میخوایم حملش بکنیم و مشکلات ما هم اصولاً حل نمیشه یعنی بعد از یه تایمی مجدد این مشکلات رو داریم الان با این روش یعنی الان وضعیت ما بهتر میشه یعنی ما الان از نظر ساختاری در شرایط بهتری قرار میگیریم نسبت به قبل؟

رهبر گروه : معمولا یک تمرین نمیتونه همه مشکلات را حل کند اما میتونه کمک بکنه به شما که روند صحیح تری را در پیش بگیرید به خصوص که این رویکرد رویکردی که به حل مسئله میپردازد یعنی فقط اون لایه ۱۰ درصدی کوه یخ را به شما نمایش نمیده و به عمق ماجرا ها می پردازد و بنابراین این اتفاق خیلی خوبی شما اگر همین پنج جلسه ای را که با هم بودیم رو درست و مرتب کارهایش را انجام بدید روی سلامت روان شما و روی افسردگی شما و اضطراب شما تاثیر بسزایی میزاره

امیدوارم همه شما عزیزان رو هفته آینده ببینم و و دقیقا همین روز همین ساعت قرارمون که برای دومین بار از شما آزمون سلامت روان گرفته بشه و بهترین هارو براتون آرزو می کنم از همه شما سپاسگزارم که به من اعتماد کردید تو این جلسات شرکت کردید و با هم دیگه این این روزهای خوب سپری کردیم عصر همگی بخیر باشه خدانگهدار.

11. List of Abbreviations and/or Glossary of Terms of Alphabet

ABA	Applied Behavior Analysis
ACC	Children with Agenesis of the corpus Callosum
ADAA	The Anxiety and Depression Association of America
ASD	Autism Spectrum Disorder
CBT	Cognitive Behavioral Therapy
DDT	Discrete Trial Training
DSM	Diagnostic and Statistical Manual of Mental Disorders
ESDM	Early Start Denver Model
GARS	Gilliam Autism Rating Scale
GHQ	General Health Questionnaire
PRT	Pivotal Response Treatment
RDI	Relationship Development Intervention
WHO	World Health Organization