Comparison of the effect of life skills education and acceptance and commitment on happiness and responsibility of physical education students

Yunus Gür and Mehmet Ferhat Karaoğlan

School of Physical Education and Sports, Kilis 7 Aralık University, Turkey.

ABSTRACT

Happiness and responsibility are among the components on which students' mental health, performance and success depend. Therefore, the present study aimed to compare the effect of life skills education and acceptance and commitment on the happiness and responsibility of physical education students. A semi-experimental design was conducted (pre-test and post-test) with two experimental and one control group. 45 female physical education and sports teaching departments students in Kilis (Turkiye) with lower scores on the Oxford Argyle (1990) Happiness Questionnaire and the California Psychological Responsibility Scale (CPI-R), were selected by convenience sampling and randomly divided into two experimental groups (15 people in each group) and one control group (15 people). For the first group, life control education (8 sessions; week 2 one-hour session) and the second group, Acceptance and Commitment Therapy (8 sessions; week 2 one-hour session) was applied and the control group did not receive any education. Prior and after the education, the subjects completed the Argyle (1990) Oxford Happiness Questionnaire and the California Psychological Responsibility Scale (CPI-R). Multivariate analysis of covariance (MANCOVA) was used to analyze the data. The results showed that the mean scores of students' happiness and responsibility in the acceptance and commitment group compared to the life skills education group and in the life skills education group compared to the control group in the post-test increased significantly (p < 0.05). In conclusion, the results showed that commitment and acceptance education is more effective than life skills education in increasing the responsibility and happiness of physical education students.

Keywords: Life skills, acceptance and commitment therapy, happiness, responsibility, physical education students.

E-mail: yunusgur123@gmail.com.

INTRODUCTION

Today's societies consider the school system responsible for the continuation of social life and the promotion of the individual within the expectations of society, and today almost all societies shape their education with global perspectives and based on the needs of society (Türkkahraman, 2015). Students are one of the most valuable assets of any community, and their performance throughout their education and life is essential to the health and performance of a community. One of the most important factors affecting the success of students is their responsibility and means making informed choices without compulsion in determining their own behavior and how they behave and how they treat others in social relationships (Carreres-Ponsoda et al., 2021). Responsibility is important in different levels of education, especially in the first year of high school, which is associated with adolescence. Behavioral problems and disorders adolescents often develop profound social, emotional, and psychological disabilities, which often lead to poor school performance and academic achievement.

One of these problems is the lack of responsibility in adolescents. Responsibility as a multidimensional attribute refers to a sense of conscientiousness, accountability and commitment (Tauginiene and Urbanovič, 2018).

Believe that increasing responsibility in individuals increases altruism and interpersonal communication and consequently their happiness (Chia, Kern and Neville, 2020). Happiness is one of the important indicators of mental health in society and is one of the basic concepts and components of the life of individuals, especially students, and includes three basic components: emotional, cognitive and social. The emotional component that makes a happy person always happy and moody, the social component leads to the expansion of social relations and the increase of social adjustment, and the cognitive component causes the happy person to have a kind of thinking and a kind of processing of his own information and to interpret and interpret everyday events in such a way that his optimism to follow (Golabchi and Salehian, 2021).

Glasser links responsibility to mental health (reducing depression) and states that the more responsible people are, the healthier they are in terms of mental health and vice versa (Glasser, 1981). Adolescents' orientation to peer and friendship relationships causes them to take more responsibility due to the changes in their relationships and increases the pressure on them (Aybak and İpek, 2021).

In this regard, measures should be sought to increase the happiness and responsibility of students as future builders of society. One of the problems facing therapists and their clients is the uncertainty about the effectiveness of treatment methods to choose. In recent years, some researchers have advanced the idea of prudent care and the need to consider treatment from different perspectives. According to them, in choosing treatment, the effectiveness of economic costs, side effects of employment and response rate to treatment should be evaluated (Plessen et al., 2022).

Achieving more responsibility for the tasks assigned in life, education and work is affected by having life skills. Life skills are a behavior-based approach that can balance themselves and their interests against difficult life situations by balancing the areas of knowledge, attitude and skills (Salehian et al., 2021). UNICEF considers life skills a basic learning need for adolescents and refers to life skills as a large group of psychosocial and interpersonal skills that can help individuals make informed decisions. Communicate more effectively, develop coping and personal management skills, and live healthy, happy, and productive lives. Education is the best platform to provide this awareness to adolescents (Sulosaari et al., 2022). It is expected that each individual, especially students, after receiving life skills education, will develop abilities such as self-awareness, adequacy, self-esteem, communication with others, the ability to cooperate, the ability to plan, purposeful behavior, and achieve the ability to cope with emotions and stress and the ability to express desires and hopes (Shek et al., 2021).

These features enable the person to take responsibility in social life and to produce easier solutions to cope with difficulties and troubles.

Acceptance and commitment therapy is one of the third and modern wave behavioral therapies that help evidence-based intervention measures that combine acceptance and mindfulness strategies with commitment and behavior change strategies in different ways. Create a lively, purposeful and self-evident life. This treatment, unlike traditional approaches to cognitive-behavioral therapy, does not seek to transform or repeat the occurrence of unwanted thoughts and feelings. But using six basic components, 1: acceptance, 2: commitment, 3: enlightenment of values, 4: heterogeneity of values, 5: self as context, and 6: moment-to-moment contact Life helps clients to achieve the psychological flexibility that is the main goal of this treatment (Swain et al., 2015).

Considering the sensitivity and importance of happiness and responsibility in students as future builders of society and its impact on their psychological development and the need for intervention in this field and the lack of coherent and practical research on the subject and the lack of empirical research in the field, comparing the effect of these educations on increasing students 'happiness and responsibility, this study was conducted to compare the effect of life skills education and commitment and acceptance on students' happiness and responsibility 18 to 22 years.

METHOD

The method of the present study was quasi-experimental (pre-test-post-test) using two experimental groups and one control group. The statistical population includes all female physical education and sports teaching departments students in Kilis in the academic year 2021-2022, which according to the education statistics of Kilis was 540 people. The study sample consisted of forty-five female physical education students in Kilis who had lower scores on the Oxford Argyle (1990) Happiness Questionnaire and the California Psychological Responsibility Scale (CPI-R). There were two groups of life skills education and commitment and acceptance education (15 people in each group) and one control group (15 people).

The criteria for entering the group were:

1. 18 to 22 years old;
2. Having lower scores on the Oxford Argyle (1990) Happiness Questionnaire and the California

Psychological Responsibility Scale (CPI-R);
3. Absence of participation in other treatment programs at the same time during the research, and
4. Conscious and voluntary satisfaction with participating in meetings

And criteria for leaving the present study:

1. Lack of motivation and interest,
2. Absence from attending more than one meeting Session
3. Simultaneous participation in other treatment and other non-drug programs, and
4. The occurrence of a specific problem during the study was considered.

The following tools have been used to collect information:

California psychological responsibility scale (CPI-R):
This scale was first proposed by Goff (1984) and has 42 questions, which aim to measure the level of responsibility of normal people 12 years and older, and the subjects "agree" and "disagree" with the question. Its respondents. In this questionnaire, high scores (score 1) are assigned to traits that are traditionally desirable and low scores (score 0) are assigned to undesirable traits. In the research, the reliability coefficients of the questionnaire using Cronbach's alpha and composing methods are 0.70 and 0.75, respectively, and the content and face validity of this questionnaire have been evaluated as appropriate. In this study, it was found to be 0.73.

Oxford happiness questionnaire: The instrument of the present study is the Oxford Happiness Questionnaire developed by Argyle in 1990. This questionnaire has 29 four-choice items that are scored from 0 to 3, respectively. Strongly disagree (0), disagree (1), agree (2), strongly agree (3). So the higher the scores, the happier people will be. The minimum score of each subject is 0 and the maximum is 87 (Argyle, 2001). The validity of the Oxford Happiness Questionnaire has been confirmed in various studies and Cronbach's alpha coefficient for evaluating the reliability of this instrument has been calculated between 87 and 93% in studies. In this study, it was found to be 0.88%.

Intervention method:

Life Skills Education:
For Experiment 1, life skills education was taught for 8 sessions and two 90-minute sessions per week at specific times and times each week.

Session 1: Familiarity with the group and communication between group members (introduction), familiarity with the rules and regulations of the group (confidentiality, regular attendance), the need for life skills education, definition and clarification of life skills, responsibility acceptance and happiness, pre-test performance.
Session 2: Self-awareness skills education: recognizing emotions, identity and identity.
Session 3: Empathy and effective communication skills education: The main elements of communication, active listening and effective methods for listening.
Session 4: Anger control skills: Defining anger, anger-generating situations, and practical ways to control anger.
Session 5: Teaching the definition of stress, types of stress and their effects and education on the causes of stress, education coping skills: problem-oriented and emotional coping, stress resistance.
Session 6: Teaching bold communication style, verbal and non-verbal skills, audacity and the skill of saying no, and special audacity techniques.
Session 7: Familiarity with personal factors influencing decision-making, familiarity with decision-making styles (emotional, avoidance, impulsive, obedient, moral, urgent, logical), and teaching the decision-making process.
Session 8: Creative and critical thinking education: education to strengthen sharpness, strengthen memory, guessing, checking, using signs and asking benevolent questions and avoiding shapes, etc., conducting post-test.

Commitment and acceptance education:
For Experiment 2, commitment and acceptance education was taught for 8 sessions and two 90-minute sessions per week at specific times and times.

Session 1: Familiarity and communication between members, introductory explanations, conceptualization of the problem, preparation of clients and conducting the pre-test, as well as preparing a list of enjoyable activities and including it in the weekly program.
Session 2: Familiarity with the therapeutic concepts of acceptance and commitment, psychological flexibility, psychological acceptance, psychological awareness, cognitive separation, self-visualization, personal storytelling, methodology, values and committed action, discussion of experiences and their evaluation.
Session 3: Teaching Mindfulness, Emotional Awareness and Wise Awareness, Educating Clients on What Skills Are Observed and Described and How Skills Are Not Judged, and How These Skills Work They do; also, the use of timeout technique by members when increasing responsibility and commitment, expressing control as a measurement problem.
Session 4: First, they focus on increasing psychological awareness, and then people are taught how to respond and deal appropriately with their mental experiences and create social goals and lifestyles and practical commitment to them examining the positive and negative points of members and weakening their self-concept and

real self-expression without any emotional judgment and reaction and behavioral commitment.

Session 5: Education in stress tolerance and increasing tolerance and responsibility, coping skills in crises, distracting the senses, assigning oneself using the five senses and practicing awareness. Review previous sessions and give feedback to members.

Session 6: Emotion Management Education. The objectives of this education are to know why emotions are important, to recognize emotion, to increase positive emotion, to change emotions through action contrary to recent emotion, to practice what has been learned, and to provide feedback by the group and the therapist.

Session 7: Increasing individual and interpersonal efficiency, education interpersonal skills, description and expression, assertiveness and courage, responsibility, open trust, negotiation and self-esteem, performance measurement, the introduction of the concept of value, demonstration of risks, focus on results.

Session 8: Understanding the nature of commitment, determining appropriate action patterns with values, summarizing and conducting post-test.

Finally, the data were analyzed using SPSS-20 statistical software. In the data description section of mean and standard deviation and the inferential section of multivariate analysis of covariance with assumptions of normal distribution of scores through Shapiro-Wilk test, the assumption of regression homogeneity slope using the interaction group * Pre-test, homogeneity variance-variance matrix M-box test and Levin test were used to homogenize the variance error of the dependent variable in the groups.

FINDINGS

Table 1 presents descriptive findings (mean and standard deviation) related to happiness and responsibility before and after education for research groups.

Multivariate analysis of covariance was used to compare the effect of life skills education and commitment and acceptance on the happiness and responsibility of physical education students. It should be noted that before presenting and reviewing the results of tests related to the analysis of the research hypothesis, first the test of assumptions of analysis of covariance was performed. Important assumptions of analysis of covariance include the normality of the distribution of dependent variables, the homogeneity of the regression slope, the homogeneity of the variance-covariance matrix, and the homogeneity of the variance error of the dependent variables in the groups.

Shapiro-Wilk test was used to evaluate the normality of score distribution. The results showed that all variables in both pre-test and post-test in the three groups followed the normal distribution ($p < 0.05$) (Table 2).

Table 1. Descriptive characteristics of happiness and responsibility variables in sample people.

Variable	Group	Pre-test		Post-test		Adjusted average
		M	Std. Dev.	M	Std. Dev.	
Welfare	Life Skills Education	30.07	9.11	35.60	9.46	35.57
	Commitment and acceptance education	30.20	7.72	39.33	7.70	39.13
	Control	29.80	8.53	30.47	8.61	30.70
Responsibility	Life Skills Education	14.80	4.07	4.60	17.91	17.91
	Commitment and acceptance education	13.33	4.64	5.86	20.29	20.29
	Control	14.60	4.03	4.09	15.14	15.14

Table 2. Evaluation of normality of happiness and responsibility data distribution.

Variable	Group	Pre-test		Post-test	
		Shapiro-Wilk	Sig.	Shapiro-Wilk	Sig.
Welfare	Life Skills Education	0.931	0.283	0.928	0.256
	Commitment and acceptance education	0.976	0.937	0.968	0.833
	Control	0.961	0.713	0.938	0.357
Responsibility	Life Skills Education	0.956	0.615	0.942	0.402
	Commitment and acceptance education	0.935	0.323	0.953	0.518
	Control	0.93	0.276	0.945	0.454

The homogeneity assumption of the regression slope was investigated using the interaction of the pretest * group. The results showed that the homogeneity assumption of regression slope for happiness and responsibility is established (p < 0.05) (Table 3).

The results of the m-box test indicate that the assumption of homogeneity of the variance-covariance matrix of happiness and responsibility is also established

(p < 0.05) (Table 4).

Also, the assumption of homogeneity of variance error of dependent variables in the groups was investigated using the Levin test (Table 5). The results show that the error of variance of happiness and responsibility in the three groups is not significantly different (p < 0.05). Therefore, all assumptions of covariance analysis are multivariate.

Table 3. Results of regression slopes for happiness and responsibility in the study groups.

Variable	Source of change	Sum of squares	df	Average squares	F	Sig.
Welfare	Group effect * Pre-test	2.059	2	1.029	0.409	0.667
	Error	90.602	36	2.517		
Responsibility	Group effect * Pre-test	6.415	2	3.207	2.497	0.096
	Error	46.236	36	1.284		

Table 4. Box test results to examine the homogeneity of happiness and responsibility.

M-box	F	Df 1	Df2	Sig.
3.103	0.482	6	43964.31	0.823

Table 5. Results for equalization of happiness variance error and responsibility in the study groups.

Variable	F	Df1	Df2	Sig.
Welfare	1.486	2	42	0.238
Responsibility	1.897	2	42	0.163

In multivariate analysis of covariance, first the general multivariate variable, which consists of a linear combination of dependent variables, is compared between the two groups, and then univariate tests are performed. The Wilkes lambda approach was used for multivariate comparison. The value of Wilkes lambda is equal to 0.11, the value of F is equal to 38.72 and the significance level is equal to 0.001. Due to the smaller significance level of 0.05, it is concluded that at least one of the variables of happiness and responsibility in the study groups has a significant difference (Table 6).

The results of univariate comparisons indicate that after adjusting the pre-test scores, the level of happiness of students in the post-test in the group of life skills

education, commitment and acceptance and control education is significantly different (p = 0.001, F = 110.20). The intensity of the effect is equal to 0.85. Also, the level of responsibility of students in the post-test in the group of life skills education, commitment education and acceptance and control are significantly different (p = 0.001, F = 73.56). The intensity of the effect is equal to 0.79 (Table 7).

Based on the results of the LSD post hoc test, it is observed that the average scores of happiness and responsibility of students in the commitment and acceptance education group compared to the control group and the life skills education group. Also, life skills education increased significantly in the education group compared to the control group (Table 8).

Table 6. The results of happiness and responsibility in the study groups.

Test	Test amount	F	Df1	Df2	Sig.	Eta
Lambda Wilkes	0.112	38.72	4	78	0.001	0.665

Table 7. Results of happiness and responsibility comparison in the post-test in the study groups.

Source of changes	Independent variable	Total squares	Df	Average squares	F	Sig.	Eta squares
Group effect	Welfare	530.427	2	265.213	110.196	0.001	0.846
	Responsibility	196.242	2	98.242	73.556	0.001	0.786
Error effect	Welfare	96.27	40	2.407			
	Responsibility	53.424	40	1.336			

Table 8. Results of pairwise comparisons of happiness and responsibility in the study groups.

Variable	Comparisons	Mean difference	Difference of standard error	Sig.
Welfare	Life Skills Education- Commitment and acceptance education	-3.561	0.572	0.001
	Life Skills Education-Control	4.872	0.567	0.001
	Commitment and acceptance education-Control	8.433	0.571	0.001
Responsibility	Life Skills Education- Commitment and acceptance education	4.872	0.567	0.001
	Life Skills Education-Control	8.433	0.571	0.001
	Commitment and acceptance education-Control	-2.378	0.426	0.001

DISCUSSION

The aim of this study was to compare the effect of life skills education and commitment and acceptance on the happiness and responsibility of physical education and sports teaching department students. The results of the analysis of covariance showed the happiness scores of students aged 18 to 22 years in the group. Commitment and acceptance education compared to the life skills education group and in the life skills education group compared to the control group in the post-test has increased significantly. There has been no report in the research literature on comparing the effectiveness of these educations on increasing students' happiness; But the results obtained by the studies of Ghasemian and Kumar (2017) show that life skills education has a significant effect on increasing social adjustment, happiness and the reduction in students' psychological distress is consistent. Petersen et al. (2022) stated that commitment and acceptance therapy play an important role in improving psychological resilience and reducing depression, anxiety and stress, and promoting happiness in adolescents.

Explaining this research finding, it can be stated that adolescents are one of the valuable assets of any society and their health and well-being are also necessary for the health of a society. One of the most important components of mental health is happiness, which has been considered by researchers in recent decades, especially in the education system of countries, and the World Health Organization has considered it the most important component of student health (Faatemi, 2020). The process of treatment in the approach based on acceptance and commitment is that after the treatment contract, first using metaphors, metaphors and examples, the previous ineffective methods of the person are examined and weakened and shown to him. How avoidance and control methods have been ineffective so far and have exacerbated problems, and then help to reduce references, integration and cognitive connection, and better communicate with their inner feelings. In fact, acceptance and commitment therapy will lead students to accept negative thoughts, situations, and feelings, and to adapt to them by increasing mindfulness in a way instead of denying and escaping problems. This style can calm and repel mental occupations and conflicts, and therefore create desirable happiness in them (Tucker and MacKenzie, 2012). On the other hand, life skills help people to deal effectively with conflicts and life situations, to act positively and adaptably in relation to other human beings, their society, culture and environment, and to maintain their mental health. Provide. In this way, learning and practicing life skills strengthens or changes human attitudes, values and behaviors, and as a result, with the emergence of healthy and positive behaviors, many problems are solved or prevented (Alborzi et al., 2021). Accordingly, the teaching of life skills, both individual and social skills in the prevention of psychological and social harm to students have led to the development of creative people and has a significant role in the success and happiness of students.

Another finding of this study showed that the scores of

responsibility in students aged 18 to 22 years in the commitment and acceptance education group compared to the life skills education group and in the life skills education group compared to the control group in the post-test increased significantly. There has been no report in the research literature on comparing the effectiveness of these educations on increasing students' responsibility; However, It is also consistent with the findings of Alborzi et al. (2021) who stated that commitment and acceptance education was effective in promoting the responsibility of science and technology students.

Explaining this research finding, it can be stated that students as the future makers of society are people with unique characteristics who have a major part of their personality in relation to responsibility and socialization during adolescence in schools and classrooms. Because developing societies need responsible and self-sufficient people, today's human beings must increasingly take responsibility for their own lives and destinies, and this will not be possible unless the basis of education is based on increasing children's understanding and Adolescents should be aware of their role in shaping their destiny and quality of life, and to achieve this goal requires careful effort and planning. Teaching life skills to young people helps them develop both their psychological and social skills and become responsible (Özen, 2015). On the other hand, in the treatment of acceptance and commitment, first try to increase the psychological acceptance of the person about mental experiences (thoughts and feelings) and decrease it in front of actions that are not under the control of the person. In the second stage, the person's psychological awareness is increased at the moment, that is, the person in all mental states becomes aware of his thoughts and behavior at the moment, and in the third stage, the person is taught to separate himself from these mental experiences to be able to act independently of these experiences. In the fourth stage, trying to reduce the excessive focus on oneself and the visualization of a personal story (such as being a victim) that one has made in oneself in one's mind. Transform specific behavior (enlightenment of values) and ultimately motivate to act committedly, the activity is focused on the goals and values identified in the fifth step (Swain et al., 2015). Acceptance and commitment helped increase students' responsibility because this treatment, by making extensive use of allegories and exercises during sessions, can facilitate the treatment process, especially for students who are not very motivated to seek treatment, and can identify students. Their own personal and real values are very useful because with exercises and strategies they help to distinguish between their original values and the values imposed by others because based on social cognitive theory, the values that students have for their success. It reflects their goals for

progress.

The main advantage of acceptance and commitment therapy over other therapies is to consider the motivational aspects along with the cognitive aspects, the effect and continuity of this treatment are more effective and in fact a balanced and effective confrontation with thoughts and feelings, avoidance, and change of perspective. To the self and the story in which the person has imposed the role of the victim, a review of the values and goals of life and finally commitment to the goals can be considered as one of the main effective factors in this method of treatment. All in all, this treatment helps people to learn to act according to the deep values of their heart and to walk on a valuable path, then they will have a rich and meaningful life and will feel life, vitality and happiness, and will be able to feel satisfied with raising yourself and your life; it is clear that these processes can increase responsibility and happiness (Hayes et al., 2013).

Therefore, in the present study, by examining the effect of acceptance and commitment therapy and life skills education, cognitive, behavioral, and psychosocial and interpersonal skills affecting students' happiness and responsibility have been combined.

Conclusion

In general, it can be concluded that commitment and acceptance education is more effective than life skills education in increasing the responsibility and happiness of physical education students. According to the results of this study and its confirmation through previous research, the use of commitment and acceptance education along with life skills education is suggested as an effective program to increase the responsibility and happiness of students in all departments. The general education, counseling and treatment centers of the country with the aim of guiding and helping students to better and faster adapt and increase the responsibility and happiness of students should be considered by the authorities.

Ethical considerations

The author declares that in this research, all relevant ethical principles, including the confidentiality of questionnaires, the informed consent of the participants in the research, and the right to withdraw from the research have been observed.

REFERENCES

Alborzi, Z., Banisi, P., and Zomorrody, S. (**2021**). The effect of commitment and acceptance education effectiveness on responsibility and happiness of married students of Science and

Technology University. New Approach in Educational Sciences, 3(1): 12-19.

Argyle, M. (**2001**). The Psychology of Happiness, 276 pages, Routledge.

Aybak, T., and **İpek**, M. (**2021**). Ergenlik Dönemindeki Çocuğa Sahip Ebeveynlerin Yaşadıkları Sorunlar. Aydın Sağlık Dergisi, 7(2): 141-165.

Carreres-Ponsoda, F., Escartí, A., Jimenez-Olmedo, J. M., and Cortell-Tormo, J. M. (**2021**). Effects of a teaching personal and social responsibility model intervention in competitive youth sport. Frontiers in Psychology. 12: 408.

Chia, A., Kern, M. L., and Neville, B. A. (**2020**). CSR for Happiness: Corporate determinants of societal happiness as social responsibility. Business Ethics: A European Review, 29(3): 422-437.

Faatemi, A. M. (**2020**). The relation between spiritual intelligence, accountability, and happiness among female high school students. Quarterly Journal of Education, 36(2): 129-141.

Ghasemian, A., and **Kumar**, G. V. (**2017**). Effect of life skills education on psychological distress among male and female adolescent students. Indian Journal of Health and Wellbeing, 8(4):279

Glasser, W. (**1981**). Stations of the mind: New directions for reality therapy: Harper Collins Publishers.

Golabchi, M., and **Salehian**, M. (**2021**). The effectiveness of swimming training on reducing coping behaviors, cognitive problems, and inattention of elementary school hyperactive girls. International Journal of Pediatrics, 9(11): 14896-14906.

Hayes, S. C., Levin, M. E., Plumb-Vilardaga, J., Villatte, J. L., Pistorello, J. (**2013**). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. Behavior Therapy, 44(2):180-198.

Ozen, Y. (**2015**). Sorumluluk Eğitimi. Ankara: Vize Yayıncılık.

Petersen, J., Ona, P. Z., Blythe, M., Möller, C. M., and Twohig, M. (**2022**). Intensive outpatient acceptance and commitment therapy with exposure and response prevention for adolescents. Journal of Contextual Behavioral Science, 23: 75-84.

Plessen, C. Y., Karyotaki, E., and Cuijpers, P. (**2022**). Exploring the efficacy of psychological treatments for depression: a multiverse meta-analysis protocol. BMJ Open, 12(1): e050197.

Salehian, M. H., Sarvari, S., and Ghanati, P. (**2021**). Comparison of happiness training based on Islamic concepts and Qigong exercises effectiveness on happiness of mothers with handicapped children. Journal of Psychopathology, 27: 140-147.

Shek, D. T. L., Lin, L., Ma, C. M. S., Yu, L., Leung, J. T. Y., Wu F. K. Y., Leung, H., and Dou, D. (**2021**). Perceptions of adolescents, teachers and parents of life skills education and life skills in high school students in Hong Kong. Applied Research in Quality of Life, 16(5):1847-1860.

Sulosaari, V., Unal, E., Cinar, F. I. (**2022**). The effectiveness of mindfulness-based interventions on the psychological well-being of nurses: A systematic review. Applied Nursing Research, 64: 151565.

Swain, J., Hancock, K., Dixon, A., Bowman, J. (**2015**). Acceptance and commitment therapy for children: A systematic review of intervention studies. Journal of Contextual Behavioral Science, 4(2): 73-85.

Tauginienė, L., and **Urbanovič**, J. (**2018**). Social responsibility in transition of stakeholders: From the school to the university. Stakeholders, Governance and Responsibility: Emerald Publishing Limited.

Tucker, D. J., and **MacKenzie**, M. J. (**2012**). Attachment theory and change processes in foster care. Children and Youth Services Review, 34(11): 2208-1.

Turkkahraman, M. (**2015**). Education, teaching and school as a social organization. Procedia-Social and Behavioral Sciences, 186: 381-387.