

The effectiveness of purposeful based multi-family group therapy on self-concept and problematic behavior of adolescents¹

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Abstract

Objective: This article depicts a multi-family group therapy model based on purposeful parenting concept. The aim of this study was to investigate the effectiveness of purposeful based multi-family group therapy on self-concept and problematic behaviors of adolescents.

Methods: Participants included 24 junior girl students and their parents that were randomly assigned to experimental and sham-control groups, and 10 girls that waiting for the treatment in control group. 13 weekly intervention of multi-family group therapy were conducted. Self-concept and problematic behavior of adolescents was assessed before, after and 60 day later than the intervention.

Results: Results showed that self-concept of adolescents increased after purposeful based multi-family group therapy in experimental group and moderation of intra-family relationships that was result of the intervention, effects problematic behaviors in girls.

Conclusion: Multi-family group therapy is the applied method for clinicians in adolescent's therapy especially in the field that problematic relationships among family and inefficient parenting cause to problematic behaviors in adolescents. The study can be the guideline for clinician that work with families and adolescents to reconstruct the family relationships with the aim of family and adolescent's success and satisfaction.

Keywords: Adolescent, Multi-family group therapy, Purpose, Problematic behavior, Self-concept

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Introduction

Apparently, the life prospective of a young person in today's world is very better than before; he is more independent, has a personal choices and it is not necessary for him to continue the route that was previously designed for him by his family (Malin, Liauw & Damon, 2017). The young, nowadays, has more social, occupational and personal opportunities and there are more academic and general features available for him in the society (Mota, Tsai, Kiwin, Sareen, Southwick & Pietrzak, 2016). However, it is not seen young people to be more commitment than last decades and doing more purposeful and satisfactorily (Kings, Moulding & Knight, 2017). He has absorbed in the wave of this emptiness mentioned to the belief of young that does not capable to managing his life or having effect on the world around him (Pool, Lewis, Toumbourou, Kinght & Bertina, 2017; Pote, Stratto, Coltrell, Boston, Shapiro & ET. Al; 2015). This confusion lead to anxiety that young people for released of it, defection to mental diseases or self-harm behavior like internalizing and externalizing behaviors (Coelho & Romao, 2017).

There are many studies agreed that the best prevention factor in this situation is parent's reaction to growing up of their children (Huestis, Kao, Dunn, Hilliard, Yoon & et al, 2017; Kurowski, Stacin, Taylor, McNally, Kirkwood & ET. Al, 2018). Parents with suitable parenting style can guide adolescents to transforming from adolescence to adulthood calmly and safely (Han, Liauw & Kuntz, 2018).

Passing through crisis of puberty and growing up, adolescents need to discovering and pursuing their talents, interests and personal creativities for going beyond the given framework and building a unique personality (Safarzade & Marashian, 2017; Johnso, Wagner, Sheridan, Paul, Burkholder & et al, 2017). Social support especially from family and caregivers can reduce the stressors of this developmental period and guide them into the right passage of development (Dragese, Haugan & Tranvag, 2017).

There are many psycho-educational methods in personal, group and family therapy to achieve this, but among them, multi-family group therapy is proved that might be more beneficial for youth with behavioral health conditions and their families (Coelho & Romao, 2017; Han, Liauw & Kuntz, 2018; Young, Egdell & Swallow, 2018). Multi-family group therapy combine with concept of purpose, can predispose the chance of learning and practicing for both parents and adolescents.

Multi-family group therapy is the treatment modality that consist of two or more families present in the same room with a trained therapist using deliberate, planed, psycho-social intervention (Tomasiewicz & Tauroginski, 2017). Sessions emphasize patterns of inter-familial interaction also use potential alliances among different families based on similarities of problem or family role. This method uses elements of education with those of group process to harness the strengths of individual families and their members to enhanced functioning for the group as a whole (Pool, Lewis, Toumbourou, Kinght & Bertina, 2017).

The multi-family group therapy has a relatively long and varied history in terms of therapeutic usage (Liv, Nie, & Wang, 2017). A review of recent empirical studies involving this method indicated that the format successfully used in many clinical fields in child and adolescent treatment (Liu, Fang, Yan, Zhou, Yuan & et.al, 2015). This approach along with the concept of purposefulness teach the families to review their parenting and provide the field for parents knowing their adolescents' characteristics. With understanding the talents and effective guidance of adolescents, parents can provide the supportive network in stressful situation for their children and prevent the problematic behaviors (Gelin, Hendrick & simo, 2015).

The purpose of this study was to evaluate the effectiveness of purposeful multi-family group program on self-concept and problematic behavior of adolescents. This program using the elements of multi-family groups combine with concept of purposefulness can make the opportunity for families to benefit of therapeutic, supportive and psycho-educational advantages of this approach.

Participant and Methods

Participants

The research was designed for 17-18 girl students and their parents recently have been called to school consultant office. Those with conditions suitable for group (included at least average economic condition, lake of clinical label in the family and presence of both parents in the family and absence of intense conflicts between them) were informed about the research project. All of families who were volunteers to participate in the project was interviewed and provided the demographic data, then randomly were replaced into

experimental, sham-control and control groups. Control group was contained of 10 adolescents completed pre/post and follow up treatment measures. Experimental and sham-control groups were contained of 12 students with their parents but for keeping with the multi-family group therapy's member limitation, each group divided in two groups with six families. Additional module details are outlined in table 1.

Table 1: demographic characteristics of participants in three groups

	Mean of age of adolescents	Mean of GPA of adolescents	Mean of age of mothers	Mean of age of fathers	Frequency of job of mothers	Frequency of job of fathers	Frequency of degree of education of mothers	Frequency of degree of education of fathers
Experimental group	17/16	17/49	43/30	47/70	Unemployed (10)	Employee (7)	Middle school (1)	Middle school (0)
	(0/11)	(0/20)	(0/23)	(0/45)	Employee (0)	Free job (4)	Diploma (5)	Diploma (2)
					Free job (2)	Retired (1)	Bachelor (4)	Bachelor (8)
						M.A. (2)	M.A. (2)	
						Ph.D. (0)	Ph.D. (0)	
Sham-control group	17/46	17/37	44/91	46/75	Unemployed (11)	Employee (4)	Middle school (3)	Middle school (0)
	(0/50)	(0/19)	(0/34)	(0/70)	Employee (0)	Free job (8)	Diploma (6)	Diploma (2)
					Free job (1)	Retired (0)	Bachelor (3)	Bachelor (6)
						M.A. (1)	M.A. (3)	
						Ph.D. (0)	Ph.D. (1)	
Control group	17/39	17/19	43/08	47/25	Unemployed (8)	Employee (7)	Middle school (0)	Middle school (0)
	(0/67)	(0/22)	(0/17)	(0/39)	Employee (1)	Free job (3)	Diploma (2)	Diploma (1)
					Free job (1)	Retired (0)	Bachelor (5)	Bachelor (6)
						M.A. (3)	M.A. (1)	
						Ph.D. (0)	Ph.D. (2)	

Study instrument

Damon and Hart's semi-structured interview: Damon and Hart's interview contains seven main items that presented in a fixed order (table 2). Additional questions or probes were asked to clarify the meaning and reasoning behind the initial responses. Probes were given until the participant repeated the response, Saied 'I don't now' or showed frustration or signs of waning attention (Andrews, Bundick, Jones, Bronk, Mariaio & Damon, 2006).

Table 2. Items in self-understanding interview (from Damon & Hart, 1988)

Item 1: Self-definition

- a. What are you like?
- b. What kind of a person are you? What does that say about you?
- c. What are you not like? What does that say about you?

Item 2: Self-evaluation

- a. What are you especially proud of about yourself?
- b. What do you like most about yourself? What does that say about you? Why is that important?

Item 3: Self in past and present

- a. Do you think you'll be the same or different 5 years from now? What will be the same? What will be different? Why is that important?
- b. How about when you're an adult? Probe as in (a).
- c. How about 5 years ago? Probe as in (a).
- d. How about when you were a baby? Probe as in (a).

Item 4: Continuity

- a. If you change from year to year, how do you know it's still always you? Is that an important thing to say about you? Why? In what ways do you stay the same?

Item 5: Agency

- a. How did you get to be the way you are?

Item 6: Self-interest

- a. If you could have 3 wishes, what would they be? Why would you wish for that?
- b. Are those things you hope for most in life? What else do you hope for in life? Why do you hope for that?
- c. What do you want to be like?
- d. What kind of a person do you want to be? Why do you want to be that way?
- e. What is good for you? Why is that good for you?

Item 7: Distinctness

- a. Do you think there is anyone else who is exactly like you?
 - b. What makes you different from anyone you know? What difference does that make? Why is that important? In what other ways are you different? Are you completely different or just partly different? How do you know?
-

This interview integrate the aspects of self into unit framework and describe the self as an objective and subjective in a cube pattern (Damon & Hart, 1982) but this study just have used the objective aspect of self. Responses that called chunk, rating the self-concept at one of four developmental levels: physical that refer to physical characteristics or material possession, active that refer to one's abilities and typical activities, social that refer to one's social relationships and psychological that refer to one's thoughts, emotions, perceptions and knowledge. That cover the periods of childhood, early, middle and the last adolescence. All levels can be defined in conjunction with the periods of development (Damon & Hart, 1988).

Achenbach's youth self-report: youth self-report questionnaire divided in two parts; competencies and problems. In this study, only the problem scale was used. This questionnaire consist of 112 items, covering symptoms and behaviors, each to be noted on three point scale. The problem scale contains nine syndromes subscales. "Withdrawn", "somatic complains" and "anxiety/depressed" together comprise a broad internalizing dimension, whereas, "delinquent" and "aggression behaviors" together constitute an externalizing dimension (Wilson, Capuno, Ames, Amofa, Arvanitakis & Shah, 2018). YSR has an adequate validity and reliability that by several international studies had been supported (Achenbach, T. M. & Rescorla, 2003; Achenbach, 1991; Ebestani, Bernstein, Martinez, Chorpita & Weisz, 2018). This questionnaire also has been standardized in Iranian culture. Cronbach's alpha values for total scale in adolescents was 0/89 and in disjointed wins was 0/86. (Minayi, 2006).

Study Procedure

Before forming the groups and starting the intervention, Damon and Hart's interview was individually administered to each participant and then youth self-report was presented to adolescents. The interviews last almost 30 min, were audio-taped and later transcribed. Each transcribe was contained of chunks that were coded into four aspects of the self-concept, then rated at one of four levels based on Damon and Hart's coding scheme and criteria (Malin, Reilly, Yeager, Moran, Andrews, Bundick & Damon, 2008). This evaluation was completed after the end of intervention and repeated in 60 day follow up. After pre-test, intervention was started for experimental groups and the control participants were placed on the waiting list. Families in sham-control groups were participated in multi-family groups but they did not receive any treatment and their group was managing like the self-help groups.

Treatment

Purposeful based multi-family group therapy previously described by author (Vedadian, Aghamohammadian & Kareshki, 2019) was conducted as a 13 week program that included 10 weekly sessions for families (contain of fathers, mothers and their adolescents) and four workshops for parent group and adolescent group before the sessions (table 3).

Table 3. P.B. Multi-family group therapy session content and process

Process		purpose	Number of sessions	Duration of sessions
Assessment		Pre-test	3	6 hours
Pre-intervention session	Adolescents	Problem conceptualization	1	2 hours
	parents	Problem conceptualization	1	2 hours
Workshop/ psycho-educational session	parents	Listening and Effective relationship	1	6 hours
		Purposeful parenting	1	6 hours
		Emotion management and problem solving	1	4 hours
	Adolescents	Listening and Effective relationship	1	6 hours
Treatment sessions	-	Therapeutic alliance	1	All of sessions hold two hours
	-	Parent disclosure about goals, desires, job and their fillings about personal and social life	1	
	-	Building proper interactive space for adolescents to expressing about wishes, favorites and demands	1	
	-	Following the interests and demands of	1	

	adolescents			
	- Get involve in the arias of interests of adolescents			
	- Understanding practical and mental capabilities of adolescents		1	
	- Provide practical and psychological support for talents of adolescents			
	- Presentation of programs and subjective plans of adolescents for follow their goals		1	
	- Conclusion and termination of group			
			1	
			1	
			1	
			1	
assessment	Post-test		3	6 hours
assessment	Follow up		3	6 hours

Multi-family sessions features up to six families mid adolescents with problematic behavior. The treatment centres on the principles of purposeful parenting to increasing the level of adolescents' self-concept and reduction of problematic behavior. The workshops are designed to prepare families for compliance with the principles of relationships at the sessions.

The group composed of six families contains of father, mother and their adolescent and one therapist (author) who provided intervention on the basis of the multi-family groups with focus on purposeful concept. The workshops was held in the same time in three week for adolescents and parent and complete intervention lasted 10 week. Each session lasted 90 minutes and focused on family relationships.

Statistical analysis

The Damon and Hart's semi-structured interview was an instrument designed for assess a level of self-concept in adolescents that represents the three quantitative information to analyze the data from the encoded responses of interviewees; the best level frequency, the mode and the weighted average of levels.

In addition to descriptive characteristics, was used the means, frequencies and modes and the analysis of variance with repeated measure was conducted to examine pre/post-test and follow up differences in problematic behavior scores and weighted averages in semi-structure interview, in experimental, sham-control and control groups.

Results

As can be seen in table 3, none of responses of participants classified in forth level of self-evolution in Damon and Hart's category (1988) in pre-test and as it showed, the most frequency of responses was in level of interpersonal implications, while adolescents in experimental group, after the intervention have achieved to last level of self-evolution and have kept this progress in follow up assessment. This progress is also evident in the number of responses that increased from 99 chunks to 182 chunks in post-test.

Because of group intervention in multi-family groups, a quarter of progress of experimental group, have been seen in the sham-control group but control group had no change in three times of evaluation.

Table 4. Frequency and weighted average in object self

stage	group	Chank's percentage frequencies at each level				weighted average (SD)
		1	2	3	4	
Pre-test	experimental	16/16	18/18	65/65	0	2/44 (0/25)
	Sham-control	18/48	15/96	57/14	0	2/34 (0/25)
	control	23/94	11/26	64/78	0	2/30 (0/33)
Post-test	experimental	9/89	10/43	51/64	22/52	3/05 (0/19)
	Sham-control	8/33	21/66	64/16	5/83	2/70 (0/15)
	control	24/67	12/98	62/33	0	2/30 (0/21)
Follow up	experimental	8/82	5/88	57/64	21/76	3/07 (0/15)
	Sham-control	6/77	17/79	52/64	2/79	2/42 (0/18)
	control	20/83	13/88	63/88	0	2/34 (0/14)

Analysis of variance of weighted averages of levels of responses was used to investigate the effectiveness of multi-family group therapy on the improvement of self-concept level in adolescents. To ensure the appropriateness of the model, time (LV: 0/61, $P < 0/01$, $F_{(2, 31)}: 24/33$) and interaction of time and intervention (LV: 0/53, $P < 0/01$, $F_{(2, 31)}: 5/63$) and homogeneity of covariance were checked out (Mauchly's test: 0/54, $\text{mean}^2: 18/05$).

There was significant differences between groups (table 5). The least significant differences test showed that experimental and control groups (0/54, SE: 0/065) and sham-control and control groups (0/25, SE: 0/064) had a biggest difference and then experimental and sham-control groups had a significant difference (0/38, SE: 0/61) in weighted averages scores of self-concept variable.

Table 5. Means, standard deviations and difference between three groups in SC

Variable		m	m	DF	F	Effect size	
Weighted average of self-concept	Inter-group effect	Intervention	2/40	1/20	2	***41/96	0/57
		Time and intervention	1/35	0/33	4	***11/80	0/43
	Between group effect	Intervention	4/85	2/42	2	***36/03	0/61
		Error	2/08	0/06	31	--	--

*** $P < 0/001$

The same results has been obtained for problematic behavior of adolescents. In this study, problematic behavior was decomposed to internalizing and externalizing behaviors which was investigated among three groups at three times of assessment (pre/post-test and follow up). The descriptive statistics for this variable in three stages for the experimental, sham-control and control groups are listed in table 5.

Table 6. Mean and standard deviation in YSR

Variable	Group	Mean	SD	Confidence interval 95% for mean		Pre-test	Post-test	Follow up
				up	down	Mean (SD)	Mean (SD)	Mean (SD)
Internalizing	Experimental	65	3/69	67/34	62/65	65/00 (3/69)	56/16 (4/66)	46 (4/28)
	Sham-control	66/66	2/83	68/47	64/86	66/66 (2/83)	65/91 (0/73)	65/58 (0/57)
	Control	67/10	5/72	71/19	63/00	67/10 (5/72)	68/90 (4/04)	67/90 (4/35)
Externalizing	Experimental	61/50	3/17	63/51	59/48	61/50 (3/17)	52/75 (3/86)	44/25 (5/46)
	Sham-control	61/83	5/71	65/46	52/20	61/83 (5/71)	60/75 (1/37)	62/41 (1/35)
	Control	65/20	5/52	14/69	61/25	52/75 (5/51)	63/70 (6/21)	64/70 (5/69)
Total score of problematic behavior	Experimental	72/83	4/26	75/54	70/12	72/83 (4/26)	61/25 (4/84)	55/16 (4/64)
	Sham-control	73/58	4/92	76/71	70/45	73/58 (4/92)	73/75 (1/36)	74/00 (1/19)
	Control	75/50	5/96	79/78	71/21	75/50 (5/98)	75/90 (6/13)	76/00 (6/64)

Since the assumption of homogeneity of variance/covariance matrix for the internalizing and externalizing behavior is not confirmed, the Pillai's trace indicator was used instead of the Wilk's lambda in order to examine significance (Preacher & Hayes, 2008). As have seen in table six, it was significant differences between experimental and sham-control ($P < 0/001$, SE: 1/55, MD: 10/69) and control ($P < 0/001$, SE: 1/63, MD: 12/71) groups in externalizing scale but the different between control and sham-control groups was not statistically significant (sig: 0/22, SE: 1/53, MD: 2/02).

Table 7. Differences between three experimental, sham-control and control groups in YSR

	Variable	m	m	DF	F	Effect size	
Inter group effect	Internalizing	705/84	352/92	2	**50/87	0/621	
	Externalizing	552/55	550/23	2	**51/77	0/625	
	Time	Total score of problematic behavior	543/50	271/75	2	**15/24	0/330
	Time*intervention	Internalizing	1387/38	348/84	4	**49/99	0/763
		Externalizing	1170/65	585/32	4	**54/84	0/780
		Total score of problematic behavior	1315/48	328/87	4	**18/45	0/543
Between group effect	Internalizing	2982/83	1491/41	2	**47/33	0/753	
	Externalizing	2528/84	1263/92	2	**20/78	0/573	
	Total score of problematic behavior	3208/74	1604/37	2	**36/75	0/703	

This results was the same for internalizing and total problematic behavior scales. In these scales, experimental and control group had a biggest difference ($P < 0/001$, internalizing: SE: 1/38, MD: 12/24 and total problematic behavior: SE: 1/92, MD: 11/70) and sham-control and control groups had any significant differences in three stages of assessment.

Discussion

Multi-family group therapy is a specialist form of family therapy that can be successfully applied in different arias of problems in adolescence period (Gelin, Hendrick & simo, 2015). This method was shown to be beneficial to decreasing problematic behaviors of girls in high school (Coelho, V. A. & Romao, 2017). Girl students that participants in purposeful based multi-family group therapy in this study, compared with sham-control and control groups, had a better emotional management and choosing mature behavior than before the intervention.

This result are consistent with the result of study of Vedadian, Ghanbarih and Mashhadi (2011), have stated the multi-family group therapy can reduce the conflicts between patent-adolescent in home and this new relationship can be the foundation for the better choices and mature behaviors in adolescents.

Adolescents are in the broad social network of family, school, friends, relatives, media and the other reciprocal situations (Dragese, Haugan & Tranvag, 2017). They constantly observed and keeping in mind. They need to achieve the internal balance and shape their personality. They need to have an effective relationship with their parents to build a social cognitive emotional and sexual identity (Han, Liauw, & Kuntz, 2018). Also needs to get out of parental supportive system (Liv, Nie & Wang, 2017). This duality can build the intra-family conflicts and lead to starting the problematic behavior in adolescents (Vedadian, Ghanbarih, 2014). Living in harmonious and peaceful environment help to adolescents moving towards the well-being (Vedadian, Ghanbarig & Mashhdi, 2011).

Parents should be there for their adolescents and give them a personal space and at the same time, present their guidance and support to them (Damon, 2008). The concept of purposeful parenting in purposeful based multi-family group therapy teach the families how to do that.

In addition to effects on problematic behaviors, purposeful based multi-family group therapy with its focus on purpose in adolescence and teaching a purposeful parenting, could increase the knowledge of adolescents about themselves and gave them a brilliant cognition about who they are and what they wants. This result confirm the Kings, Moulding & Knight's study (2017) that have stated the emotinal etachment with parents can help to increaseng the self-concept of children.

Whatever as it expected, when parents could have an effective and guided relationship with their adolescents, they would have more opportunities for teaching needs and expectations of society and this knowledge help adolescents to having a better choices and achieving to mature personality. This conclusion is the same of reports of Damon (2008) and his research team that have highlighting the role of parents in well-being and prosperity of their children (Malin, Liauw, & Damon, 2017).

The purposeful-based multi-family group model appears to be useful approach to help to parents for learning how could have the better communication with their adolescents and is the opportunity for adolescents to assay the different relationship with their families and practice the appropriate style of expressing the needs and demanding the independence. it is clear now that correcting guidance of parents with appropriate support, can help the adolescents to discovery their characteristics, talents and interests without the fear of not approved of rejection and being alone.

The group format mediating the deductive learning and the other advantages of participating the families in the unit room, facilitated the awareness that how parents treat with and reaction to their teens' immature demanding for independence and the other possibilities for response to their adolescents and also, how adolescents spends their time and what they should do with their life for achieving to successful and well-being. But it should be noted that this study was focused on girl students in the last period of adolescence, and the future studies can assay the effectiveness of this model on earlier periods in adolescence and interaction of age and sexuality with it. Considering the useful applications of this model on different clinical arias, further research need to be conducted to explore how this model can go beyond providing the group/family support and how the therapists can use this model more efficient in the child and adolescence clinical field, especially for preventing the problematic behavior changing to psychopathology in this developmental episode.

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