
Comparison of the Effectiveness of Family Therapy Program Based on Attachment and Emotion on Anxiety Disorder and Behavior of Gifted Adolescents

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Article history:

Received: 2020/11/26

Accepted: 2020/10/31

Published: 2021/03/21

Keywords:

Family therapy based on attachment, Anxiety, Conduct, Gifted Adolescents

Abstract

Purpose: The aim of this study was to compare the effectiveness of family therapy program based on attachment and emotion on anxiety disorder and behavior of gifted adolescents.

Methodology: The research method was quasi-experimental with pretest-posttest design with two experimental groups. From the statistical population of students studying in gifted schools in Tehran, 40 people were randomly selected and randomly assigned to two groups. The research questionnaire included Achenbach (1994) internalization problems. Family therapies based on attachment and emotion was applied for ten sessions of the research groups. Research data were analyzed using repeated measures analysis of variance and SPSS software.

Findings: The results of repeated measures analysis of variance showed that the post-test scores of anxiety disorder and behavior in the attachment-based family therapy group were significantly lower than the emotion-based family therapy group ($P < 0.001$). Couple comparison also showed that the effect of attachment-based family therapy program on anxiety disorder and behavior is stable ($p < 0.01$).

Conclusion: The results showed that the effect of attachment-based family therapy was significantly greater than emotion-based family therapy. In addition, attachment-based family therapy has a significant and lasting effect on reducing the behavioral disorders of gifted adolescents. Therefore, in order to improve the mental state and especially the anxiety disorder and behavior of gifted adolescents, an attachment-based family therapy program can be used.

Please cite this article as: Goudarzi S, Masoud Lavasani Gh, AmiriMajd M. (2021). Comparison of the Effectiveness of Family Therapy Program Based on Attachment and Emotion on Anxiety Disorder and Behavior of Gifted Adolescents. *Iranian Journal of Educational Sociology*. 4(1): 105- 115.

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1. Introduction

Adolescence is a very important and sensitive period of a person's life in which the person faces extensive cognitive and structural changes (Alam, Yazdi Feyzabadi, Nematolahzadeh Mahani, 2013). Changes related to the developmental changes of intelligent children and adolescents cause special concerns in various areas of social, emotional, educational, moral and spiritual, occupational and lifestyle. The prevalence of these problems among gifted students is one of the problems that affect families, schools and society (Koçal, et al, 2009). Research has shown that gifted individuals excel in all areas of intelligence, physical condition, social popularity, academic achievement, emotional stability, and morality (Javadian, 2001). One of the problems that gifted people face is the expectations that parents, teachers, and others openly and secretly impose on them. Talented people go through a lot of stress to get high grades and certain jobs, these pressures in life make them choose a path that does not suit their personal interests (Hardman, Drew, Vinson Agen, 2003). The pressures of parents and teachers directly and indirectly cause emotional problems in these people because they must have a high level of performance permanently (Heymans, van Lieshout, 2013). Adolescence is a critical period for the development of biological neurological processes that underlie excellent cognitive functions and social and emotional behavior (Yurgelun-Todd, 2007). Adolescent brain undergoes situational changes in a variety of functional and structural areas, especially the limbic cortex and frontal areas (Ahmed, et al, 2015). Among the disorders that are associated with negative social, health and behavioral consequences in adolescence and affect individuals, family and society are behavioral problems of internalization and externalization. Internalization syndrome includes internal distress and its symptoms include withdrawal, physical complaints, and feelings of anxiety and depression. External symptoms, on the other hand, include delinquency and aggressive behavior, which is described as conflict with others and social norms (Achenbach, 1991).

In recent decades, a lot of attention has been paid to adolescent disorders, and among these, anxiety and behavior disorders are among the most common of these disorders. Anxiety disorder is a preconceived notion of danger, accompanied by a feeling of numbness or physical symptoms of stress with an internal or external source of danger (Ganji, 2015). Behavioral disorder, which is characterized by antisocial behaviors, requires a repetitive and persistent pattern of behavior to diagnose behavioral disorders in which the rights of others or social norms are disproportionately violated by age (Murray, Farrington, 2010). Three inappropriate behaviors such as bullying and bullying, threatening, intimidating others, and staying out of the house despite parental insistence, dropping out of school before the age of 13 are symptoms of conduct disorder (Kaplan H, Sadock, 2003). Repetitive and repetitive patterns of behavior in which the basic rights of others are violated and patterns of behavior are not age-appropriate; violates the law and impairs the individual's job, social and educational performance. Behavioral manifestations of this disorder include aggression towards people or animals, destruction of property, conduct disorder, the child must have at least three behavioral problems during deception or theft, and serious violation of the law. Has been diagnosed in the past year and has had at least one behavioral problem in the past six months (Jangma, et al, 2008).

Sometimes the lack of a proper support in the family causes the child to feel insecure and worthless. Feelings of helplessness and rejection from insecure attachment may also lead to isolation and cause depressive symptoms. Childhood depression, like adult depression, can range from a normal response to sadness and frustration in stressful life events to the trauma that leads to clinical depression. In other examples, insecure attachment in a child causes over-dependence on the mother and other caregivers and causes severe anxiety about their loss or increased anxiety disorder. The main characteristics of anxiety disorder are severe and unrealistic anxiety and worry about almost everything in life. On the other hand, when the child cannot trust those around him, he sinks in a defensive lock against them, and this will lead to confrontational behaviors. Coping Disorder is a recurrent pattern of negative, hostile, disobedient, and defiant behaviors toward those in power. This disorder has far-reaching effects on the individual, family,

school, and community. Disobedient children due to coping behaviors and as a result, poor education and relationships with others have poor self-concept, learned helplessness, depression, and aggression (jahanbakhsh, 2012). Vanwagner (2008) states that children and adolescents with a diagnosis of anxiety disorder or coping disobedience often have attachment problems and a history of early childhood abuse, neglect, or trauma, early experiences between mother and child. It can lead to insecure attachment, which, although not a pathological phenomenon, can lead to pathological phenomena in adulthood. (Myhr, Sookman, Pinard, 2014). There are various treatment guides for treating behavioral problems based on a variety of treatment approaches. Various studies have shown the effectiveness of attachment-based therapies on reducing behavioral and emotional problems in children and adolescents, including the results of Jahan Bakhsh & et al (2012) showed that attachment-based therapy was effective in increasing the mental health of girls with attachment problems. & et al Tsvieli (2020) showed that attachment-based family therapy is effective in reducing depression and suicide attempt, Santens, et al (2019) showed that attachment-based family therapy is effective in increasing adolescent adjustment.

Rezapour Mirsaleh, et al (2014) in a study showed that attachment-based therapy is effective in improving family performance of women with insecure attachment style. jahanbakhsh (2012) also studied the effectiveness of attachment-based therapy on mental health in girls with attachment problems. The results showed that attachment-based therapy was effective in increasing the mental health of girls with attachment problems. Although attachment-based therapies have been performed in some areas related to children and adolescents' problems, in these approaches either families without adolescents are educated or children and adolescents without parents and the main focus was on attachment styles. To the position that educating parents and adolescents at the same time can be effective in improving emotional behavioral problems, so in the present study, in addition to educational programs based on attachment style, emotion-based program was also examined. The above issue and their consequences the main issue in this study is that what is the difference between family therapy program based on attachment and excitement on anxiety disorder and behavior of gifted adolescents?

2. Methodology

This research was an applied and quasi-experimental research with a pretest-posttest design with two experimental groups. The statistical population of the present study consisted of gifted school students in Tehran in the academic year 2019-20. From the mentioned community, 40 students were selected by random sampling method and were randomly replaced in two groups of attachment-based family therapy and emotion-based family therapy. Criteria for entering the research were studying in gifted schools and having a sense of cooperation and satisfaction to participate in training courses. Criteria for entering the research were not having the responsibility to participate in the course and multiple absences in training sessions. . Thus, first for both groups (attachment-based family therapy and emotion-based family therapy) the adolescent behavioral problems test (anxiety and behavior disorder) was performed, then attachment-based family therapy and emotion-based family therapy in the research groups. The data were collected to evaluate the purpose of the study and the data were analyzed using repeated measures analysis of variance. The measurement tools in the present study included the following:

CBCL Adolescent Behavioral Problems Questionnaire: This questionnaire was compiled by Akhenbach in 1991 and consists of 115 questions related to different types of children's behavioral states. The answers to the questions of this questionnaire in the form of Likert are 3 options from 0 to 2. Thus, a score of "0" is given to items that never exist in the child's behavior; a score of "1" is given to the situations and behaviors that are sometimes observed in the child, and a score of "2" is given to the cases that are most often or always present in the child's behavior. This form, which is used for people aged 11-18, is completed by the adolescent himself. If the adolescent is unable to complete the form independently, another person can read the form to him / her and record his / her answers. Competency Questions

Disabilities and illnesses of this form are similar to CBCL questions. However, the adolescent is not asked about special education services or basic repetition; because he may or may not be willing to provide accurate information. 105 of the questions related to the emotional-behavioral problems of the YSR form are the equivalent of the questions of the CBCL form. Also, the 93 questions on this form, which cover emotional, behavioral, and social problems, are the same as the questions on the TRF form. In addition to the 105 questions, the 14 questions also measure behaviors that are socially desirable. 14 questions from this questionnaire address depressive disorder (Achenbach, 1994).

Regarding the interpretation of test scores, as Achenbach (1991) acknowledges, it is internalized and externalized on the Behavioral Problems Scale, and general problems are within the normal range if the individual's T score is less than 60, Non-clinical and if the T score is between 63-60 in the borderline-clinical range and if the T score is higher than 63 in the clinical range. Also, in the 8 scales of problem or emotional-behavioral syndrome, if the person's T score is less than 65, in the normal or non-clinical range, and if the T score is between 69-65, in the borderline range. Clinically, and if the T score is greater than 69, it is in the clinical range. The overall validity coefficients of CBCL forms were reported to be 0.97 using Cronbach's alpha and 0.94 using retest validity. Content validity (choice of question logic and use of class one question analysis), criterion validity (using psychiatric interview with the child and also correlation with CSI-4 scale) and structural validity (internal relations of scales and group differentiation) of these forms It has been reported as desirable (Achenbach & Rescorla, 2007). In Minaee (2006) research, the internal consistency of all questionnaire scales was obtained using Cronbach's alpha coefficient of 0.70. In the present study, the range of internal consistency coefficients of the scales using Cronbach's alpha was obtained from 0.63 to 0.95.

The summary of the training sessions is as follows:

Family therapy based on attachment style: The rationale for the ABFT approach is based on decades of research on adolescent development and attachment, which shows that a secure family base (love and support) during adolescence improves the comfort and performance of adolescents and young adults (Diamond, Shahar, Sabo & Tsvieli, 2016). . Based on these researches and theories, ABFT aims to correct the broken interpersonal relationships between adolescents and parents that have damaged the adolescent's safe haven, and also aims to rebuild a new emotional perspective on the child-parent relationship. In this case, treatment with a restored safe base promotes adolescent responsibility and autonomy. This program was developed based on 5 ABFT tasks in the form of 10 sessions of 120 minutes.

Table1. Summary of attachment-based family therapy training package

| meetings | Targets | Content of meetings | Exercises and homework |
|--|---|---|---|
| The first session with teens and parents | Introduction and contract therapy and reconstruction of the logical framework | The therapist meets with parents and adolescents. Familiarity of group members with each other and a brief description of the problems of each mother and adolescent, discussion of group goals and rules, the therapist shifts the focus of treatment from reducing symptoms to building a relationship. At this stage, treatment identifies and repairs damaged relationships and induced parental failure to manage behavior | |
| The second session with the teenager | Reconstructing the adolescent relationship | The therapist only meets with the teen to find out what has damaged the trust between him and his parents. Painful events in deep attachment are discovered in depth to tell the story of painful memories without contradiction and to access the main adaptive emotions that were previously avoided. Confirmation of these injuries helps adolescent attachment. | |
| Third session with parents | Introspection models, mental representations and | Explain the cycle of thought, feeling and behavior, mothers' familiarity with the cognitive dimensions of the attachment system and its effect on attachment | Identify the mother's cognitive errors and use the learned strategies to manage |

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|---|--|--|--|
| | thoughts | style, the effects of maternal childhood experiences on the current relationship with adolescents and how the formation of introspection models of mother and adolescent | the mother's thoughts |
| Fourth session with mother and teen | Exclusive experiences and interactive style of mother and adolescent | Investigating the specific cognitive, emotional and behavioral experiences of the mother and direct observation and correction of mother-adolescent interactions, identifying the strengths and weaknesses of adolescent-mother interactions | The assignments of the session are determined according to the weakness of each mother in the style of interaction with the adolescent in the form of practicing the relevant skill at home for him. |
| Fifth session with parents | Reconstructing the parent-child relationship | The therapist meets with the mother to find out how the history of parental attachment affects their parenting. In this state of mind, parents are willing to learn Rory's child techniques along with promoting attachment and the skills needed to improve the emotional relationship with the adolescent. | |
| Sixth session with a teenager | Dependency repair | In this session, the adolescent bravely and honestly expresses the needs of unfulfilled attachment. The attachment relationship becomes a place where the adolescent can seek help and guidance, support and understanding from others. | |
| Seventh session with a teenager | Behavioral | Investigating Unresolved Behavioral Problems in Children, Teaching Happy and Exciting Adolescent Living Environment to Reduce Maternal and Adolescent Depression, Teaching Adolescent Verbal Reinforcement Techniques and Avoiding Adolescent Isolation | |
| Eighth session with parents and teenagers | Correction, practice and stabilization | Empowering mothers and adolescents to act independently of the therapist, the therapist focuses on helping the mother to correct the weaknesses of parenting style | Obliging the mother to devote half an hour each day to keep up-to-date and up-to-date exercises and self-awareness and skills |
| Ninth session with a teenager | Stress management | Teaching stress management techniques in the family focused on reducing adolescent anxiety, teaching the technique of reassuring the child about the parents' constant support of the adolescent and drawing a bright future for the adolescent, making plays about increasing happy parent-adolescent entertainment | |
| Tenth session with parents | Promoting autonomy | Helps families develop new, in-person problem-solving skills, practice, and maintain attachment. | |

Emotion-Based Family Therapy: EFFT has identified security failure in the parental attachment system as a major issue in families. This happens when insecurity in communication and interaction affects the relationships of individuals and the overall ability of the family to respond to each other. EFFT helps us see that the family member is working hard to manage the disconnection they are experiencing while seeking communication and care. In this program, we seek to address the problem of parents' planned ability to provide protection and growth. This program is called Hold Me Tight Let Me GO, which was designed by Sue Johnson et al. (2017) based on the principles of EFFT. This program is 10 sessions of 120 minutes.

Table2. Summary of the emotion-based family therapy program training package

| meetings | Content of meetings | Exercises and homework |
|----------|---|---|
| First | This session is dedicated to parents, explaining the concepts of attachment and identifying the organization of child care dependencies and interconnections between parents, | - Parents were asked to say a trait of their parents that they admired and found useful for their teen. - Negative cycle exercise by spouses |

| | | |
|--------|--|--|
| | explaining how parents become passive when rejected by a teenager, and finally parents finding that sharing How does it feel to be passive with their spouse? | |
| Second | The meeting is for parents and teens together, starting by reviewing the rules, doing jokes and non-threatening exercises to build security and trust, working on each family building a family identity, gathering a large group of participants and Sharing the effect of exercises, completing the final exercises that focus on identity | In a pleasant and constructive environment, they had these exercises: - Introduction, Adolescent Parents and Adolescent Parents - Identify parents or teens based on being positive Practicing Security Priority: What Makes You a Family? - I need you I do not need you: moving away or physically approaching parents based on the teenager 's desire for independence or dependence |
| Third | The meeting is about parents and teenagers together, the main focus of this meeting was on the driving force of demonic dialogue. - Expressing key concepts in demonic talkers. Normalization of attachment dynamics - Role plays (4 adults and 2 teenagers). Group discussion about role playing Ask families about key concepts of responsive thoughts, behaviors, and emotions, and point to more vulnerable feelings and needs and fears. - Watch parts of HMT / LMH DVD | - Play a role with or without text - Practice demonic dialogue for parents and teens |
| Fourth | The session is about parents and teens together, the focus of this session is the separation of teens and parents / parent groups, a summary of sessions 2 and 3, expressing concepts about how important it is to share things with peers, holding a meeting with teens, Hold a meeting with the parents, gather the whole group and express the results of the discussion with the group of teenagers | The exercises are for the parent group and, through the guided imagery, remind them of their past parents when they were their children and achieve their parents' parenting style and what effect it had on their own parenting style. Is to check. Parents' achievement of how old attachment wounds manifest themselves today |
| Fifth | The session is about parents and teens together. The focus of the session was a firm hug, family style - rebuilding the teen's trust in parents. Ask yourself and nurture and support, ask parents to listen with open arms Complete class exercises and finally share the effect of exercises in a large group | Asking parents to do HMT exercises Asking parents to share their goal of doing things differently with the teen Asking the teen to talk to whom from the other parent just listen and take notes, the teen has to tell a painful experience Teens tell parents what they want when they have painful feelings - The adolescent is asked to enter the exercise with the parent who was watching |

3. Findings

In this study, 40 gifted adolescents were present in two groups. The mean age of the family therapy group based on attachment was 17.03 with a standard deviation of 1.79 and the family therapy group based on emotion was 16.98 with a standard deviation of 1.25. Then inferential analysis was performed using repeated measures analysis of variance. It should be noted that before using this test, the test hypotheses were measured using Kolmogorov Smirnov, Levin, Ambex and Makhli tests. The non-significance of this test indicates that the data had a normal scatter distribution and the matrix of error variances was the same. Anxiety disorder anxiety score ($f = 1.762$ and Box's $M = 796.196$) and conduct disorder ($f = 1.762$ and Box's $M = 454/124$) as well as anxiety disorder internal test score ($W = 429$) and conduct disorder ($W = 0.132$) was not significant, indicating the establishment of repeated measurement test assumptions.

Table3. Results of Wilkes Lambda test to compare the effect of different approaches on anxiety disorder and behavior of gifted adolescents

| Variable | Effect | the amount of | F | Degree of Hypothesis Freedom | Degree of error freedom | The significance level | Etai partial square |
|------------------|-----------------------------|---------------|---------|------------------------------|-------------------------|------------------------|---------------------|
| Anxiety Disorder | group | .159 | 148.248 | 2 | 56 | .000 | .841 |
| | Group interaction with time | .738 | 4.598 | 4 | 112 | .002 | .131 |
| Conduct disorder | group | .510 | 26.872 | 2 | 56 | .000 | .490 |
| | Group interaction with time | .675 | 6.091 | 4 | 112 | .000 | .179 |

According to the results reported in Table 3, it is clear that the result of Wilkes lambda multivariate test in anxiety and behavioral disorders is equal to the significant variance of the group interaction factor and time. Considering the effect size of 0.131 for anxiety disorder and 0.179 for behavioral disorder, it is clear that there is a difference between the disorder of the research groups, and the comparison of means shows that the family therapy group based on attachment is more effective. In order to measure the stability of the results, pairwise comparison was used, which is discussed in Table 4.

Table4. Pair comparison of scores in different stages of anxiety and behavior disorder

| Variable | Assessment stage a | Assessment stage b | difference in averages | Standard deviation | The significance level |
|------------------|--------------------|--------------------|------------------------|--------------------|------------------------|
| Anxiety Disorder | pre-exam | Post-test | 5.100* | .294 | .000 |
| | | Follow-up test | 4.783* | .333 | .000 |
| | Post-test | pre-exam | -5.100* | .294 | .000 |
| | | Follow-up test | -.317 | .191 | .307 |
| Anxiety Disorder | pre-exam | Post-test | 2.267* | .312 | .000 |
| | | Follow-up test | 2.400* | .339 | .000 |
| | Post-test | pre-exam | -2.267* | .312 | .000 |
| | | Follow-up test | .133 | .160 | 1.000 |

The results of pairwise comparison showed that there is a significant difference between the mean scores of pre-test with post-test and follow-up, but there is no significant difference between the mean of post-test and follow-up; Therefore, attachment-based family therapy has a significant and lasting effect on reducing anxiety disorder and behavior of gifted adolescents.

4. Discussion

The aim of this study was to compare the effectiveness of attachment and emotion family therapy programs on anxiety disorder and behavior of gifted adolescents. The results showed that attachment-based family therapy intervention program is more effective in reducing anxiety disorder in gifted adolescents than emotion-based family therapy program. The results also showed that attachment-based family therapy had a significant and lasting effect on reducing anxiety disorder in gifted adolescents. So far, no research has been done to compare the effectiveness of family-based educational program based on attachment and emotion on anxiety disorder in sharp-witted adolescents. However, in general, the results of the present study are comparable to the results of studies conducted to confirm the effectiveness of attachment-based family therapy interventions in reducing psychological disorders. Accordingly, this finding is broadly consistent with the findings of Zolfaghari Motlagh, et al (2008) who showed that attachment-based therapy without direct intervention in child anxiety management or child anxiety management training to parents can reduce the symptoms of separation anxiety. . Also, this finding is generally consistent with the results of Jahanbakhsh (2012) study, which examined the effectiveness of attachment-based therapy on mental health in girls with attachment problems and showed the mean scores of depression, increased anxiety and coping

disobedience in the experimental group in the post-test and follow-up phase. It was significantly lower than the control group. This finding is generally consistent with the results of Alizadeh Z Mojtabaei (2016) who showed that attachment-based behavioral techniques lead to a reduction in behavioral problems including hyperactivity and aggression in the experimental group during the three stages of pretest, post-test and attachment-based behavioral techniques. Symptoms of anxiety in children with attention deficit hyperactivity disorder are also consistent. In addition, the findings of the present study have been tested with studies that have demonstrated the effectiveness of attachment-based interventions in reducing childhood and adolescence problems, such as insecure attachment problems (Diamond et al, 2010), and child anxiety problems (Allen, Timmer, Urquiza, 2014). Sleep problems (Moretti, et al, 2015), adolescent anxiety problems (Siqueland, et al, 2005), externalized problems, and behavioral disorders (Psalich, et al, 2016) are consistent.

One of the therapists' reasons for using attachment-based therapy to improve anxiety was the assumption that because attachment is a fundamental stage of development, the lack of secure attachment in children and adolescents has led to behavioral disorders in adolescents. Because children and adolescents are the thermometer of the family, the existence of any problem in the behavioral and supportive system of parents is manifested as symptoms in children and adolescents. In addition to teaching attachment treatment methods, the therapist also taught mothers methods to control and reduce the behavioral problems of children and adolescents, which targeted behavioral disorders in these children and adolescents in two ways. On the one hand, it was possible to solve these disorders by modifying the parent-child communication methods and providing factors for creating secure attachment, and on the other hand, methods such as watching parents for negative behaviors, differentiating positive behaviors, and managing mothers' stress to help Improving adolescent anxiety and depression helped increase mental health and reduce anxiety in these adolescents. In addition, in attachment relationships, the cause of a child's tendency to anxiety in attitudes is due to attitudes, social adequacy, self-knowledge and feelings of self-efficacy in relationships that originate from the initial mother-child relationship and his first social experiences (Costanzo, et al, 1995).

For most children and adolescents, imagining and being in a place where the mother is not is associated with some anxiety, but the adolescent has the ability or feeling the ability to control and manage it. In adolescents with anxiety disorder, this ability or feeling does not exist. Therefore, it becomes difficult for the child to regulate and express emotions in the attachment relationship. Meanwhile, the attachment style of mother and adolescent in this stressful situation has a significant relationship with the way they deal with these situations (Mikulincer, Florian, 1998). In the face of stressful loneliness anxiety (cognitive / emotional structures formed based on the infant's interactions with the parents), the child's active internal patterns govern his or her behavior and expectations (Crowell, Treboux, 1991).

Therefore, by intervening in the relationship between mother and child attachment, how close and intimate relationships are, and the child's ways of coping with stressful life events change, his / her ability to model increases, and his / her ability increases. It becomes. Therefore, in attachment-based intervention, the mother learns to trust her feelings and personal response methods and to control her inner anxiety and anxiety about how to deal with the child's behaviors. The therapist uses the empathetic relationship between the mother and herself to increase her interest and motivation to change. In this way, by identifying the strengths of the mother-child relationship and emphasizing the strengths of the mother as a competent and valuable individual, the therapist reduces her anxiety and feelings of inadequacy in relation to the child. Therefore, the reduction of adolescent anxiety symptoms can be attributed to increased maternal self-confidence and self-efficacy in relation to adolescents. The next result of the study showed that the effect of attachment-based family therapy was significantly greater than emotion-based family therapy. In addition, attachment-based family therapy has a significant and lasting effect on reducing the behavioral disorders of gifted adolescents. So far, no study has been conducted to compare the effectiveness of family-based educational program based on attachment and emotion on behavioral disorders in sharp-witted adolescents.

However, in general, the results of the present study are comparable to the results of studies conducted to confirm the effectiveness of attachment-based family therapy interventions in reducing behavioral and psychological disorders. Accordingly, this finding is generally consistent with the results of Sohrabi, Khanjani, Zeinali (2015) study that examined the effectiveness of parenting education on reducing the symptoms of conduct disorder and improving parenting styles and showed that post-test behavior symptoms after adjustment with pre-test scores decreased statistically. Showed significance, is consistent. Also, this finding is consistent with studies that have tested the effectiveness of attachment-based interventions in reducing childhood and adolescence problems, such as externalized problems and behavioral disorders (Pasalich et al, 2016).

In explaining this issue, it can be said that the parents of adolescents with conduct disorder usually have unstable rules, poor problem-solving skills and responsibility in educating their children, and their interactions with children are often cold and irritating. The level of response of these parents to the needs of their children and accompanying them in activities is generally low. Also, clear and effective rules for children are not often seen in these families (Keiley, 2002). According to the available evidence, educating parents to promote parenting style and the use of correct parenting methods, solve many of the behavioral problems of children, which are actually a reflection of the wrong behavioral patterns of parents and reduce the behavior of unruly adolescents and adolescents (Long, et al, 2015). Parental management training increases their positive behaviors. So that non-violent disciplinary methods (such as deprivation) replace violent methods and use problem-solving methods. These changes in parent-child communication skills are one of the most important ways to reduce destructive behaviors in adolescents.



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