


Comparison of the Effectiveness of Trauma-Focused Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Emotional Independence in Adolescents with a History of Domestic Violence

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ABSTRACT

Objective: The purpose of the present study was to compare the effectiveness of trauma-focused cognitive behavioral therapy (TF-CBT) and acceptance and commitment therapy (ACT) on emotional independence in adolescents with a history of domestic violence.

Methods and Materials: The research method was quasi-experimental, with a pretest-posttest design and a non-equivalent control group. The statistical population of this study consisted of 69 female adolescents aged 14 to 18 years who had experienced domestic violence and had case files at the Social Emergency Service in Babol, during the second half of 2023. A total of 45 participants were selected through convenient sampling based on inclusion criteria, and were randomly assigned to two experimental groups of 15 and one control group of 15. The Emotional Independence Questionnaire by Steinberg and Silverberg (1986) was used for data collection. The summary of TF-CBT sessions, based on Kohen (2001), consisted of 10 sessions, each lasting 90 minutes, and the summary of ACT sessions, based on Hayes et al. (2004), consisted of 8 sessions, each lasting 90 minutes, delivered to the experimental groups. No intervention was applied to the control group. Data analysis was performed using repeated measures analysis of variance with SPSS 18 software.

Findings: The results indicated that both TF-CBT and ACT had an effect on emotional independence in adolescents with a history of domestic violence. TF-CBT was found to be more effective than ACT in promoting emotional independence.

Conclusion: The findings of this study may have practical implications for therapists and counselors.

Keywords: Emotional independence, trauma-focused cognitive behavioral therapy, acceptance and commitment therapy

1. Introduction

Domestic violence refers to violent and controlling behavior by one family member against another family member (Kadhim, 2024; Kobrlo, 2024; Muchtarom, 2024). The primary targets of domestic violence are young children, while the second most common form of violence in the family is violence against women. Domestic violence reflects broader patterns of violent behavior (Devkota Sapkota & Simkhada, 2024; Erez et al., 2024). Domestic violence has a direct impact on the manifestation of inappropriate behaviors and developmental levels in children and adolescents (Kadhim, 2024). In this context, the role of emotional factors and independence in shaping individuals' behaviors and even cognitions is highly significant, as it influences the developmental trajectory of disorders (Kim et al., 2022). Adolescents need to develop and strengthen certain traits within themselves to have appropriate relationships with their peers (Rao & Suneela, 2022). Traits such as emotional independence, which is mostly acquired and can be achieved through practice (Daryanavard & Daryanavard, 2022). Emotional independence refers to the ability to reach an emotional maturity level where individuals can find logical solutions to their emotional problems and regulate their emotions (Steinberg & Silverberg, 1986). In other words, an individual can be considered emotionally independent when they can accurately identify all of their emotions and understand how to express and control them properly (Rani et al., 2017). On the other hand, individuals with high self-confidence do not require perfectionistic standards to maintain emotional independence and self-worth (Yousefi, 2023). When emotional independence is diminished, it can affect the process of self-efficacy and the individual's growth in various processes, particularly task-oriented activities (Miles et al., 2016). Emotional independence is one of the core developmental tasks during adolescence because it is closely linked to the formation of identity and individuality and plays a crucial role in transitioning adolescents to adulthood and accepting adult roles (Rani et al., 2017). Emotional independence is described as a process by which individuals detach from parental dependency and begin to develop a more mature, realistic, and balanced perception of their parents' roles (Salamat Ghiye Baghlaghi et al., 2017). Emotional independence is a fundamental factor for maintaining healthy relationships with others, although some individuals inherently possess it (Jogsan, 2013). A person with emotional independence does not rely

on others to achieve happiness in life and relationships, nor for their satisfaction (Panth et al., 2015). In fact, they have high self-trust, are aware of their interests and desires, and, with strong self-awareness, can properly regulate their emotional system as a social being (Rafiei Pour et al., 2021).

In this regard, new and effective methods for improving emotional issues include trauma-focused cognitive behavioral therapy (TF-CBT) and acceptance and commitment therapy (ACT). TF-CBT can reduce psychological, emotional, and cognitive disturbances related to trauma and grief in children and adolescents (Razai Kongarshahi et al., 2023). According to available evidence, TF-CBT has proven effective in helping children, adolescents, and their caregivers cope with trauma-related issues (Alpert et al., 2021). This therapeutic approach aims to reduce maladaptive emotional and behavioral responses after traumatic events such as child abuse, domestic violence, and other trauma-related occurrences (Mirzaeian et al., 2023), and modifies trauma-related beliefs and standards in individuals (Chipalo, 2021). The goal of cognitive therapy is to change behavior by identifying the person's thoughts and perceptions; it aims to modify distorted cognitive patterns and beliefs. Behavioral therapy, on the other hand, focuses on changing habitual emotional responses, such as anger and fear, while family therapy examines individual interactions within the family (Salemi et al., 2016).

On the other hand, in treating issues such as violence, new methods in psychology have been developed, particularly third-wave therapies (Wang et al., 2017). These techniques encourage individuals to consciously engage in activities that support their core beliefs and values (Ferreira et al., 2022). Cognitive techniques in ACT focus on spontaneous beliefs and thoughts involved in substance use (Smith & Whitley, 2023), whereas behavioral techniques in ACT emphasize actions that interact with cognition (Gross et al., 2018). In third-wave behavioral therapy, the main objective of ACT is to enhance psychological flexibility (Pakenham, 2017). In ACT, unlike cognitive-behavioral therapy, the content of thoughts, emotions, and bodily sensations is not examined (Rajabi & Yazdkhasti, 2014); instead, the methods individuals use to engage with their experiences are explored (Hayes et al., 2014). ACT does not force individuals to change their thoughts and feelings (Guida, 2023); rather, its goal is to help them change their responses to those thoughts and feelings (Wang et al., 2017). This therapy combines four approaches: awareness, acceptance, commitment, and behavioral change. It is based on the assumption that the primary issue most clients face is experiential avoidance,

which involves avoiding thoughts, emotions, sensations, and other private events (Rose et al., 2023). This avoidance can have specific applications in the real world (Jin et al., 2023).

In summary, trauma-focused cognitive behavioral therapy and acceptance and commitment therapy are innovative approaches that actively help individuals by incorporating skills in cognitive, behavioral, emotional, and social areas. These methods gradually teach the client how to create more adaptive beliefs, enhance their capacity to function, and increase their self-efficacy (Valizadeh & Parandin, 2022). In line with this, Mirzaian et al. (2023) have shown that trauma-focused cognitive behavioral therapy is effective in addressing internalized problems in bereaved children (Mirzaian et al., 2023). Rezai Kongreshahi et al. (2023) concluded that TF-CBT is effective in reducing grief symptoms and behavioral problems in grieving children (Razai Kongarshahi et al., 2023). Sharifi et al. (2022) found that ACT improves social problem-solving, distress tolerance, and self-efficacy in students (Sharifi et al., 2022). Abdollahi et al. (2022) concluded that group cognitive-behavioral training reduces violence among adolescents (Abdollahi, 2022). Sharifi et al. (2022) also found that ACT improves social problem-solving, distress tolerance, and self-efficacy in students (Sharifi et al., 2022). Setfu & Jahangiri (2020) found that ACT significantly affects emotional independence and academic achievement in adolescents aged 13 to 15 (Seyfi & Jahangiri, 2020). Alpert et al. (2023) found that TF-CBT improves emotional regulation (Alpert et al., 2021). Alsem et al. (2023) demonstrated that cognitive behavioral therapy is effective in treating aggressive behavior in children (Alsem et al., 2023). Wiseman et al. (2023) found that cognitive behavioral therapy is effective for emotional regulation (Wisman et al., 2023). Smith & Whitley (2023) showed that ACT is effective in enhancing social-emotional competencies (Smith & Whitley, 2023). Gloster et al. (2020) found that ACT is effective for behavioral issues (Gloster et al., 2020). Hayes et al. (2019) demonstrated that ACT is effective in changing behavior (Hayes, 2019).

Therefore, it is essential to examine effective therapies for cognitive and behavioral issues in adolescents with a history of domestic violence. Identifying the variables that improve the situation of these individuals will pave the way for future research and prevent the spread of this issue in the country. In conclusion, since no research has simultaneously examined the difference in the effectiveness of trauma-focused cognitive behavioral therapy and acceptance and commitment therapy on emotional independence in

adolescents with a history of domestic violence within the country, this study is justified. The primary research question is: Is there a difference between the effectiveness of trauma-focused cognitive behavioral therapy and acceptance and commitment therapy on emotional independence in adolescents with a history of domestic violence?

2. Methods and Materials

2.1. Study Design and Participants

This study, based on its objective, is classified as applied research. In terms of data collection method, it was conducted as a cross-sectional study using a quasi-experimental design with a pretest-posttest model, an unequal control group, and a two-month follow-up. Two separate therapeutic methods were applied to the experimental groups, while a neutral content was provided to the control group. The statistical population of this study comprised 69 female adolescents aged 14 to 18 years, with a history of domestic violence and registered cases in the social emergency service in Babolsar city, during the second half of 2023.

For selecting the sample size, G*Power software was used, with an effect size, alpha level of 0.05, and a statistical power of 80%. Additionally, a ratio of 1:1:1 was considered for the three groups, as the aim was to have equal numbers of participants in both experimental groups and the control group (to ensure similar error variance between the groups). According to the software estimation, the minimum sample size for each group was suggested as 12 participants, resulting in a total of 45 participants when accounting for overestimation. Therefore, 45 female adolescents out of the 69 were selected using a non-random purposive sampling method. Fifteen participants were assigned to the control group, 15 to the first experimental group, and 15 to the second experimental group.

The inclusion criteria for the study were as follows: female adolescents aged 14 to 18, residents of Babolsar, with a case registered in the social emergency service for reasons related to experiencing domestic violence, no associated psychological or physical disorders as diagnosed by the social emergency service psychologist, no mandatory medication as prescribed by a doctor, and informed consent from the participants for their involvement in the research. The exclusion criteria included incomplete completion of questionnaires, uncertainty about meeting the inclusion criteria during the intervention, refusal to continue

participation at any stage of the intervention, use of sedatives or sleeping pills, or withdrawal from the study at any time.

At the beginning of the fieldwork process, a preliminary study was conducted through discussions with experts and university professors to gather their opinions and perspectives at each stage of the research work. After obtaining the necessary organizational permissions from the research department of the university and the therapeutic clinic, and considering the available sampling method, the two therapeutic intervention sessions were conducted on the experimental groups weekly (on alternate days for each experimental group). The control group did not receive any intervention.

Regarding the Cognitive-Behavioral Therapy (CBT) focused on trauma and the Acceptance and Commitment Therapy (ACT) interventions, after the participants agreed to take part in the study, informed consent was obtained from the parents of the adolescents as a commitment to attend the sessions. Moreover, pre-tests were conducted for both experimental groups and the control group, and after completing the intervention sessions, post-tests were conducted using the Emotional Independence Questionnaire, while the control group received no intervention.

2.2. Measures

2.2.1. Emotional Independence

The data collection tool for the present study was the Emotional Independence Questionnaire by Sternberg and Silverberg (1986). This questionnaire, designed by Sternberg and Silverberg (1986), consists of 13 items. The scale includes three factors: individuality or selfhood (items 1, 2, 3, 4, 12), non-dependency (items 5, 6, 7), and self-reliance and non-idealization of parents (items 8, 9, 10, 11, 13), with a rating scale from "strongly disagree" (1) to "strongly agree" (4). The scoring for items 8, 9, 10, 11, and 13 is reversed. A higher score indicates lower emotional independence. The construct and content validity were confirmed by the creators of the tool, and reliability was reported using Cronbach's alpha ranging from 0.77 to 0.89. In Iran, Samani and Rezavieh (2008) confirmed the construct and content validity, and reported a Cronbach's alpha ranging from 0.70 to 0.78 (Samani & Razaviyeh, 2008).

2.3. Interventions

2.3.1. Trauma-Focused CBT

The CBT focused on trauma for children aged 7 to 14 years, as used in this study, was based on the protocol developed by Cohen (2001), with content validity confirmed in the study by Rezai Kongreshahi et al. (2023), and delivered in 10 sessions of 90 minutes each at the clinic (Cohen et al., 2001; Rose et al., 2023).

Session 1: Introduction, Identifying Goals, and Pretest

The first session focuses on introducing the therapy process, setting expectations, and identifying the goals of the intervention. The therapist aims to create a safe and supportive environment for the participants. This session also includes a pretest to assess baseline emotional independence. Additionally, the session helps participants recognize their stress responses and identifies emotions related to their trauma, such as anxiety and fear, as they begin to build the skills needed to regulate these emotions.

Session 2: Breathing Techniques and Relaxation Skills

This session teaches deep breathing exercises and muscle relaxation techniques. These skills are intended to reduce physiological symptoms of stress and provide tools for managing anxiety and emotional dysregulation. The therapist guides participants in understanding how to replace distressing thoughts with more balanced and calming ones, thereby fostering a greater sense of security and enhancing their coping mechanisms.

Session 3: Cognitive Triangle (Linking Thoughts, Emotions, and Behaviors)

This session introduces the cognitive triangle, a core concept in CBT, which demonstrates the interconnection between thoughts, emotions, and behaviors. Participants are encouraged to identify and differentiate between their thoughts and emotions, especially those linked to their trauma, to better understand how their thinking patterns influence their feelings and behaviors.

Sessions 4-6: Gradual Exposure

These sessions focus on gradual exposure to trauma-related thoughts and memories. Participants begin to confront distressing memories or thoughts in a controlled and supportive environment, enabling them to desensitize their emotional reactions over time. The therapist encourages the exploration of negative emotions such as fear, helplessness, and anger related to the trauma, allowing individuals to reframe and challenge maladaptive beliefs.

Session 7: Cognitive Restructuring

In this session, the therapist encourages the participants to challenge and restructure their cognitive distortions related to the trauma. The goal is to replace irrational or unhelpful beliefs with more realistic and adaptive thoughts. Participants are asked to examine the accuracy and utility of their thoughts and learn to develop healthier perspectives on their trauma and their emotional responses.

Session 8: Building Social Support

This session focuses on the importance of seeking and maintaining social support. Participants are encouraged to practice engaging with supportive individuals in their lives, improving their communication skills, and responding to questions or concerns with confidence. This strengthens their sense of connection and reduces isolation, which is often exacerbated by trauma.

Sessions 9-10: Hope for the Future and Posttest

The final sessions are centered around building hope for the future and reinforcing the skills learned throughout the intervention. Participants are encouraged to engage in activities that foster positive emotions and a sense of purpose. A posttest is administered to measure any changes in emotional independence, and the therapist concludes the intervention with a discussion of future steps and ongoing support strategies.

2.3.2. ACT

The ACT program used in this study was based on Hayes et al. (2004) and had content validity confirmed in the research by Mardani Germadire et al. (2020) (Sharifi et al., 2022). This program was implemented in 8 sessions of 90 minutes each at the clinic.

Session 1: Introduction and Pretest

The first session introduces the basic principles of ACT and sets the framework for the therapy. Participants are informed about the number of sessions and the therapeutic process. The therapist explains the concept of creative hopelessness, where individuals examine the futility of controlling their difficult thoughts and feelings. The session also includes a pretest to assess baseline emotional independence and overall psychological well-being. Participants are asked to reflect on their thoughts and behaviors, especially those that may be limiting their progress or happiness.

Session 2: Behavioral and Cognitive Responses Review

The second session reviews participants' reactions to the previous session and assesses any changes in their thoughts or behaviors outside the therapy sessions. The therapist helps

the participants examine their responses to difficult experiences and introduce them to the concept of acceptance and willingness to engage with difficult emotions rather than avoiding or controlling them. Creative hopelessness is revisited as participants reflect on the limitations of their coping strategies.

Session 3: Identifying Effective Responses and Introducing Acceptance

In this session, the therapist introduces the concept of acceptance as opposed to avoidance. Participants are guided to identify when they are engaging in control-based behaviors and are taught to accept difficult emotions and thoughts without judgment. Commitment to behavioral actions aligned with personal values is also introduced as a means of increasing psychological flexibility. Participants are encouraged to practice acceptance in the face of distressing thoughts and emotions.

Session 4: Cognitive Defusion

This session introduces cognitive defusion techniques, which help participants detach from their thoughts and observe them without becoming overwhelmed by them. By learning to view thoughts as transient and not necessarily reflective of reality, participants can reduce the power of negative thinking patterns and engage in more flexible, value-driven behavior. The therapist helps participants to notice their cognitive distortions and practice distancing from them.

Session 5: Commitment to Behavioral Actions

The therapist provides opportunities for participants to engage in exercises that strengthen their commitment to values-based actions. These exercises aim to increase participants' willingness to take actions that align with their core values, even in the presence of difficult emotions or thoughts. This session reinforces the importance of living in accordance with one's values, rather than being driven by avoidance or fear.

Session 6: Values Exploration

In this session, participants explore and clarify their values through structured exercises, such as completing a values assessment. Identifying what truly matters to them helps guide their behavioral choices moving forward. This session also includes discussions on how to translate these values into practical actions and goals, which will serve as the foundation for their ongoing therapy.

Session 7: Behavioral Commitments

Participants continue to make behavioral commitments, engaging in activities and actions that reflect their values. The therapist helps them evaluate their progress and identify

any barriers to commitment. This session also emphasizes the importance of consistency in following through with values-driven actions, as a means of fostering long-term well-being.

Session 8: Conclusion and Posttest

The final session of ACT focuses on consolidating what participants have learned throughout the therapy. The therapist reviews the key concepts, including acceptance, cognitive defusion, and values-based action. A posttest is administered to measure changes in emotional independence and overall psychological functioning. The session concludes with a discussion of the tools learned in therapy and how to continue applying them in the future to enhance psychological flexibility and resilience.

Table 1

Mean and Standard Deviation of Pretest and Posttest Scores of Emotional Independence in the Experimental and Control Groups

Dependent Variable	Group	Pretest Mean	Pretest Standard Deviation	Posttest Mean	Posttest Standard Deviation	Follow-up Mean	Follow-up Standard Deviation
Individuality	TF-CBT	13.73	1.86	9.53	1.08	9.50	1.06
	ACT	13.67	1.58	11.30	1.93	11.23	1.99
	Control	13.90	1.39	13.73	1.74	13.60	1.79
Dependency	TF-CBT	8.09	0.97	4.58	0.73	4.53	0.71
	ACT	8.20	0.62	5.72	0.61	5.65	0.55
	Control	8.20	0.43	8.14	0.61	8.03	0.64
Parental Imperfection	TF-CBT	14.55	1.27	9.41	0.69	9.36	0.77
	ACT	14.58	1.23	11.34	1.47	11.26	1.42
	Control	14.73	0.90	14.58	1.27	14.42	1.16
Emotional Independence	TF-CBT	36.38	3.19	23.53	1.74	23.39	1.93
	ACT	36.44	3.09	28.36	3.67	28.14	3.55
	Control	36.83	2.26	36.46	3.19	36.04	3.90

As seen in Table 1, the mean pretest scores for emotional independence in both the experimental groups (ACT and TF-CBT) and the control group were nearly equal. However, the posttest mean scores for emotional independence in both experimental groups (ACT and TF-CBT) significantly

2.4. Data Analysis

For data analysis, repeated measures analysis (mixed) was employed using SPSS version 18 software.

3. Findings and Results

This section presents the descriptive findings, including the mean and standard deviation of pretest, posttest, and follow-up scores for emotional independence in adolescents with a history of domestic violence, divided by three groups: the experimental groups (ACT and TF-CBT) and the control group.

differed from the control group's mean. Additionally, the follow-up scores for the two experimental groups (ACT and TF-CBT) were compared with the control group and were also noticeably different.

Table 2

Summary of Repeated Measures Analysis of Variance (Mixed) with Grouping, Treatment Stages, and Interaction Effects

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size	Power
Individuality	Group	181.344	2	90.672	20.800	0.01	0.498	1.00
	Treatment Stages	121.336	1	121.336	49.056	0.01	0.539	1.00
	Group × Treatment Stages	58.156	2	29.078	11.756	0.01	0.359	0.99
Dependency	Group	133.072	2	66.536	79.020	0.01	0.790	1.00
	Treatment Stages	98.701	1	98.701	314.917	0.01	0.882	1.00
	Group × Treatment Stages	45.261	2	22.630	72.205	0.01	0.775	1.00
Parental Imperfection	Group	277.317	2	138.659	61.665	0.01	0.746	1.00
	Treatment Stages	195.069	1	195.069	158.005	0.01	0.790	1.00
	Group × Treatment Stages	90.828	2	45.414	27.785	0.01	0.637	1.00

The results in Table 2 indicate that the calculated F values for the treatment stages (pretest, posttest, and follow-up) are statistically significant at the 0.01 level. Specifically, there is an interaction effect between the group and treatment stages, showing that there were significant differences in the

emotional independence subscales across the three stages of pretest, posttest, and follow-up in adolescents with a history of domestic violence. Post-hoc Bonferroni tests were conducted to examine the differences between the means at various treatment stages.

Table 3

Summary of Bonferroni Post-Hoc Test Results for Differences Between Pretest, Posttest, and Follow-up

Pretest	Stage 1	Stage 2	Mean Difference	Standard Error	p-value
Individuality	Pretest	Posttest	2.244	0.313	0.01
	Pretest	Follow-up	2.322	0.332	0.01
	Posttest	Follow-up	0.078	0.068	1.00
Dependency	Pretest	Posttest	2.017	0.102	0.01
	Pretest	Follow-up	2.094	0.110	0.01
	Posttest	Follow-up	0.076	0.071	1.00
Parental Imperfection	Pretest	Posttest	2.841	0.112	0.01
	Pretest	Follow-up	2.944	0.118	0.01
	Posttest	Follow-up	0.104	0.097	1.00

The results from Table 3 show that there are significant differences between the pretest and posttest scores, as well as between the pretest and follow-up scores in the emotional independence subscales of adolescents with a history of domestic violence. However, the difference between posttest

and follow-up is not significant, indicating stability in the treatment effects. The comparisons show that the emotional independence subscales of adolescents with a history of domestic violence were significantly different at the posttest and follow-up stages compared to the pretest.

Table 4

Summary of Tukey Post-Hoc Test Results for Differences Between Experimental Groups

Variable	Groups	Mean Difference	Standard Error	p-value
Individuality	ACT - TF-CBT	1.14	0.440	0.01
Dependency	ACT - TF-CBT	0.79	0.193	0.01
Parental Imperfection	ACT - TF-CBT	1.29	0.316	0.01

The results in Table 4 indicate that there are significant differences in emotional independence scores between the ACT and TF-CBT groups in adolescents with a history of domestic violence. Based on the mean differences and effect size indices, the TF-CBT treatment resulted in greater changes in emotional independence compared to the ACT treatment. Thus, TF-CBT is a more effective intervention for improving emotional independence in this population.

4. Discussion and Conclusion

The aim of this study was to compare the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) on the emotional independence of adolescents with a history of domestic violence. The results of the study indicated that Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is effective in enhancing emotional independence in

adolescents with a history of domestic violence. Based on the findings, the hypothesis that TF-CBT would be effective in improving the emotional independence of adolescents with a history of domestic violence was confirmed. These results are consistent with the prior findings (Alpert et al., 2021; Brousan & Bazazian, 2020; Naderian Zadeh & Mousavi, 2021; Salemi et al., 2016; Wisman et al., 2023).

In explaining these findings, it can be argued that TF-CBT increases emotional independence in adolescents with a history of domestic violence because it systematically and integratively addresses trauma and its effects. This therapeutic approach can lead to significant improvements in the emotional and psychological state of these individuals. TF-CBT utilizes evidence-based psychotherapy techniques to help individuals better understand and process trauma and its effects on their lives (Hoogsteder et al., 2022). This approach can be particularly effective for adolescents who

have experienced domestic violence and been affected by it. It helps them cope better with trauma and anxiety and encourages them to work toward increasing their emotional and psychological independence.

The use of this therapeutic method can gradually teach adolescents skills and strategies that help them deal with their fears and anxieties, thereby facilitating the gradual development of emotional independence (Mirzaeian et al., 2023). TF-CBT can also significantly improve the quality of life and social relationships of adolescents, guiding them toward personal and social growth. This therapy helps adolescents identify and appropriately process their emotions (Canale et al., 2022). It assists them in dealing more effectively with negative emotions such as fear, anger, and sadness, which may arise due to the experience of domestic violence. TF-CBT helps adolescents improve their conversational skills, enabling them to express their feelings and needs more effectively. These skills help individuals have more control over their emotional lives (Qazizadeh et al., 2020). Furthermore, TF-CBT boosts adolescents' self-confidence. By improving their conversational skills, emotional regulation, and correcting cognitive distortions, adolescents feel more capable of self-help and less reliant on others to solve their problems. This therapy helps adolescents develop a positive identity and self-image. By helping individuals understand and process traumatic experiences, TF-CBT assists them in perceiving themselves as independent and strong (Karlsrud, 2022).

TF-CBT aids adolescents in developing self-help skills, including stress-reduction techniques, strategies to increase control, and methods for more effective interaction with others. By helping adolescents recognize and alter behavioral and cognitive patterns that may have developed due to domestic violence, TF-CBT helps them gain more control over their actions and feelings, reducing dependency on dysfunctional behavioral patterns (Alpert et al., 2021). Ultimately, TF-CBT, as a therapeutic model specifically designed for children and adolescents facing traumatic experiences, helps individuals gain greater control over their emotional lives and, ultimately, fosters the greatest emotional independence.

Furthermore, the results of the study showed that Acceptance and Commitment Therapy (ACT) is effective in enhancing the emotional independence of adolescents with a history of domestic violence. According to the research findings, the hypothesis that ACT would improve the emotional independence of adolescents with a history of domestic violence was confirmed. These results are

consistent with the prior findings (Arefnia, 2017; Seyfi & Jahangiri, 2020; Spidel et al., 2018).

In explaining these findings, it can be stated that ACT is an established method for promoting emotional independence in adolescents with a history of domestic violence. This method emphasizes the relationship between cognition and emotion while focusing on personal values and goals to help adolescents achieve their emotional independence. ACT-based therapies have been shown to significantly improve self-awareness, emotional regulation, effective communication, and sleep management (Seifi & Jahangiri, 2020). These therapies also help reduce symptoms of depression, anxiety, and stress, facilitating improved quality of life. Additionally, by focusing on flexibility and altering negative viewpoints, ACT helps adolescents move away from negative and violent patterns and establish healthier and more successful relationships with themselves and others. In other words, ACT plays an important role in strengthening emotional independence and enhancing the personal and developmental growth of adolescents with a history of domestic violence (Spidel et al., 2018).

ACT helps adolescents become more aware of their emotions. This emotional awareness helps individuals deal more effectively with their feelings and find the best ways to manage them. ACT helps adolescents accept and cope with unpleasant emotions, especially those arising from domestic violence experiences, in a healthier manner. This acceptance assists individuals in moving away from resisting negative emotions and engaging in their processing (Smith & Whitley, 2023). ACT also helps adolescents identify their personal values and commit to pursuing them. This commitment helps individuals behave based on what is important to them, reducing behaviors that may have emerged due to their experiences of domestic violence. This commitment empowers individuals to have greater control over their emotional lives. ACT assists adolescents in developing self-help skills, such as stress-reduction techniques and strategies to increase their sense of control over emotions (Arefnia, 2017). These skills help individuals gain greater control over their emotional lives.

By helping adolescents recognize and change behavioral and cognitive patterns that may have been shaped by domestic violence, ACT helps them gain more control over their behavior and emotions, making them less dependent on dysfunctional behavioral patterns. This contributes to the development of greater emotional independence. ACT helps adolescents gain a deeper understanding of their emotional environment and its impact on their behaviors and feelings

(Valizadeh & Parandin, 2022). This enables individuals to interact more effectively with their surroundings, ultimately fostering greater self-efficacy in their emotional lives. Ultimately, ACT, as a therapeutic model based on the principles of mindfulness and acceptance, helps individuals cope with traumatic experiences in a healthier manner, leading to greater emotional independence in their lives.

The results also indicated that there is a significant difference in the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) on the emotional independence of adolescents with a history of domestic violence. According to the research findings, the hypothesis that there is a significant difference between the effectiveness of TF-CBT and ACT on the emotional independence of adolescents attending the Foundation for Martyrs and Veterans Affairs counseling center in the city of Babol was confirmed. These findings align with the prior results (Alpert et al., 2021; Arefnia, 2017; Naderian Zadeh & Mousavi, 2021; Spidel et al., 2018; Wisman et al., 2023).

In explaining this finding, it can be argued that TF-CBT primarily focuses on understanding and addressing the cognitive and behavioral issues of the individual and provides specific tools for identifying and correcting negative thoughts and maladaptive behavior patterns. This approach can help adolescents with a history of domestic violence avoid negative thought patterns and emotions that may hinder their emotional independence (Mirzaeian et al., 2023). TF-CBT, as a method based on cognitive and behavioral change, helps adolescents identify and correct their maladaptive behavior patterns. This could include patterns of attachment related to domestic violence that may prevent them from achieving emotional independence, and these negative behavioral patterns may particularly affect their emotional autonomy (Hoogsteder et al., 2022).

TF-CBT utilizes mechanisms of change that impact adolescents' thoughts and behaviors, which may promote the development of their emotional independence. By teaching stress and anxiety management skills, negotiation, and conflict resolution, TF-CBT helps adolescents improve their understanding and regulation of their emotions (Karlsrud, 2022). TF-CBT specifically focuses on traumatic experiences, helping adolescents confront and process these experiences in healthier ways. This can contribute to increased emotional independence, as adolescents can manage trauma-related emotions more effectively (Spidel et al., 2018). TF-CBT also helps adolescents identify and correct negative self-blaming thoughts that may arise from

their experiences with domestic violence (Chipalo, 2021). This cognitive restructuring can enhance self-confidence and reduce emotional dependency, ultimately leading to greater emotional independence.

TF-CBT helps adolescents improve their communication and relational skills, which can play an important role in increasing emotional independence, especially when adolescents are able to express their emotions and needs more effectively. TF-CBT often involves family participation, which can improve the family environment and reduce the recurrence of violence or stress in the household, thus creating a more positive environment for adolescents and contributing to their emotional independence. TF-CBT includes specific exercises that help adolescents identify, express, and manage their emotions more effectively (Alpert et al., 2021). These exercises can help increase adolescents' emotional independence.

In TF-CBT, individuals are helped to recognize the impact of trauma on their lives and to develop coping skills for managing its symptoms (Bahramipour Isfahani & Hosseini, 2021). This therapy is based on continuous, repetitive exercises designed to change undesirable behaviors and reinforce new skills. On the other hand, ACT, following thorough evaluations and various arguments, not only influences the increase of emotional independence but also addresses other aspects such as pain tolerance, acceptance of negative emotions, and role enhancement. Therefore, these reasons suggest that TF-CBT may have a greater effect on the emotional independence of adolescents with a history of domestic violence compared to ACT.

5. Limitations & Suggestions

The present study also faced certain limitations. The study's focus on adolescents with a history of domestic violence restricts the generalizability of its findings to other adolescents and populations, thus caution should be exercised when applying the results to broader groups. Since the participants were girls aged 14 to 18 years, the generalization of the findings to male adolescents is limited. The data collection tool was a questionnaire, and although questionnaires are useful, they may lead respondents to answer in a socially desirable manner. Since the study was conducted in Babol, the cultural-social context of this city may limit the generalization of its findings to other locations. Given the studies conducted, it is recommended that future researchers include other variables, such as socio-economic status, which can influence individuals' behaviors. Based on

this research, it is suggested that similar studies be conducted in other regions and with different age groups and educational levels, as well as other relevant and influential variables. Evaluating human behavior is a complex and long-term process. Therefore, to reach more reliable results, longitudinal studies in this field are recommended. To overcome the issue of using a single data collection tool, it is suggested to use multiple assessment methods, such as observation, interviews, and behavioral history tools. Conducting this research on different age groups and on male participants will provide results that align with the findings of the present study.

In general, the trauma-focused cognitive-behavioral therapy program can be used both as a preventive intervention and as an effective method to enhance and develop executive skills in individuals facing problems, as well as in healthy individuals. The development of cognitive, emotional, and social functions plays a crucial role not only in expanding these abilities but also as a useful tool to reduce behavioral problems and improve self-efficacy. Since participation is a critical component in trauma-focused cognitive-behavioral therapy, it is recommended that counselors use an active, participatory approach by engaging individuals in activities and giving them challenging assignments to enhance their cognitive and behavioral functions. This can help address behavioral issues and improve self-efficacy, leading to self-confidence in dealing with stressors and adaptive functioning, which initially results in a better understanding of the environment and ultimately reduces anxiety and increases self-efficacy. Trauma-focused cognitive-behavioral therapy is an effective method for promoting emotional independence, which, through a collaborative approach, leads to improved emotional status and reduces cognitive-behavioral problems in the environment.

The findings of this study may have practical implications for improving psychological, emotional, and social functioning to improve psychological factors for therapists and counselors using trauma-focused cognitive-behavioral therapy. It is recommended that therapeutic, counseling, and educational centers incorporate therapies such as trauma-focused cognitive-behavioral therapy and acceptance and commitment therapy due to their significant impact on productivity and performance. The trauma-focused cognitive-behavioral therapy model is introduced as a very short-term, simple, impactful, efficient, and cost-effective approach for therapy and training therapists and counselors, and the combined psychotherapy model can address many

limitations of treatment. It is recommended that combined methods, such as trauma-focused cognitive-behavioral therapy and acceptance and commitment therapy, be used as a sustainable therapeutic and educational approach. Combining trauma-focused cognitive-behavioral therapy with methods like acceptance and commitment therapy may have a more significant and effective impact on treating adolescents with a history of domestic violence. This combination could facilitate the improvement of self-efficacy and enhance the quality of life for these individuals.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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