KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 09 February 2025
Revised 27 March 2025
Accepted 05 April 2025
Published online 10 April 2025

Journal of Adolescent and Youth Psychological Studies

Volume 6, Issue 4, pp 78-86

E-ISSN: 2981-2526

# Comparison of the Effectiveness of Acceptance and Commitment Therapy and Reality Therapy on Social Adaptation of Female High School Students with Symptoms of Nomophobia

Mansoureh Sadat. Ghoreishi[1], Reza. Khakpour[2*], Simindokht. Rezakhani[2]

[1] PhD Student, Department of Counseling, Ro.C., Islamic Azad University, Roudehen, Iran
[2] Associate Professor, Department of Counseling, Ro.C., Islamic Azad University, Roudehen, Iran

*** Corresponding author email address**: Reza.khakpour@iau.ac.ir

A r t i c l e  I n f o

**Article type:**
*Original Research*

**How to cite this article:**
Ghoreishi, M. S., Khakpour, R., & Rezakhani, S. (2025). Comparison of the Effectiveness of Acceptance and Commitment Therapy and Reality Therapy on Social Adaptation of Female High School Students with Symptoms of Nomophobia. *Journal of Adolescent and Youth Psychological Studies, 6(4),* 78-86.
http://dx.doi.org/10.61838/kman.jayps.6.4.9



A B S T R A C T

**Objective:** The aim of the present study was to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Reality Therapy on social adaptation of female high school students with symptoms of nomophobia.

**Methods and Materials:** This study is a fundamental research and, in terms of research method, is a quasi-experimental study with a pre-test, post-test, and follow-up design with a control group. The statistical population consisted of all female high school students in the second grade in District 3 of Tehran during the 2023-2024 academic year. The sampling method was convenience sampling, and the sample size consisted of 45 students. Data collection tools included the Nomophobia Questionnaire by Yildirim and Correia (2015) and the California Social Adjustment Questionnaire (1953). In this study, the group therapy protocol based on ACT by Hayes et al. (1999), adapted from Khatibi et al. (2020), was implemented over eight sessions, and the intervention protocol based on Reality Therapy, adapted from Eskandari (2017), was also implemented over eight sessions. Data were analyzed using repeated measures ANOVA.

**Findings:** There was a significant difference between the effectiveness of ACT and Reality Therapy on social adaptation of female high school students with symptoms of nomophobia, with Reality Therapy demonstrating greater improvement in social adaptation compared to ACT.

**Conclusion:** Reality Therapy demonstrated greater effectiveness than Acceptance and Commitment Therapy in improving social adaptation among female high school students with nomophobia symptoms, emphasizing practical interpersonal skills, responsibility, and problem-solving for enhancing social interactions.

***Keywords:*** *Acceptance and Commitment Therapy, Reality Therapy, Social Adaptation, Nomophobia*

## 1. Introduction

The present era is considered the age of information and communication, with recent technological advancements significantly impacting people's lives (Liang, 2024; Wen et al., 2023). Smartphones are one of the most prominent information and communication technologies that have experienced rapid growth in recent years (King et al., 2013; King et al., 2014; Yildirim & Correia, 2015). Some researchers believe that mobile phones might be the largest non-drug addiction of the 21st century (Davoudi & Manshaei, 2020; Hoseini Tabaghdehi, 2021). One of the problems that may arise from the harmful and excessive use of smartphones and pathological dependency on them is nomophobia. Nomophobia is defined as the modern fear of being unable to communicate through mobile phones or the internet, referring to a set of behaviors and symptoms related to mobile phone use. Nomophobia encompasses four dimensions: inability to communicate, disconnection, lack of access to information, and loss of comfort and convenience (Khosravi et al., 2021).

The level of social adaptation is one of the factors that can influence the severity of nomophobia (Faghiharam, 2019). Individuals who struggle with adaptation often face various interpersonal relationship challenges (Chen et al., 2022), academic environment difficulties (Song et al., 2024), and emotional-behavioral issues (Racu, 2023; Ranjbar et al., 2023). This lack of adaptation in adolescents is often a precursor to the development of nomophobia. Social adaptation is shaped through the individual's coordination with their social environment (Hu et al., 2023; Kulnazarova et al., 2023). Nomophobic individuals avoid face-to-face social situations and prefer virtual social interactions (Liang, 2024; Wen et al., 2023). Nomophobia leads to severe interpersonal relationship issues and social challenges for adolescents (Awed & Hammad, 2022; Copaja-Corzo et al., 2022; Santl et al., 2022). Adolescents experience various social maladjustments, which, in addition to creating family tensions, extend to other social environments, especially schools, and may lead to issues such as conflicts with peers and teachers, academic decline, school dropout, anxiety, and reduced self-esteem (Galhardo et al., 2020; Rodríguez-García et al., 2020).

In recent years, researchers have paid particular attention to two therapeutic strategies: Acceptance and Commitment Therapy (ACT) and Reality Therapy. ACT is a psychological intervention enhanced by cognitive defusion and experiential avoidance (Hsieh et al., 2019). ACT consists of six core processes that promote psychological flexibility: acceptance, cognitive defusion, self-as-context, present-moment awareness, values, and committed action. A major advantage of ACT compared to other psychotherapies is its focus on motivational aspects alongside cognitive components, ensuring more sustainable treatment effectiveness (Armani Kian et al., 2020). Recent studies on ACT have yielded satisfactory results and provided logical reasons for its clinical use, especially for mood and anxiety disorders (Armani Kian et al., 2020). Evidence shows that ACT increases psychological flexibility and is effective in improving various psychological problems (Glick et al., 2014; Glick & Orsillo, 2015) demonstrated that both ACT and Cognitive-Behavioral Therapy (CBT) significantly reduced procrastination in the short term, but ACT had a more enduring effect on reducing procrastination.

Reality Therapy is one of the most recent therapeutic efforts aimed at describing human behavior, establishing behavioral rules, and achieving satisfaction, happiness, and success. Reality Therapy emphasizes confronting reality, accepting responsibility, and making moral judgments about the rightness or wrongness of behavior, ultimately leading to the development of a successful identity (Glasser, 2008). Reality Therapy posits that not all problems causing distress are rooted in psychological disorders; they may stem from an inability to satisfy psychological needs. This therapy aims to separate individuals from their behavior (Mirlouhian et al., 2021; Sepas et al., 2022). Both domestic and international studies have confirmed the effectiveness of Reality Therapy in treating various psychological disorders, especially in adolescents.

Due to the widespread consequences of nomophobia in recent years, increasing attention has been paid to ACT and Reality Therapy as treatments that can mitigate the damage caused by this disorder and enhance adolescents' quality of life. However, findings in this area remain inconclusive, with some studies yielding contradictory results. For example, Glick and Orsillo (2015) found no significant difference in reducing academic procrastination when comparing ACT-based group therapy and time management training (Glick & Orsillo, 2015). Similarly, Burckhardt et al. (2017) reported no significant effectiveness for ACT (Burckhardt et al., 2017). Therefore, clarifying the reasons for these contradictory research findings on the effectiveness of ACT and Reality Therapy interventions in improving academic procrastination in adolescents with nomophobia is crucial. This disorder is considered one of the prevalent psychological issues of the modern era, and if untreated,



JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

adolescents may face long-term psychological problems (Gonçalves, 2023). Consequently, the research gap and the main question arise: between ACT and Reality Therapy, which is more effective and efficient in improving social adaptation among adolescents with symptoms of nomophobia? The literature reveals limited research comparing the effectiveness of these two therapeutic approaches. Given the increasing diagnosis of nomophobia in societies (Khosravi et al., 2021; King et al., 2010) and its negative impact on personal, social, and academic life, the present study aims to answer whether ACT and Reality Therapy are effective in improving social adaptation in female high school students with symptoms of nomophobia and whether there is a significant difference between the two therapies in enhancing social adaptation in this population.

## 2. Methods and Materials

### *2.1. Study Design and Participants*

The research method was a quasi-experimental design with a pre-test, post-test, and follow-up with a control group. The statistical population of this study included female high school students in the second grade in District 3 of Tehran, and the study was conducted during the 2023-2024 academic year. Due to the need for a larger sample size in correlational studies for the generalizability of findings, a non-random convenience sampling method was used. Three female high schools in this district were selected, and after administering the Nomophobia Questionnaire to all female students in these schools, 45 students who scored the highest on the Nomophobia Questionnaire and the lowest on the Social Adjustment Questionnaire were selected and randomly assigned to three groups: the first experimental group (15 students receiving Acceptance and Commitment Therapy intervention), the second experimental group (15 students receiving Reality Therapy intervention), and the control group (15 students). Intervention group sizes should ideally not exceed 10 to 15 participants.

Inclusion criteria included being between 15 to 18 years old, a diagnosis of nomophobia based on the Nomophobia Questionnaire, parental consent for participation, and no psychiatric disorders based on a clinical interview. Exclusion criteria included participating in other individual or group therapy programs simultaneously, absence from more than two sessions, and the presence of psychiatric disorders.

Necessary permissions were obtained from the research department of the university. The theoretical framework was established by reviewing books, articles, theses, and research related to the study topic. After selecting the instruments and participants, individual preliminary instructions were provided regarding the tests. Demographic information questionnaires and the Nomophobia Questionnaire were administered to participants. Those scoring above the cut-off point were selected, and those scoring below were replaced through simple random selection until the required sample size was reached. Forty-five students were selected and randomly assigned to two experimental groups and one control group. After establishing rapport and explaining the session structure, both interventions (ACT and Reality Therapy) were explained to participants. Experimental groups received the interventions, while the control group did not. All groups were measured three times: pre-test, post-test, and follow-up (two months after the intervention). Control group participants continued with their routine activities during this period. ACT intervention was based on Hayes et al.'s (1999) protocol and included eight two-hour sessions held twice a week. Reality Therapy intervention, adapted from William Glasser's Choice Theory and Reality Therapy books translated by Ali Sahebi, consisted of eight 45-minute weekly sessions.

### *2.2. Measures*

#### *2.2.1. Nomophobia*

The Nomophobia Questionnaire (NMP-Q) by Yildirim and Correia (2015) consists of 20 items measuring four components: inability to access information (items 1, 2, 3, 4), loss of comfort (items 5, 6, 7, 8, 9), inability to communicate (items 10, 11, 12, 13, 14, 15), and loss of connection (items 16, 17, 18, 19, 20). It is scored on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater nomophobia severity. The developers reported Cronbach's alpha coefficients of 0.92 for inability to access information, 0.87 for loss of comfort, 0.82 for inability to communicate, 0.81 for loss of connection, and 0.94 for the total scale, with a concurrent validity coefficient of 0.71 (Yildirim & Correia, 2015). This questionnaire has been translated and standardized in Iran, with an adjusted goodness-of-fit index (AGFI) of 0.78, normed fit index (NFI) of 0.94, and root mean square error of approximation (RMSEA) of 0.074. Cronbach's alpha values for the subscales in the Iranian sample were 0.74, 0.79, 0.88, and 0.88, respectively, with 0.92 for the total scale. A foreign study also reported a Cronbach's alpha of 0.96 (Ahmed et al., 2019; Davoudi &


JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Manshaei, 2020; Hoseini Tabaghdehi, 2021; Khosravi et al., 2021).

### 2.2.2. *Social Adaptation*

The California Social Adaptation Questionnaire (1953) measures individual and social adjustment. First published by Thorpe et al. in 1939 and revised in 1953, it includes five levels: preschool, elementary, middle school, high school, and adulthood. This study used the high school level, which contains two subtests: self-adjustment and social adjustment. Each subtest has six scales, with 15 items per scale, totaling 180 items. It is scored dichotomously, with "0" for incorrect and "1" for correct responses. Internal consistency, measured using the Spearman-Brown split-half method, ranged from 0.87 to 0.90 for the social adjustment subtests (Khanjani & Sadaqati Fard, 2021; Pasha & Golshekoh, 2017).

## 2.3. *Intervention*

### 2.3.1. *Acceptance and Commitment Therapy*

The Acceptance and Commitment Therapy (ACT) protocol based on Hayes et al. (1999) consisted of eight sessions designed to enhance psychological flexibility through acceptance, cognitive defusion, mindfulness, values, and committed action. The first session focused on familiarizing group members with the therapist and each other, introducing the ACT framework, setting session rules, and discussing anxiety and stress in daily life, followed by a pre-test assessment. The second session introduced the concept of creative hopelessness, highlighting the ineffectiveness of control strategies and avoidance in managing anxiety, thereby encouraging insight into these maladaptive behaviors. The third session emphasized acceptance, replacing control with willingness to experience negative emotions, and practicing the "healing hands" technique. The fourth session introduced cognitive defusion, helping participants observe their thoughts without judgment and recognizing the impact of cognitive fusion and avoidance on their well-being. The fifth session focused on mindfulness techniques, fostering present-moment awareness and the concept of self-as-context, where participants practiced mindfulness exercises to enhance psychological flexibility. The sixth session involved identifying personal values, distinguishing between goals and values, and exploring barriers to value-based living. The seventh session introduced committed action, where participants set meaningful goals, identified committed actions to achieve these goals, and created plans for maintaining value-driven behaviors. The final session provided a comprehensive review of all sessions, revisited key concepts and exercises, and concluded with a post-test assessment to evaluate intervention outcomes.

### 2.3.2. *Reality Therapy*

The Reality Therapy protocol, adapted from Eskandari (2017), aimed to enhance well-being through Choice Theory principles, emphasizing responsibility, effective communication, and meeting psychological needs. The first session introduced participants to each other and the rules, discussed the purpose of the intervention, and highlighted the importance of establishing productive interpersonal connections. The second session explored the concept of well-being and key Reality Therapy principles such as external control psychology, focusing on identifying essential needs and their impact on well-being. The third session introduced the concept of the "quality world," explaining how individuals achieve well-being through personal choices and recognizing the factors influencing it. The fourth session encouraged participants to generate positive emotional states, consider the physiological aspects of behavior, and emphasize living in the present moment. The fifth session taught participants the "total behavior" concept, balancing doing, thinking, feeling, and physiology, using the "broken chair" technique to illustrate behavioral integration. The sixth session revisited previous concepts while introducing the "quality world album," where participants identified and managed psychological needs through personal images. The seventh session used the "backpack technique" to encourage responsible behavior selection from their behavioral repertoire, fostering emotional, psychological, and social well-being. The final session summarized all intervention sessions, reinforced the connection between productive relationships and well-being, integrated Choice Theory concepts with participant contributions, provided plans for maintaining intervention goals, and concluded with participant feedback on the intervention process.

## 2.4. *Data Analysis*

Repeated measures ANOVA was used for data analysis, adhering to the assumptions of this statistical method. Data analysis was performed using SPSS-24 software.



JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

## 3. Findings and Results

Results indicate that the mean and standard deviation of social adaptation scores and its subscales at different stages (pre-test, post-test, and follow-up) are presented in Table 1. The social adaptation score in the Acceptance and Commitment Therapy (ACT) group increased from 27.6 (SD = 3.4) to 47.2 (SD = 5.3), which remained the same in the follow-up phase. The social adaptation score in the Reality Therapy group increased from 28.1 (SD = 3.4) to 56.4 (SD = 6.5), also remaining the same in the follow-up phase. However, the social adaptation score in the control group was 29.2 (SD = 3.3) and did not change in the post-test phase. The Shapiro-Wilk test showed that the distribution of variables was normal ($p > 0.05$).

**Table 1**

*Means and Standard Deviations of Social Adaptation and Its Subscales in the Groups*

| Variable | Group | Pre-test (M ± SD) | Post-test (M ± SD) | Follow-up (M ± SD) | Shapiro-Wilk (W) | p-value |
|---|---|---|---|---|---|---|
| Self-Adaptation | ACT | 14.3 ± 2.8 | 19.1 ± 2.6 | 19.1 ± 2.6 | 0.88 | 0.34 |
| | Reality Therapy | 15.7 ± 2.3 | 20.2 ± 2.5 | 20.2 ± 2.5 | 0.93 | 0.26 |
| | Control | 16.1 ± 3.4 | 16.1 ± 3.4 | - | 0.96 | 0.81 |
| Social Adaptation | ACT | 13.3 ± 2.2 | 27.6 ± 3.4 | 27.6 ± 3.4 | 0.89 | 0.09 |
| | Reality Therapy | 13.9 ± 2.7 | 26.1 ± 3.9 | 26.1 ± 3.9 | 0.82 | 0.23 |
| | Control | 13.5 ± 2.9 | 13.5 ± 2.9 | - | 0.90 | 0.81 |
| Total Social Adaptation | ACT | 27.6 ± 3.4 | 47.2 ± 5.3 | 47.2 ± 5.3 | 0.95 | 0.46 |
| | Reality Therapy | 28.1 ± 3.4 | 56.4 ± 6.5 | 56.4 ± 6.5 | 0.93 | 0.75 |
| | Control | 29.2 ± 3.3 | 29.2 ± 3.3 | - | 0.90 | 0.81 |

The analysis of covariance (ANCOVA) presented in Table 2 shows that after controlling for pre-test scores, there was a significant difference between the groups in terms of social adaptation ($F = 203.1$, $p = 0.001$).

**Table 2**

*ANCOVA Results for Social Adaptation Scores Across Groups*

| Source | Dependent Variable | SSب | df | MS | F | p-value |
|---|---|---|---|---|---|---|
| Group Effect | Social Adaptation | 6340.3 | 2 | 3170.1 | 203.1 | 0.001 |
| Error | Social Adaptation | 7312.4 | 40 | 182.8 | | |
| Total | Social Adaptation | 18763 | 45 | | | |

Further, Table 3 shows the post-test social adaptation scores of the ACT, Reality Therapy, and control groups, with means of 47.2 (SD = 5.3), 56.4 (SD = 6.5), and 29.2 (SD = 3.3), respectively.

**Table 3**

*Post-Test Social Adaptation Scores Across Groups*

| Variable | Group | M | SD |
|---|---|---|---|
| Social Adaptation | ACT | 47.2 | 5.3 |
| | Reality Therapy | 56.4 | 6.5 |
| | Control | 29.2 | 3.3 |

Bonferroni post-hoc analysis in Table 4 indicates that both experimental groups (ACT and Reality Therapy) showed significant differences compared to the control group in terms of social adaptation ($p < 0.05$). The difference in means suggests that Reality Therapy led to a greater increase in social adaptation compared to ACT, confirming the research hypothesis.



JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

**Table 4**

*Bonferroni Post-Hoc Pairwise Comparisons of Social Adaptation Scores Across Groups*

| Variable | Groups Compared | Mean Difference | Std. Error | p-value |
|---|---|---|---|---|
| Social Adaptation | ACT vs. Reality Therapy | 9.2 | 2.1 | 0.001 |
| | ACT vs. Control | 18.3 | 1.8 | 0.001 |
| | Reality Therapy vs. Control | 27.1 | 1.3 | 0.001 |

## 4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Reality Therapy on social adaptation of female high school students with symptoms of nomophobia. The results indicated that after controlling for pre-test scores, there was a significant difference between the groups in terms of social adaptation. The post-test scores showed a significant difference between the two experimental groups (ACT and Reality Therapy) and the control group. Further analysis using Bonferroni post-hoc comparisons revealed that both experimental groups had significantly higher social adaptation scores than the control group, with the Reality Therapy group demonstrating greater improvement compared to the ACT group.

In a comparative analysis of the study hypothesis, which aimed to assess the difference in the effectiveness of ACT and Reality Therapy on social adaptation in female high school students with symptoms of nomophobia, the findings of the present study align with prior studies (Abiar et al., 2018; Ahmadi et al., 2016; Al-Yasin et al., 2019; Armani Kian et al., 2020; Babakhani, 2020; Burckhardt et al., 2017; Ebrahimi Moghaddam et al., 2017; Gonçalves, 2023; Hakimpour, 2014; Hoseinlou et al., 2021; Hoseinzadeh Askouei et al., 2022; Hoseinzadeh & Khalatbari, 2021; Mirani et al., 2017; Mirlouhian et al., 2021; Namani et al., 2019; Sepas et al., 2022; Sierra & Ortiz, 2023; Wang et al., 2017).

The findings can be explained by the theoretical foundation of Reality Therapy, which is based on Choice Theory, emphasizing responsibility, interpersonal relationships, and effective responses to psychological needs. Social adaptation largely depends on the ability to build and maintain positive relationships, and Reality Therapy, through communication skills training, problem-solving, and fostering responsibility, helps students engage in more effective social interactions. Reality Therapy encourages active behavioral change, empowering individuals to take control of their actions through informed decisions, which may enhance students' social abilities and facilitate better social adaptation. Its strength lies in addressing social challenges with practical solutions, crucial for adolescents with nomophobia who often avoid face-to-face interactions due to excessive mobile phone dependency. By addressing communication barriers, Reality Therapy promotes improved social interactions.

ACT is also an effective intervention that helps individuals accept unpleasant experiences and commit to personal values, enabling better psychological coping. However, its lesser focus on practical interpersonal skills may explain its lower effectiveness in enhancing social adaptation compared to Reality Therapy. While ACT fosters value internalization and reframing unpleasant experiences, Reality Therapy offers practical skill-building for social interactions, making it more effective for improving social adaptation. The cultural context is also critical, especially in Eastern societies like Iran, where social and familial relationships are highly valued. Reality Therapy's focus on interpersonal relationships and belonging aligns well with these cultural needs, potentially explaining its higher effectiveness in enhancing social adaptation. According to Choice Theory, humans have five basic needs (love and belonging, power, freedom, survival, and fun) that drive behavior. Reality Therapy, by addressing these needs—particularly love and belonging—helps students feel more connected in social interactions, thus improving their relationships and social adaptation. Nomophobia, often associated with social isolation and reduced face-to-face interaction, is mitigated through Reality Therapy by encouraging real-world social participation and reducing technological dependence. In contrast, ACT may focus more on accepting this dependence rather than altering it, highlighting Reality Therapy's practical advantage in enhancing social adaptation.

## 5. Limitations & Suggestions

The present study faced limitations. It was limited to female high school students in District 3 of Tehran during the 2023-2024 academic year, which may affect the generalizability of the findings to other student populations.



JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

Long-term effects of the interventions were not assessed, leaving the sustainability of results uncertain. Factors such as family conditions, economic status, and social support levels may have influenced the outcomes and were not fully controlled. The study focused on nomophobia symptoms and may be less effective for other disorders or behavioral issues.

Based on the results, it is recommended that teachers and school counselors be trained in Reality Therapy and ACT techniques to promote students' mental health. Group-based programs using these approaches should be implemented in schools to enhance social adaptation. These interventions should also be integrated into family counseling sessions to provide additional support at home. Awareness workshops for parents on nomophobia and coping strategies should be organized. Given the novelty and importance of this research, similar studies should be conducted on other societal groups. Long-term effects of these interventions on social adaptation should be evaluated, and the effectiveness of ACT and Reality Therapy should be compared with other psychological interventions, such as cognitive therapy or compassion-based therapy. Online training programs based on these approaches should be developed to assess their effectiveness in virtual settings.

## Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

## 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.

## Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

## Authors' Contributions

All authors equally contributed to this article.

## References

Abiar, Z., Makvandi, B., Bakhtiarpour, S., Naderi, F., & Hafezi, F. (2018). Comparison of the effectiveness of Acceptance and Commitment Therapy, Mindfulness, and a combined approach (Mindfulness, Commitment, and Acceptance) on depression. *Child Mental Health (Child Psychology)*, *5*(4), 27-38. https://childmentalhealth.ir/article-1-399-en.html

Ahmadi, Z., Amiri, S., Abedi, M. R., & Abedi, A. (2016). The effect of Acceptance and Commitment Therapy on risky behaviors in adolescent girls. Cognitive Behavioral Psychotherapy Conference,

Ahmed, S., Pokhrel, N., Roy, S., & Samuel, A. J. (2019). Impact of nomophobia: A nondrug addiction among students of physiotherapy course using an online cross-sectional survey. *Indian Journal of Psychiatry*, *61*(1), 77. https://doi.org/10.4103/0019-5545.226559

Al-Yasin, S. A., Davoudi, H., & Nematollahi, M. (2019). The effectiveness of Acceptance and Commitment Therapy (ACT) on psychological well-being and resilience in women with type 2 diabetes. *Mashhad University of Medical Sciences Journal*, *62*(Special Issue: Psychology). https://mjms.mums.ac.ir/article_18950.html?lang=en

Armani Kian, A., Rostami, B., Mousavi, S. E., Maghbooli, M., & Fakour, E. (2020). The effectiveness of Acceptance and Commitment Therapy on academic procrastination in students at Zanjan University of Medical Sciences. *Iranian Journal of Psychiatry and Clinical Psychology*, *26*(2), 142-153. https://doi.org/10.32598/ijpcp.26.2.2817.1

Awed, H. S., & Hammad, M. A. (2022). Relationship between nomophobia and impulsivity among deaf and hard-of-hearing youth. *Scientific reports*, *12*(1), 14208. https://doi.org/10.1038/s41598-022-17683-1

Babakhani, V. (2020). The effectiveness of Acceptance and Commitment Therapy (ACT) on distress tolerance and self-control in women who have experienced infidelity. *Family Psychology*, *7*(1), 121-132. https://www.ijfpjournal.ir/article_245567.html?lang=en

Burckhardt, R., Manicavasagar, V., Batterham, P. J., Hadzi-Pavlovic, D., & Shand, F. (2017). Acceptance and commitment therapy universal prevention program for adolescents: a feasibility study. *Child and adolescent psychiatry and mental health*, *11*(1), 27. https://doi.org/10.1186/s13034-017-0164-5

Chen, H., Wang, C., Lu, T., Tao, B., Gao, Y., & Yan, J. (2022). The Relationship Between Physical Activity and College Students' Mobile Phone Addiction: The Chain-Based Mediating Role of Psychological Capital and Social Adaptation. *International journal of environmental research and public health*. https://doi.org/10.3390/ijerph19159286

Copaja-Corzo, C., Aragón-Ayala, C. J., Taype-Rondan, A., & Nomotest-Group. (2022). Nomophobia and Its Associated Factors in Peruvian Medical Students. *International journal of environmental research and public health*, *19*(9), 5006. https://doi.org/10.3390/ijerph19095006



JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Davoudi, R., & Manshaei, G. (2020). Comparing the effectiveness of Cognitive Behavioral Therapy, Emotion-Focused Therapy, and Adolescent-Oriented Mindfulness Therapy on nomophobia symptoms and sleep quality in adolescent girls with signs of mobile phone addiction. *Journal of psychiatric nursing*, *7*(5), 62-71. http://ijpn.ir/browse.php?a_id=1400&sid=1&slc_lang=en

Ebrahimi Moghaddam, H., Malmir, T., Rahmani, F., & Ramazani Alizadeh, Z. (2017). The effect of Acceptance and Commitment Therapy (ACT) on anxiety and aggression in individuals with panic attacks. *Psychological studies*, *13*(4), 141-156. https://psychstudies.alzahra.ac.ir/article_3118.html

Faghiharam, B. (2019). The Relationship between Social Health and Social Networks using among Female Student's Parent [Research Article]. *Iranian Journal of Educational Sociology*, *2*(1), 150-160. https://doi.org/10.29252/ijes.2.1.150

Galhardo, A., Loureiro, D., Raimundo, E., Massano-Cardoso, I., & Cunha, M. (2020). Assessing nomophobia: validation study of the European Portuguese version of the Nomophobia Questionnaire. *Community Mental Health Journal*, *56*(8), 1521-1530. https://doi.org/10.1007/s10597-020-00600-z

Glasser, W. (2008). *Station of the Mind: New direction for reality therapy*. New York. https://books.google.com/books/about/Stations_of_the_Mind.html?id=rvKJbwlVzr8C

Glick, D. M., Millstein, D. J., & Orsillo, S. M. (2014). A preliminary investigation of the role of psychological inflexibility in academic procrastination. *Journal of Contextual Behavioral Science*, *3*(2), 81-88. https://doi.org/10.1016/j.jcbs.2014.04.002

Glick, D. M., & Orsillo, S. M. (2015). An investigation of the efficacy of acceptance-based behavioral therapy for academic procrastination. *Journal of Experimental Psychology: General*, *144*(2), 400-409. https://doi.org/10.1037/xge0000050

Gonçalves, M. M. (2023). Acceptance and commitment therapy and its unacknowledged influences: Some old wine in a new bottle? *Clinical Psychology & Psychotherapy*, *30*(1), 1-9. https://doi.org/10.1002/cpp.2775

Hakimpour, S. (2014). *The effectiveness of Acceptance and Commitment Therapy (ACT) on academic burnout and math anxiety in sixth-grade students in Ardabil* Master's Thesis in Clinical Psychology, Islamic Azad University, Ardabil Branch].

Hoseini Tabaghdehi, L. (2021). The relationship between loneliness and depressive symptoms with nomophobia (fear of being without a mobile phone) in students. *Quarterly Journal of Information and Communication Technology in Educational Sciences*, *12*(1), 67-85. https://sanad.iau.ir/en/Journal/ictedu/Article/1006842

Hoseinlou, A., Pournaghsh Tehrani, S. S., Jafari Roshan, F., Chehre Sa, A., & Darabi, M. (2021). The effectiveness of Acceptance and Commitment Therapy (ACT) on depressive symptoms and rumination in women after spousal infidelity. *Journal of Psychological Sciences*, *20*(103), 999-1014. https://doi.org/10.52547/JPS.20.103.999

Hoseinzadeh Askouei, A., Samadi Kashan, S., Zamani Zarchi, M. S., Asadi Asadabad, R., & Bakhtiari, M. (2022). The effectiveness of group-based Acceptance and Commitment Therapy on cognitive flexibility and self-esteem in women affected by marital infidelity. *Applied Psychological Research Quarterly*, *13*(4), 203-216. https://japr.ut.ac.ir/article_91194.html?lang=en

Hoseinzadeh, G. S., & Khalatbari, R. (2021). Comparison of the effectiveness of Emotion-Focused Couples Therapy and Reality Therapy on relationship beliefs and marital expectations of couples. *Quarterly Journal of Assessment and Research in Applied Counseling*, *3*(3), 1-13. https://doi.org/10.52547/jarcp.3.2.1

Hsieh, K. Y., Hsiao, R. C., Yang, Y. H., Lee, K. H., & Yen, C. F. (2019). Relationship between Self-Identity Confusion and Internet Addiction among College Students: The Mediating Effects of Psychological Inflexibility and Experiential Avoidance. *International journal of environmental research and public health*, *3*(2), 1-11. https://doi.org/10.3390/su13052680

Hu, J., Ye, B., Yildirim, M., & Yang, Q. (2023). Perceived stress and life satisfaction during COVID-19 pandemic: the mediating role of social adaptation and the moderating role of emotional resilience. *Psychology, Health & Medicine*, *28*(1), 124-130. https://doi.org/10.1080/13548506.2022.2038385

Khanjani, Z., & Sadaqati Fard, M. (2021). Examining the relationship between social adjustment and high-risk sexual behaviors in high school girls. https://journals.kmanpub.com/index.php/jayps/article/view/468

Khosravi, J., Homameddin, M., & Basirian, J. (2021). The impact of a web-based educational program on optimizing smartphone use among students with nomophobia based on the self-efficacy theory: The role of medical librarians. *Iranian Journal of Health Education and Health Promotion*, *9*(3), 246-257. https://doi.org/10.52547/ijhehp.9.3.246

King, A. L. S., Valença, A. M., & Nardi, A. E. (2010). Nomophobia: the mobile phone in panic disorder with agoraphobia: reducing phobias or worsening of dependence? *Cognitive and Behavioral Neurology*, *23*(1), 52-54. https://doi.org/10.1097/WNN.0b013e3181b7eabc

King, A. L. S., Valença, A. M., Silva, A., Baczynski, T., Carvalho, M., & Nardi, A. E. (2013). Nomophobia: Dependency on virtual environments or social phobia? *Computers in human Behavior*, *29*(1), 140-144. https://doi.org/10.1016/j.chb.2012.07.025

King, A. L. S., Valença, A. M., Silva, A. C., Nardi, A. E., Sancassiani, F., & Machado, S. (2014). Nomophobia: Impact of cell phone use interfering with symptoms and emotions of individuals with panic disorder compared with a control group. *Clinical Practice and Epidemiology in Mental Health*, *10*, 28. https://doi.org/10.2174/1745017901410010028

Kulnazarova, G., Namazbaeva, Z., Butabayeva, L., & Tulepova, L. (2023). Cognitive Therapy for Children With Intellectual Disabilities: A New Look at Social Adaptation Skills and Interpersonal Relationships. *Occupational Therapy International*, *2023*, 1-8. https://doi.org/10.1155/2023/6466836

Liang, Y. (2024). Attachment Anxiety and Nomophobia: A Moderated Parallel Mediation Model. *Psychological Reports*. https://doi.org/10.1177/00332941241226907

Mirani, R., Moradi, A., Noori, R., & Borhani, A. (2017). Examining the effectiveness of Acceptance and Commitment Therapy on emotional independence. Third National Conference on Modern Studies and Research in Educational Sciences and Psychology in Iran, Qom, Soroush Hikmat Mortezavi Islamic Research Center,

Mirlouhian, M., Alizadeh, Z. H., Ashkar, B., & Eshaq, S. (2021). Comparing the effectiveness of Emotion-Focused Couples Therapy and Reality Therapy in reducing depressive symptoms and enhancing functional flexibility in couples with marital issues. *Applied Family Therapy*, *6*(2), 250-269. https://ensani.ir/fa/article/496243/

Namani, E., Keshavarz Afshar, H., & Bahonar, F. (2019). Investigating the effect of group counseling based on Acceptance and Commitment Therapy on happiness and



JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

rumination in infertile women. *Applied Counseling*, *9*(2), 92-108. https://jac.scu.ac.ir/article_15356.html?lang=en

Pasha, R., & Golshekoh, F. (2017). Effect of emotional intelligence training on aggression and social adjustment on students with behavioral and emotional disorders. *Middle Eastern Journal of Disability Studies*---, *7*, 34. https://jdisabilstud.org/browse.php?a_id=711&sid=1&slc_lang=fa

Racu, J. (2023). Psychosocial Adaptation of Pupil Is the Activities of a Psychologist in the School. https://doi.org/10.46727/c.v1.24-25-03-2023.p86-90

Ranjbar, S., Abui Mehrizi, S., & Ghasemi, M. (2023). Effectiveness of pishanskill enhancement package on promoting social adaptation in children with autism spectrum disorder. *Research in Child and Adolescent Psychotherapy*, *2*(3), 40-31. https://doi.org/10.22098/rcap.2023.14060.1033

Rodríguez-García, A.-M., Moreno-Guerrero, A.-J., & Belmonte, J. L. (2020). Nomophobia: An Individual's Growing Fear of Being Without a Smartphone—A Systematic Literature Review. *International journal of environmental research and public health*. https://doi.org/10.3390/ijerph17020580

Santl, L., Brajkovic, L., & Kopilaš, V. (2022). Relationship between Nomophobia, Various Emotional Difficulties, and Distress Factors among Students. *European Journal of Investigation in Health, Psychology and Education*, *12*(7), 716-730. https://doi.org/10.3390/ejihpe12070053

Sepas, L., Shaker Dolaq, A., & Khademi, A. (2022). Comparing the effectiveness of Acceptance and Commitment Therapy and Reality Therapy on reducing anxiety sensitivity in women with Multiple Sclerosis (MS). *Counseling and Psychotherapy Culture*, *13*(51), 85-113. https://qccpc.atu.ac.ir/article_14119.html?lang=en

Sierra, M. A., & Ortiz, E. (2023). Feasibility and effect of a self-help online acceptance and commitment therapy program focused on repetitive negative thinking for Colombian young women. *Journal of Contextual Behavioral Science*, *28*, 127-138. https://doi.org/10.1016/j.jcbs.2023.03.010

Song, T., Wang, W., Chen, S., & Li, Y. (2024). Mothers' Parental Burnout and Adolescents' Social Adaptation and Security: The Mediating Role of Parenting Style. *Current Psychology*, *43*(27), 23144-23155. https://doi.org/10.1007/s12144-024-06045-x

Wang, S. H., Zhou, Y., Yu, S., Ran, L. W., Liu, X. P., & Chen, Y. F. (2017). Acceptance and Commitment Therapy and Cognitive-Behavioral Therapy as Treatments for Academic Procrastination: A Randomized Controlled Group Session. *Research on Social Work Practice*, *27*(1), 48-58. https://doi.org/10.1177/1049731515577890

Wen, J., Huang, Y., Liu, G., & Miao, M. (2023). The nature of nomophobia and its associations with contents of smartphone use and fear of missing out: A network perspective. *Telematics and Informatics*, *82*, 102011. https://doi.org/10.1016/j.tele.2023.102011

Yildirim, C., & Correia, A. P. (2015). Exploring the dimensions of nomophobia: Development and validation of a self-reported questionnaire. *Computers in human Behavior*, *49*, 130-137. https://doi.org/10.1016/j.chb.2015.02.059



JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526