Journal of educational
and psychological sciences
Issue (5), Volume (3)
March 2019
ISSN: 2522-3399

المجلة العربية للعلوم و نشر الأبحاث
Arab Journal of Sciences & Research Publishing
AJSRP

The Effectiveness of a Brief Program Based on the Acceptance and Commitment Therapy to Increase Psychological Well-Being in a sample of Patients with Renal Failure

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Abstract: The aim of the study was to investigate the effectiveness of a brief program based on acceptance and commitment therapy to increase the psychological well-being of renal failure patients. the sample consisted of 26 female patients with renal failure, aged between 35 and 48 years, were randomly divided equally into two groups (i.e. quasi/semi-experimental group with a mean age of (41.27) year and a standard deviation of (4.23) and control group with a mean age of 38.87 year and a standard deviation of (3.25). The study instruments were a Demographic Data Form and psychological well-being Scale for Renal Failure Patients, all these tools are prepared by the researcher. The results showed that short acceptance and commitment program effect a significant increase in psychological well-being in patients with renal failure, and this increase is maintained when measured two months after termination.

Keywords: Short program; Acceptance and commitment therapy; Psychological well-being; Renal failure patients.

Introduction and Background

Patients with renal failure are considered to be the most serious and chronic diseases, which have become common among many members of societies, at different ages, social classes and levels of education. It is a disease that threatens human life and leads to slow death. To the patient whether acute renal failure or chronic kidney failure. The prevalence of this disease is constantly increasing in all countries of the world, especially third world countries. In Kingdom of Saudi Arabia Patients treated with blood washing 15600 and 1500 peritoneum, the number is increasing by an annual rate of about 15% (http://www.alriyadh.com, 18 March 2018).

In its report for 2013, the World Health Organization (WHO) indicated higher rates of mental illness related to chronic diseases. The report recommended that scientific studies should be conducted to provide psychological services for people with chronic diseases, including kidney (WHO, 2013).

Studies have shown that patients with renal failure have a negative effect on the psychological structure of man. personal is one unit consisted of body, soul and spirit. The disease of one part of this unit will affect the functions of other parts, resulting in serious mental, physical and spiritual disorders affect the satisfaction of himself and his life on the one hand, and on the other leave its effects on the way of life and

relations with others around him and then to face the pressures of life And its control over the environment around it.

Psychological well-being is one of the positive psychological variables that meet many positive behavioral and emotional aspects of the personality. It consists of positive feelings towards the self as self-acceptance, self-confidence, self-esteem, as well as towards life such as love and the feeling that it deserves to live, hope, optimism and the ability to effectively cope with the life stress and its challenges.

The term SWB was first introduced by Diener (1984) as a means of identifying the field of psychology that attempts to understand people's evaluations of their QOL, including both their cognitive judgments and affective reactions (Diener, Suh, & Oishi, 1997). One area of positive psychology analyzes subjective well-being (SWB), people's cognitive and affective evaluations of their lives. Progress has been made in understanding the components of SWB, the importance of adaptation and goals to feelings of well-being, the temperament underpinnings of SWB, and the cultural influences on well-being. Representative selection of respondents, naturalistic experience sampling measures, and other methodological refinements are now used to study SWB and could be used to produce national indicators of happiness (Diener, 2000, 34). Subjective well-being (SWB) is the personal perception and experience of positive and negative emotional responses and global and (domain)specific cognitive evaluations of satisfaction with life. It has been defined as "a person's cognitive and affective evaluations of his or her life" (Diener, Lucas, & Oishi, 2002, 63).

Greydanus, Prati&Patel (2013) mentioned that there is no single determinant of SWB, but some conditions are necessary for high SWB such as positive mental health and positive relationships, but they are not in themselves sufficient to cause happiness. Research findings suggest that personality traits (e.g., positive and negative affect) and temperament factors (e.g., introversion and extroversion) account for most of the variance in SWB (Costa & McCrae, 1980; Diener, 1996; Emmons & Diener, 1985).

Psychological well-being was defined in this research as "a positive evaluation of self, life and social relations with others in an effective manner, enabling the individual to accept his self and his illness, independence and individuality and to resist the pressures resulting from the disease and control the environment around him without feeling helpless and surrender to his poor health status and thus achieve his love Which is the degree to which the individual obtains the scale prepared by the researcher".

Patients with kidney failure suffer from anxiety (Khadr, 1991; Mohamed and Al-Abbas, 2011), and depression (Livesley, 1999), mental loneliness, anxiety of the future (Mekdad, 2015), and anxiety of death (AL-Rihanna, 2014) , personal disorders (Kourtsopoulou, 2002), as well as a decline in quality of life (Bakewell, 2002; Faber, 2002; Patel, 2002), low level of emotional control (Abdullah, 2007), Low optimism and high pessimism (Adrop, 2017).

As a result of psychological problems among patients with renal failure, studies have shown that patients with renal failure have a chronic disease that increases depression and death-related thoughts, that increasing their level of death anxiety (Axelsson, Randers, Hagelin, Jacobson & Klang, 2012). These psychological problems make them suffer from despair and frustration and therefore this reduces the effectiveness of the medications they are taking, they are in dire need of guidance and psychological treatment that reduces anxiety and depression, tension, pessimism that reduce the chances of recovery, threatens their future significantly, and affects the Community Development Plans. Therefore Fernandez (1994) stressed the importance of psychotherapy for patients with renal failure, the effectiveness of therapy with strengthening and activities in reducing depression.

Psychological studies were concerned with the provision of counseling and therapeutic programs for patients with renal failure, such as the study conducted by Khamis (1995), which attempted to detect the effect of cognitive behavioral therapy intervention in the treatment of anxiety in patients with renal failure, conducted on a sample consisted of (100) of both sexes, results indicated the effectiveness of cognitive behavioral therapy in the treatment of anxiety in patients with kidney failure and help them to adapt to his illness.

The findings of the Hijazi (2007) study found the effectiveness of cognitive behavioral therapy to increase anxiety and depression in patients with renal failure. Also, the study of Awadallah (2007) showed the effectiveness of a program in improving the emotional and cognitive state of patients with renal failure, on a sample consisted of 80 patients with renal failure who were divided equally into control and experimental groups. The results of the study showed the effectiveness of the program and its success in reducing the emotional state and improving the cognitive state of the patients. This resulted in increased ways to overcome the family problems experienced by the patients. In addition, the study of Abu Fayed (2010), which tried to identify the effectiveness of a proposed guidance program to alleviate depression in patients with renal failure, on a sample of (15) of kidney failure patients between the ages of 25 - 35 years, And the intervention program of the researcher, and the results reached the effectiveness of the program in the treatment of depression in patients with kidney failure. The study of Mohammed (2012) aimed to reduce the level of psychological loneliness in a sample of children with renal failure who ranged in age from 12 to 15 years, applied the measure of sense of psychological unity (Prepared by Shafiq, 1997) The study showed the effectiveness of the program in reducing the sense of psychological loneliness among the experimental group of children suffering from renal failure.

Based on the results of previous studies, and the recommendations of some studies that dealt with patients with renal failure confirmed on the need to plain programs to help them to live life and raise their ambition, hope for a bright future (such as the study Shukir, 1995).

The effectiveness of counseling and psychotherapy in reducing mental suffering in patients with renal failure such as anxiety, depression and psychological Loneliness has been proven in previous studies. But studies and research have not focused attention on improving the level of psychological well-being in patients with renal failure, to increase their quality of life, their ability to control environment, enable them psychologically to cope with the stressors of disease and life challenges, help them to achieve their goals, and create a meaning for their lives despite suffering and pain.

Acceptance and commitment therapy are appropriate for use with individuals who are diagnosed as suffering from harsh living conditions and from life problems. An important application of acceptance and commitment therapy is to use it to increase people's quality of life, to make them aware that avoiding or escaping situations is what makes them not live the life they want, making them commit to changing their behavior (Orsillo & Batten, 2005).

Wilson and Murrell (2003, 49) defined acceptance and commitment as "the way in which people can learn to remove negative inner experiences from thoughts, memories, feelings and physical sensations by replacing them with other positive experiences".

In this study the short program based on the acceptance and the commitment to increase psychological well-being is define as a "set of procedures, techniques and various activities, direct and indirect cognitive services, which are commensurate with the nature and characteristics of the research sample which aims to increase the level of psychological well-being , love for life, enable patients with renal failure meet the life challenges, increase their social relationships, accept self and disease and increase their ability to control the environment, which is provided to members of the experimental group in therapy sessions, and emphasizes awareness or perception context separate from the events, feelings, behavior, thinking, separate mechanisms for each other, accept negative thoughts and feelings and acceptance of self and the disease, which enable them to achieve their goals.

Several studies have been carried out on the effectiveness of acceptance and commitment therapy to many psychological problems and various age samples. The results of this therapy were found to be effective in treating drug abuse (Hayes, Strosahl & Wilson, 1999; Marlatt, 1994), generalized anxiety disorder (Roemer & Orsillo, 2002), improving social well-being for students with learning difficulties (Narimani, Pourbdor & Bashirpour, 2004), reducing chronic diseases (McCracken, Vowles & Ecleston, 2007; Walser, Yesavage, Zhang, Trockel & Taylor, 2013), in addressing personal relations problems and increasing mental rigidity (Lang,

Schnur, Wasler, Bolton, Benedet etal., 2017), increased optimism and flexibility in adolescents with primary depressive disorder (Towsyfyan & Sabet, 2017), and is also effective in reducing anxiety and depression in the psychiatric clinics (Heyedari, Masafi, Jafari, Saadat & Shahyad, 2018). Due to the sever suffering from physical and psychological problems of patients with chronic renal failure, the brief therapy is more useful.

Despite the availability of health centers in Kingdom of Saudi Arabia, that deal with patients with kidney failure, all these centers lack in providing psychological and social services for patients, and these centers refer patients to mental health departments inside or outside hospitals to complement the provision of health care(Saudi Ministry of Health, 2014). Thus, the present study is an attempt to detect the effectiveness of acceptance and commitment therapy to increase psychological well-being in patients with kidney renal failure.

Research hypotheses

Based on the theoretical framework of the current research topic as well as the results of the previous studies, the researcher could formulate the following hypotheses:

1- There are statistically significant differences between the participants' scores means of the control and experimental groups on the psychological well-being scale after application of the program.
2- There are statistically significant differences between the average scores of the experimental group in the pre- test and post- test on the psychological well-being scale.
3- There are no statistically significant differences between the average scores of the experimental group in the post-test and follow-up test in the psychological well-being.

Research Methodology

The researcher used the semi- experimental method, and the design used is the study based on the division of the sample into two experimental and control groups, using the pre-test and post-test and follow-up test. informed consent was obtained from all participants after explanation of the treatment procedures, and research protocol.

Research sample

The psychological well-being Scale was applied to a random sample representing the community of origin. It consisted of (80) females' patients with renal failure of among outpatients in Asir Hospital in Saudi Arabia Kingdom. An intentional sample of them was randomly selected who received low degrees of psychological well-being (26) patients, ranging in age from (35-48 years), with an average age of (40.87) and a standard deviation (4.926). The researcher chose this sample according to certain characteristics, including

gender, where all respondents were females, with secondary education level and were married, as was the economic situation of the average income. After checking the availability of the previous conditions and checking the homogeneity of the sample and the equivalence in the variables and the pre-test of the level of psychological well-being, the sample was randomly assigned to two groups, each group consisting of (13) patient.

The researcher examined the equivalence between the two statistical groups in both the age variable (t=1.742, P value=0.326, p<0.05) and the dependent variable (psychological well-being) before application of program (t=0.053, P value=0.958, p<0.05), using the t-test for two independent groups, and the results showed that there are no statistically significant differences between the average control and experimental groups in each age and the levels of psychological well-being before program application. This means achieving equivalence between the control and experimental groups in both age and psychological well-being before application of program.

Search instruments

Demographic checklist: The researcher prepared Demographic data form for the collection of demographic data as: sex, disease, duration of disease, level of income, social status and number of children in order to equivalence between the experimental and control groups.

Psychological Well-being Scale for Adults with Chronic Illnesses (Psychological Well-Being Scale). The researcher prepared this scale because there is no scales for this purpose in the Arab environment, since the current research is one of the first Arab studies that dealt with the subject of psychological well-being for patients suffering from chronic diseases (renal failure), . The psychological well-being scale consists of (20) self-reported sentences**,** answer them by choosing one of three choices (rarely, sometimes, often). The scale was consisted of four dimensions:

1. **Love of life:** refers to the satisfaction of the patient about his life in general, and his response to him despite his suffering, and express these positive feelings of satisfaction, praise, accept and the feeling that life has value and deserve to live, optimism, hope and that the disease does not mean the end of life. It consists of sentences (from 1to 5).
2. **coping the challenges of life and the pressures of disease**: refers to the possession of the patient to be able to cope with problems and overcome in general life, or those stressors resulting from the physical, psychological and family problems, and includes the sentences (from 6to 10).
3. **Good relations with others**: It mean the patient's formation of good positive relations with others, support and support in his ordeal with the disease, whether these relations with family members or relatives or friends, which helps him to accept the disease. It includes the sentences (from 11to15).

4. **Self -acceptance and control of the disease:** It is intended to enable the patient to do what he wants despite his illness and management of his professional life, family and social and not surrender to the disease or feeling helpless. It includes the sentences (from 16 to 20).

Psychological well-being scale is corrected by giving the following scores (rarely = 1, sometimes = 2, much = 3), total scores on the scale is between (20 to 60) scores.The results of reliability and validity showed that the correlation coefficients of the scale's items scores with the total score of the scale were statistically significant at ($p< 0.01$), ranging from 0.450 to 0.762. ($p< 0.01$). Alpha-Cronbach's stability coefficients for the psychological well-being scale was (0.824).

Program based on acceptance and commitment: (preparation of the researcher):

The research prepared short therapy program which is based on treatment acceptance and commitment to increase psychological well-being in patients with renal failure, Through the theoretical framework and previous studies, a comprehensive theoretical vision was developed for psychological honesty and its dimensions in patients with chronic diseases, including renal failure, which contributed effectively in determining the objectives of the program and its various activities through the psychological problems suffered by patients with renal failure.

Acceptance and commitment are a treatment based on the assumption that many of the symptoms seen in a large number of cases reflect the individual's efforts to avoid or escape emotions, thoughts, memories and other special experiences (Hayes et al, 1996). Such as drug abuse, disintegration, self-harming behavior, and delinquency behavior are all behaviors that may be the result of a negative change in emotional state. Acceptance and commitment therapy have therefore been used to treat many disorders and clinical problems, for example in the treatment of drug abuse (Hayes, Strosahl & Wilson, 1999; Marlatt, 1994). Treatment was also used for the treatment of psychotic symptoms (Bach & Hayes, 2002) and was used in the treatment of generalized anxiety disorder (Roemer & Orsillo, 2002).

Some evidence suggests that therapy known as the third wave of mental alertness and acceptability, such as Acceptance and Adherence Therapy (ACT), are alternative interventions for behavioral therapy and traditional cognitive behavioral therapy that can lead to changes in client life through unique mechanisms of Type.

Acceptance and commitment therapy not only focus on alleviating symptoms as a result. Customers are encouraged to identify trends and goals of value to their lives and to commit themselves to actions that are consistent with those values. Acceptance and commitment are aimed to improving important elements of a client's life (Kazdin, 2004).

Principles to be considered when implementing intervention sessions:

- Open discussions with patients in the program, especially in the first sessions of the integrated diagnosis of the problem and contribute to setting goals.
- Feedback by reviewing what was done in the previous session with patients.
- Link the previous session to the current session to help integrate the sessions of the program.
- Teaching the participants in the new technical program and training and explain them to accommodate them, taking into account the gradual training in order not to suffer the patient despair and boredom and frustration.
- Summarize all that came in the meeting and what was done.
- Evaluating the participation of the program in the session, what was done, how much it benefited from it and achieving its objectives, and its suggestions on the upcoming sessions.
- The researcher provides homework duties for the patients in each session in relation to their problems and has an effective role in reducing and overcoming them, taking into account the health condition and the suffering of physical pain and the dates of the laundry sessions.

The brief Program based on acceptance and commitment therapy Goals:

Overall Program goal was to increase the psychological program, increase the connection of participants to the program at present, tell the world directly, control the environment around them and manage their lives without relying on others through the development of independence and accept the pain and suffering resulting from their illness rather than avoidance and isolation:

1- To familiarize participants on the concept of psychological well-being.
2- Participants should familiarize themselves with the characteristics of persons with high level of psychological well-being.
3- To make the participants aware of the impact of their physical illness on their psychological and happiness.
4- to train participants to accept their illness and their health.
5- to train participants to recognize themselves as a separate context of feeling and thinking and events and their illness.
6- The program participants should be trained in the proper perception of events and attitudes related to their illness.
7- The program participants should be trained to review and evaluate their ideas about the disease and their relationships with others around them.

8- To train the participants to accept the pain resulting from their illness rather than avoidance and isolation from others.
9- to train participants on self-confidence and self-acceptance.
10- Trained Participants in coping strategies for their stressful situations.
11- Trained Participants to tell the world directly to increase their behavioral resilience.
12- Trained The participants in the awareness of the flowing experiences without control.
13- to train participants to abide by behavior that corresponds to their values and goals in life despite the disease.

The program, which has been designed for eight (8) sessions, has been implemented over a month of two sessions a week, and the duration of the meeting hour, and began to apply the program from 18/7/2018 to 18/8/2018.

Method, style and techniques used in the program:

The researcher applied the program based on the therapy of acceptance and commitment on the members of the experimental group, in order to increase the level of psychological well-being and reduce the negative effects of the disease and psychological problems that suffer from the poor physical condition of chronic. Therefore, the following techniques have been used: lecture, dialogue and discussion, homework, reinforcement, feedback, modeling, exposure, acceptance, cognitive dispersion, reduction of situational sensitivity due to illness, formation, communication with the present, self as context.

Through three main aspects, which were taken into account during the implementation of the program to achieve its objectives, namely, the interest in the cognitive, skilled and emotional aspects of the members of the experimental group.

Tools used in the program:

Session Evaluation Form - Program Evaluation Form - Scale of psychological well-being - Homework Application Form - Form of therapeutic Contract

The program will be evaluated in several stages:

- **Pre-test Evaluation:**

Through the application of the measure of psychological happiness on the members of the experimental group, and that was on 15/7/2018.

- **Progressive Evaluation:**

During the implementation of the program and during the sessions of the intervention, where do not move from one activity to another only after confirmation of the customer's mastery of the previous activity. Where each session is evaluated after completion to ensure the mastery of the skills that the program aims to develop in the client and ensure the achievement of the objectives of the session, through feedback using the appropriate evaluation methods of observing the change in the behavior of the client and forms of the calendar session.

- **Post Evaluation:**

This is done at the last session of the program after finishing directly from the application of all the sessions of the intervention using the program evaluation form, as well as through the application of the post by applying a measure of psychological happiness to the members of the experimental group, and that was on 18/8/2018.

- **Follow-up Evaluation:**

The follow-up measurement session was scheduled for 18/9/2018, where the psychological evaluation measure was applied to the members of the experimental group after one month from the date of completion of the application to ensure the continuous increase and verify the consistency of the impact and continuity of the effectiveness of the program. Increase psychological happiness.

Table (1) Summary of the therapeutic sessions to increase well-being based on acceptance and commitment course

N	Sessions Title	Aims	Technicians
1	Preface and acquaintance	-acquaintance between the researcher and participants in the program. -Establishing a relationship based on trust, affection, respect and unconditional positive acceptance. -A simple explanation of the therapeutic program, its objectives, duration, number of sessions, dates and place of meetings. -Agreement on the duties and responsibilities of the researcher and the participants, through the signing of the therapeutic contract. -Emphasize the need to be bound to attend the scheduled date of meetings. -Application of the measure of psychological happiness on the situation (tribal measurement).	Dialogue and discussion lecture

N	Sessions Title	Aims	Technicians
2	Psychological well-being	Participants should familiarize themselves with the concept of psychological enrichment and its dimensions. -The participants in the program can identify the characteristics of the person enjoying the psychological pleasure. -Participate in the program to identify the social and psychological problems experienced by patients and the impact on their psychological in various aspects of life. -Homework	lecture Dialogue and discussion Feedback reinforcement
3	love life	-Discussion of homework from the previous session. -To familiarize participants in the program with the meaning of the love of life and its manifestations. -The program participants should recognize the difference between a person who is dislike and dissatisfied with life. -Participation in the program should recognize the effects of dissatisfaction with life. -That participants in the program have positive feelings of optimism and life expectancy and a sense of hope despite the disease and that life is beautiful and worth living. -Homework.	Dialogue and discussion Homework reinforcement Modeling Feedback
4	Accept your illness and challenge your problems	-Discussion of homework. -Training participants in the program to accept the disease. -Training Participation in the program to recognize and control events related to the disease. -Training participants in the program to face the pressures of life effectively. -Training participants on flexibility in facing problems. -Homework	Dialogue and discussion Homework Enhancement Exposure Feedback Acceptance Living the present as it is.

N	Sessions Title	Aims	Technicians
5	Do not connect your thoughts and feelings to yourself	-Discussion of homework. -Training participants in the program to review their ideas about the disease and identify the unwanted. -Training participants in the program on the proper perception of events, attitudes and disease. -Training participants in the program to accept the pain and suffering resulting from the failure of the Kuwaiti rather isolation and psychological unity. -Homework.	Dialogue and discussion. Homework. Diffusion of knowledge. Reduce situation sensitivity. Acceptance. Feedback reinforcement
6	Being present wherever you are and at every moment, despite your illness and pain	- Discussion of homework. -Training participation in the program to contact the present moment and accept the events that occur to it. -Training to expose participants in the program to situations of concern and grief. -Training the participation in the program to self-confidence and reliance on them rather than total dependence on others. -Training participants to manage their lives. -Homework.	Dialogue and discussion. Homework Contact the present Exposure Formation Feedback reinforcement
7	Define your values and choose your goals	Discussion of homework. -Training participation in the program to determine their goals in life. -Training to adhere to the behavior that corresponds to the values and objectives of the individual and insist on it. - Training on the continuation of increase and positive change in behavior, through the development of a plan to prevent relapse.	Dialogue and discussion Homework Setting goals Select values Formation Commitment and determination Feedback reinforcement
8	Evaluation and termination	The researcher thanks the participants of the program for their commitment to attend, and to carry out the activities and duties individually in an individual session. -Identify changes in the behavior of participants in the program, and determine the extent to which they benefited from the program. -Application of the measure of psychological happiness (telemetry(- Set a date for the follow-up session.	Dialogue and discussion Feedback Reinforcement

Results:

Due to the normality of the psychological well-being scores of the experimental and control groups in the pre-test, post-test, and follow-up measurements, the researcher used parametric statistics. The results showed in the following table.

Table (2) tests of normality

Measurement	groups	skewness	kurtosis
Pre-test	Control group	-0.253-	-0.500
Post-test		0.233	0.008
Pre-test	Experimental group	0.080	0.111
Post-test		-0.651-	-0.944-
Follow-up		0.065	-0.754

Treatment outcome: Thirteen patients with renal failure included in this study received eight sessions of committee and acceptance-based therapy. The psychological well-being means scores for experimental group (Mean= 46.600, SD=4.356) on post- test was higher than control group (Mean=26.00, SD=3.854). The independent samples test showed that there were differences between control and experimental group in psychological well-being mean score at the end of program (T=13.717, P value=0.000, P <0.05). the paired samples statistics showed significant statistic differences (T=17.635, P value=0.000, p<0.05) between pre-test and post-test psychological well-being mean scores, mean scores in post-test was high in psychological well-being (Mean= 46.600, SD=4.356), but pre-test (Mean= 25.267, SD=1.624). these results revealed that the efficacy of ACT based treatment.

Results of the paired samples statistics showed there was no significant statistic differences (T=0.130, P value=0.898, p>0.05) between pot-test and follow up -test in psychological well-being mean scores, mean scores in post-test (Mean= 46.600, SD=4.356), in follow up -test (Mean= 46.533, SD=3.796). These results revealed that the maintained of efficacy of ACT based treatment when measured 2 months after termination.

Discussion:

The results showed that there was a significant effect of ACT therapy program for increase psychological well-being of patients with renal failure, results showed there was significant differences between control and experimental group in the mean scores of psychological well-being scale difference was in favor of experimental group. And results also showed statistical differences between pre-test and post- test for experimental group on psychological well-being scale, the differences were in favor of post-test scores.

This finding revealed to the effectiveness of the acceptance and commitment program in increase the psychological well-being of patients with renal failure. Based on the principles of acceptance and commitment therapy. There is no doubt that context-based behavior and thinking of following behaviors are placed on a continuum between emotional interdependence and deviation. When a person mixes with his ideas, he does not distinguish between his autonomy and reality. Thus, the ACT training of the experimental group to increase psychological flexibility , accept the reality , self-confidence, and the creation of thinking based on the mind in therapy sessions has increased the ability of members in the experimental group to deal with the symptoms of his illness effectively, The sessions allowed them the freedom to express their negative feelings and emotions without restrictions, after the adoption of a system agreed between the researcher and members of the experimental group and training during the sessions. This agree with the findings of previous studies on the effectiveness of acceptance and commitment therapy to increase psychological well-being, and treatment of interpersonal problems, increased flexibility, psychological rigidity, and increased optimism (Narimani, Pourbdor & Bashirpur, 2004; Karlinetal, 2013; Azadeh, Zahrani & Besharat, 2016; Towsyfyan & Sabet, 2017; Heyedari et al., 2018).

The results indicated the continued increase of the participants/subjects of the experimental group and the impact of the program (2 months after termination of program), which has been implemented brief sessions face to face program. Of course, improving the psychological and individual commitment of the experimental group and the implementation of some behaviors in the long term would increase their psychological safety, and even can cope his illness in a more effective and positive styles.

Results of this study can attribute the positive impact of the program based on the acceptance and commitment therapy to its techniques and principles, which was built on the basis of scientific structured in a therapeutic relationship of affection, acceptance, understanding of the partnership, a sense of confidence and the desire to help members of the experimental group who suffer from symptoms of physical and psychological problems that reduced their well-being.

Results also demonstrates the interaction of the members of the experimental group with the activities and events carried out during the program and the transfer of experiences and skills that were trained in the sessions of the program over the real-life situations.

As a result of encourage the members of the experimental group and urged them to review the plan, which they developed in cooperation with the researcher to confront illness in a positive, wise and effective ways without any damage to them, and accept the circumstances surrounding them and commitment to what was agreed during the sessions and considered a catalyst in order to maintain the increase of the level of psychological well-being, which led to the continued increase in these illness symptoms, which in turn led to

the survival of the positive results revealed through the follow-up measurement of the generalization of what they learned And were trained during the sessions to the work situations.

Conclusion

Based on the results of this study, it can be concluded that ACT brief therapy with 8 sessions elicits a significant increase in psychological well-being in patients with renal failure disease, and this increase is maintained after two months of termination. The implications of this study alert us to the importance of increase psychological well-being among patients with another chronic illness specially patients with cancer. Finding treatment that ACT is effective in clinical settings, and that maintains its effect over time is indicative of the need of focus on ACT as a first line for treatment choice. In this regard also, more research is needed to examine the help- seeking behavior, accessibility and therapy choices for patients with chronic and sever diseases.

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فاعلية برنامج مختصر قائم على العلاج بالقبول والالتزام في زيادة الهناء النفسي لدى عينة من مرضى الفشل الكلوي

الملخص: هدف البحث الحالي إلى التحقق من فاعلية برنامج مختصر قائم على العلاج بالقبول والالتزام لتحسين الهناء النفسي لدى عينة من مرضى الفشل الكلوي، والتعرف على استمرارية التحسن في الهناء الشخصي بعد انتهاء تطبيق البرنامج من خلال نتائج القياس التتبعي بعد مرور شهرين من تطبيقه على أفراد المجموعة التجريبية. تم اختيار عينة قصدية قوامها (26) من مريضات الفشل الكلوي تراوحت أعمارهن بين (35- 48) عاماً، تم تقسيم هذه العينة عشوائياً بالتساوي إلى مجموعتين: مجموعة تجريبية، بلغ متوسط أعمارهن (41.27) عاماً، وانحراف معياري قدره (4.23)، ومجموعة ضابطة بلغ متوسط أعمارهن (38.87) عاماً، وانحراف معياري (3.25). وتكوّنت أدوات البحث من استمارة بيانات ديموجرافية ومقياس الهناء النفسي لمرضى الفشل الكلوي والبرنامج القائم على العلاج بالقبول والالتزام لتحسين الهناء النفسي، وجميع هذه الأدوات من إعداد الباحثة. وأسفرت نتائج البحث عن فعالية البرنامج القائم على القبول والالتزام في تحسين الهناء النفسي لدى مرضى الفشل الكلوي، بالإضافة إلى التحقق من استمرارية التحسن في الهناء النفسي لدى أفراد المجموعة التجريبية وبقاء أثر البرنامج بعد مرور شهرين من تطبيق البرنامج.

الكلمات المفتاحية: برنامج مختصر، العلاج بالقبول والالتزام، الهناء النفسي، مرضى الفشل الكلوي.