

# The Effectiveness of Reality Therapy on Depression and Self-efficacy in Mothers of Children with Down syndrome (Tehran)

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Received: 2024-11-13

Accepted: 2024-12-27

Published online: 2025-02-12

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## Abstract

This study examines the effectiveness of real-world therapy for depression and self-efficacy among mothers of children with Down syndrome. This is an applied quasi-experimental study that utilized a pre-test and post-test design involving an experimental group receiving reality therapy training and a control group. The target population comprises all mothers of children with Down syndrome in Tehran. A total of 31 mothers who presented low scores for both depression and self-efficacy were selected through convenience sampling and cluster random sampling methods and then divided into two groups: 15 participants in the experimental group and 16 in the control group. The experimental group participated in seven 60-minute sessions of group reality therapy, whereas the control group received no intervention. The research employed the Beck Depression Inventory (1996) and Beck's Self-Esteem Scale (1978) as assessment tools. The research methodology followed a quasi-experimental design with pre-test and post-test phases alongside a control group, utilizing covariance analysis for data interpretation. Findings: The results revealed that participating in group reality therapy significantly improved self-efficacy scores while reducing depression levels among mothers in the experimental group.

Conclusion: Given that reality therapy fosters internal control within individuals and encourages them to actively pursue meaningful life changes, it promotes openness to change which enhances overall vitality and hopefulness. Consequently, this approach can significantly improve self-efficacy and alleviate depression among mothers caring for children with Down syndrome.

**Keywords:** Down syndrome, Depression, Self-efficacy, Reality therapy, Glasser.

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## Introduction

Down syndrome is recognized internationally as a type of intellectual disability; individuals with this condition possess an extra chromosome in their pair of chromosomes 21. Their intellectual disability typically falls within the moderate to severe range, characterized by IQ scores between 35 and 55 (Afrouz, 2019). It is the leading cause of intellectual impairment, affecting approximately 1 in every 800 to 1,000 births. Many individuals with Down syndrome struggle with verbal communication, and their abnormal voice quality due to speech disorders further limits

their ability to communicate effectively (Xue et al., 2010). The presence of a child with special needs can have profound and damaging effects on family members. The extent of vulnerability within a family can sometimes jeopardize its members' mental health.

Studies have shown that parents of children with special needs experience more difficulties than parents of typically developing children do, regardless of factors such as race, marital status, or education level (Tümlü et al., 2017).

The occurrence of these disorders is linked to advanced maternal age and ovarian dysfunction among older mothers; research indicates that the likelihood of this chromosomal anomaly increases with maternal age. Individuals with Down syndrome often exhibit similar physical traits. This group tends to lag behind their peers in both general development and sensory motor skills. The condition is found across families from both low-income and affluent backgrounds. Individuals vary significantly in their intellectual capabilities. They also display considerable differences in terms of learning ability, interest, skills, and talent. Unfortunately, there is currently no cure for Down syndrome; various educational and training approaches serve as treatment foundations (Afrouz, 2019). The nature of a mother's relationship with her exceptional child is undoubtedly one of the most critical areas for research since an exceptional individual's personality often mirrors that of their parents, especially the mother. According to attachment theory, maternal behaviors and responses toward their children have a significant impact not only during childhood but also throughout all developmental stages (Milanifar, 2021).

The arrival of a child with Down syndrome can significantly and unusually impact the mental and emotional well-being of parents and family members over an extended period. Many families lack sufficient knowledge regarding the specific physical, mental, and psychological challenges faced by children with Down syndrome. Consequently, when informed that their child has this condition, they encounter many uncertainties and numerous questions that lead to feelings of despair and anxiety (Amireh, 2019).

Caring for an infant with disabilities requires sustained attention for feeding, therapeutic interventions, and general care—all critical elements in the child's life. This responsibility can strain a mother's ability to balance her roles as both a mother and a wife; over time, fatigue may adversely affect the quality of her relationship with her partner. Additionally, parents' worries about their disabled child's future can escalate to such an extent that they impede rational consideration of the child's current needs. This intense anxiety often depletes parental energy levels and may prevent them from meeting essential responsibilities within their shared life. If additional challenges arise, these issues can exacerbate tensions within the family structure (Ebrahimi et al., 2020).

Mothers raising children with Down syndrome frequently find themselves unfulfilled in their aspirations for a typical child while witnessing their child's growing limitations. They may undergo significant changes due to difficulties in reconciling their definitions of life and motherhood. The incidence of depression among mothers of children with developmental disorders is notably greater than that among mothers of healthy children. According to theories surrounding hopelessness and depression, these mothers often feel overwhelmed by perceived impossibilities in managing daily tasks while experiencing helplessness and disinterest in life (Saram et al., 2020). Thus, it is crucial to develop systematic programs aimed at alleviating negative thoughts, depression, and despair within these families—particularly for mothers caring for disabled children. Research shows that mothers of children with Down syndrome report higher levels of depression than do those whose children have other disabilities or disorders. The circumstances contributing to this depression are often linked to societal attitudes toward behaviors associated with Down syndrome as well as insufficient social support (Gholami et al., 2017). Importantly, within families where there is a mentally disabled child with Down syndrome—especially before school age—the mother frequently serves as the most effective therapist and educator (Milanifar, 2021).

Reality therapy is one of the treatments utilized for addressing depression and enhancing self-efficacy. According to William Glasser, the founder of this therapeutic approach, psychological issues stem from an individual's belief that they are controlled by external forces. He emphasized that reality therapy is grounded in choice theory, which explains how individuals operate to manifest behaviors. This theory asserts that all our actions qualify as behaviors and are largely choices made by us. Glasser identifies four components of behavior: action, thought, feeling, and physiology; we have direct control over action and thought but only indirect control over feelings and physiology. The core focus of choice theory lies in thought and action. Glasser posits that individuals can change themselves within any type of relationship, reflecting internal control. He also noted that individuals must accept responsibility for achieving improved feelings about themselves and their lives (Glasser, 2010).

Research supports the effectiveness of real-world therapy in alleviating depression and enhancing self-efficacy across various populations. Furthermore, given the significant responsibilities shouldered by parents of children with Down syndrome—responsibilities that can sometimes lead to irresponsibility, diminished social performance, feelings of guilt, and depression—there is a pressing need for interventions aimed at providing adequate training for these parents, particularly mothers, to improve their relationships with their children. Within the framework of reality therapy, strategies designed to manage depression may be triggered by negative self-evaluations following responsible actions. Additionally, since environmental factors, living conditions, and an individual's future play crucial roles in

shaping unhealthy and unconscious depressive thoughts, integrating behavioral strategies is also considered effective within reality therapy (Wubbolding, 2019). This therapeutic approach encourages recognition among depressed individuals while assisting them in confronting and accepting their responsibilities and life circumstances (R.E. Wubbolding, 2017a). According to William Glasser, individuals facing challenges often suffer from unmet psychological needs (Glasser, 2010).

Glasser posits that individuals do not inherently become depressed; instead, they actively choose depression and engage in depressive behaviors. By participating actively in various activities, individuals can transform depressive behaviors and feelings of despair into a greater sense of self-control, which is linked to more positive emotions, optimistic thoughts, and enhanced physical relaxation (R.E. Wubbolding, 2017a). Reality therapy suggests that personal maladjustment typically begins in early childhood when individuals fail to fulfill their needs for love or self-worth or do not make efforts toward this end. The inability to achieve or maintain self-worth arises from a lack of successful experiences or the absence of opportunities for meaningful engagement. Individuals who feel valued struggle to express love appropriately toward others or receive love and appreciation from them.

This deprivation of love and self-worth prevents individuals from forming loving relationships with others, leading to a fragmented identity (R. E. Wubbolding, 2017b). Reality therapy presents itself as a significant alternative to many core assumptions underlying psychoanalysis and psychoanalytic methods. Reality therapists consider an individual's behavior as their optimal attempt to meet current needs; thus, the counseling techniques employed in reality therapy reject concepts such as internal compulsions and repression that originate from psychoanalytic theory. Within this framework, anxiety, phobias, and even psychoses are attributed to unmet needs and desires. Reality therapy argues that simplifying these behaviors by linking them to unconscious forces or past experiences is overly simplistic. In contrast to traditional analytical methods, reality therapists focus on what the client articulates rather than delving into their unconscious processes (R. Wubbolding, 2017).

The rate of depression among mothers of children with developmental disorders is greater than that reported among mothers of healthy children. As noted by Gharibpur (2018), the feelings of hopelessness and depression experienced by mothers of disabled children are characterized by a sense of impossibility, helplessness, and disinterest in life. Consequently, it is imperative to develop a systematic program aimed at alleviating negative thoughts and depression within these families, particularly for mothers of children with disabilities. Any failure to address this issue—such as neglecting a child with Down syndrome or placing the child in institutional care—can waste or significantly diminish the child's essential opportunities for education and the

development of social and life skills (Milanifar, 2021). Given the unique physical and medical challenges faced by children with Down syndrome, providing rehabilitation services and instruction in fundamental skills, especially gross motor skills, is vital.

Current perspectives suggest that rehabilitation services and basic skills training should not be limited to therapists and specialists working in dedicated centers; rather, parental engagement and training on how to apply these teachings at home are crucial. Thus, this research investigated the effectiveness of real-world therapy in enhancing both depression levels and self-image among mothers of children with Down syndrome.

### **Methodology**

This study is categorized as quantitative on the basis of the nature of the collected data and is classified as applied concerning its objectives. The research uses a quasiexperimental design structured as a pretest and posttest with a control group. The target population consists of all mothers of children with Down syndrome in Tehran in 2021. Centers were randomly selected for sampling, whereas convenience sampling was employed for participant selection. Initially, six specialized centers for children with Down syndrome in Tehran were randomly chosen; subsequently, four centers were selected on the basis of their administrators' cooperation. Eighty mothers from these centers volunteered to participate in assessments via a depression questionnaire and Beck's Self-Esteem Scale. After the questionnaires were evaluated, 31 mothers who demonstrated low levels of depression and self-efficacy and met the inclusion criteria were chosen. These mothers were then randomly divided into an experimental group of 15 and a control group of 16. Ultimately, 13 participants from the experimental group and 14 from the control group completed the study (with two participants from each group dropping out).

The inclusion criterion was that mothers possess at least a high school diploma. During the training period, they should not be involved in any concurrent educational or therapeutic programs or be taking specific medications. Their scores on both the depression questionnaire and self-efficacy assessment needed to be below average. The exclusion criteria included mothers with less than a high school education, those concurrently participating in another educational or therapeutic program, or those using specific psychiatric medications—this was confirmed through questions regarding their medication or psychiatric treatment. Additionally, mothers whose scores on the depression and self-efficacy assessments exceeded average levels were excluded from participation. Furthermore, absences exceeding two sessions in educational meetings (including content and assignments for missed sessions) would be addressed before the commencement of subsequent sessions.

## **Research Tools**

### **Beck Depression Inventory**

The Beck Depression Inventory (BDI) was initially created in 1961 by Aaron T. Beck and colleagues. It was first introduced by A.T. Beck, Ward Mendelson, Mock, and Erbaugh in that year, revised in 1971, and subsequently published in 1978. This inventory comprises 21 questions aimed at evaluating the responses and symptoms of individuals suffering from depression. Specifically, it includes 2 items related to affective states, 11 items addressing cognitive aspects, 2 items concerning observable behaviors, 5 items focused on physical symptoms, and 1 item related to interpersonal symptomatology. Consequently, this scale assesses varying levels of depression ranging from mild to severe, with scores ranging from a minimum of zero to a maximum of 63. Numerous studies have been conducted to evaluate the validity of the Beck Depression Inventory. The average correlation between the BDI score and several other scales—including the Hamilton Rating Scale for Depression (HRSD), Zung Self-Rating Depression Scale (SDS), MMPI Depression Scale, Multiple Affective Traits Scale for Depression, and SCL-90—exceeds 0.60. Additionally, various studies within Iran have examined the psychometric characteristics of this instrument. One notable study involving 125 students from the University of Tehran and AllamehTabataba'i University investigated the reliability and validity of the II-BDI within an Iranian context; the findings revealed a Cronbach's alpha coefficient of 0.78 and a test-retest reliability coefficient of 0.73 over two weeks. The researcher also determined a Cronbach's alpha of 0.81 for this inventory.

### **Beck's Self-Esteem Scale**

Developed in 1978 by Aaron T. Beck and Robert A. Steer on the basis of Beck's cognitive theory, this test comprises 25 items. Research conducted by Beck et al. (1992) indicates that this scale assesses five key aspects: intellectual ability, occupational effectiveness, physical attractiveness, social skills, and personal flaws. Hassan Ghoreishi (2017) reported reliability coefficients of 0.88 and 0.65 via the test-retest method after intervals of one week and three months, respectively. The internal consistency for this scale reported to be 80%. Compared with the Rosenberg Self-Esteem Scale, the validity of this questionnaire is 55%. Additionally, reliability assessments via Cronbach's alpha revealed values of 80% for depressed men, 76% for depressed women, 75% for anxious men, and 78% for anxious women. In Iran, Hosseini (2015) reported that the reliability of this questionnaire was 0.65 via the split-half method and 0.68 via Cronbach's alpha. Saram (2020) achieved a Cronbach's alpha of 0.79 for the scale. Each question is scored from one to five on the basis of its relevance to self-efficacy, leading to a minimum score of 25 and a maximum score of

125. To improve the reliability of the self-efficacy questionnaire, Cronbach's alpha was calculated by the researcher.

### **Reality Therapy Training Package**

The reality therapy training package was provided to mothers in the experimental group through seven group sessions, each lasting between one and a half to two hours and held weekly over two months. A summary table outlines the topics and objectives for each session. Each session focused on a specific theme, with appropriate materials and examples presented, followed by assignments related to the discussed topics given to the mothers at the end of each session. At the start of each meeting, mothers had a designated time to share how they completed their assignments from the previous week, which was followed by discussions regarding any effects or uncertainties related to those tasks. After each session, a PowerPoint presentation containing that day's materials and examples was distributed to help mothers review what was covered or how to approach their assignments for the week. If needed, an additional session was scheduled after each training meeting to answer mothers' questions and provide further clarification on concepts. This training package is grounded in techniques based on reality therapy and William Glasser's choice theory, along with insights from Robert Wubbolding, which have been assessed by several expert instructors. Its primary aim is to help mothers transition from discouraging behaviors and mindsets toward more optimistic perspectives, replacing feelings of guilt and negative self-image with positive self-perception. Data analysis for this study was performed via SPSS software.

### **Findings**

The results revealed that the average age of mothers in the experimental group was 40 years, whereas the average age of mothers in the control group was 45 years. Both groups reported a moderate family income. In terms of employment status, the experimental group included 5 employed individuals and 10 homemakers, whereas the control group consisted of 7 employed individuals and 9 homemakers. The experimental group included 1 Azerbaijani, 3 Fars, 8 Lor individuals, and 3 participants whose ethnicity was not disclosed. In contrast, the control group comprised 10 Fars, 5 Azeri, and 1 Arab. Table 1 provides descriptive statistics for the research variables during both the pretest and posttest phases, organized by group and including minimum and maximum scores as well as the mean and standard deviation values.

**Table 1. Descriptive Statistics of the Research Variables by Experimental and Control Groups (N=31)**

Variable	Situation	Control Group		Experimental Group	
		Mean	Standard Deviation	Mean	Standard Deviation
Depression	Pre-Test	40.12	6.479	45.40	6.231
	Post-Test	30.08	5.828	32.93	4.847
Self-Efficacy	Pre-Test	76.44	2.555	75.60	2.063
	Post-Test	77.40	2.640	85.00	3.187

According to Table 1, the posttest mean score for self-efficacy in the experimental group exceeded that of the control group. In contrast, the posttest mean score for depression in the experimental group was lower than that in the control group.

**Table 2. Results of the Test for the Assumption of Homogeneity of Regression Slopes for Research Variables in Both Groups**

Variable	Source of Variation	F	Significance Level
Depression	Interaction Test Group Pre-Test	1.29	0.85
Self-Efficacy	Interaction Test Group Pre-Test	1.29	0.55

As indicated in Table 2, the F values for both variables are not significant, confirming that the regression slopes are homogeneous.

**Table 3. Results of Levene's test for the assumption of equality of variances**

Variable	F	First Degree of Freedom	Second Degree of Freedom	P
Depression	1.29	1	29	0.85
Self-Efficacy	1.29	1	29	0.55

As indicated in Table 3, Levene's test results show no significance for either variable, confirming that the variances between the experimental and control groups are equal. Consequently, the regression homogeneity or linear relationship between the random covariate (pretest) and the dependent variable (posttest) suggests that the regression slopes for all the variables examined in this study were parallel.

**Table 4. Results of multivariate analysis of variance for comparing means of self-efficacy and depression in the experimental and control groups**

Variables	Mean Squares (MS)	Degrees of Freedom	Sum of Squares (SS)	F	Significance	Effect Size
Depression	215.42	1	215.42	5.32	0.028	0.24
Self-Efficacy	5.43	1	5.43	1.00	0.326	0.62

As indicated in Table 4, the F values for depression and self-efficacy are 5.32 and 1.00, respectively, indicating significant differences between the groups across tests ( $p < 0.05$ ). Furthermore, the effect sizes suggest that self-efficacy was significantly influenced by reality therapy training, accounting for 62% of the variance, whereas depression accounted for 24%. Thus, it can be concluded that real-world therapy training had a substantial effect on these variables.

**Table 5. Results of univariate analysis of covariance in the context of multivariate analysis of covariance on adjusted depression scores between two groups**

Source of Variation	Mean Squares (MS)	Degrees of Freedom	F	Significance	Effect Size	Power
Pre-Test Depression	215.42	1	0.542	0.853	0.17	1.00
Group	1173	1	1.00	0.326	0.40	1.00
Error	68.6	29				
Total	1388	30				

As shown in Table 5, after accounting for the influence of the pretest variable and with an F coefficient of (1.00), there was a significant difference in the adjusted mean depression scores between participants based on their group membership (experimental and control) in the posttest phase ( $p < 0.05$ ). Furthermore, it can be concluded that reality therapy training accounts for approximately 40% of the variance changes in this variable.

**Table 6. Results of univariate analysis of covariance in the context of multivariate analysis of covariance on adjusted self-efficacy scores between two groups**

Source of Variation	Sum of Squares (SS)	Degrees of Freedom	F	Significance	Effect Size	Power
Pre-Test Self-Efficacy	5.43	1	0.30	0.551	0.03	1.00
Group	157	1	25.48	0.002	0.50	1.00
Error	50.62	29				
Total	162	30				

As indicated in Table 6, after accounting for the influence of the pretest variable and with an F coefficient of (25.48), there is a significant difference in the adjusted

mean self-efficacy scores between participants based on their group membership (experimental and control) in the posttest phase ( $p < 0.05$ ). Furthermore, it can be concluded that reality therapy training accounts for approximately 50% of the variance changes in this variable.

## **Discussion**

The findings revealed a significant reduction in depression among mothers of children with Down syndrome in the experimental group compared with the control group during the posttest phase. This outcome is consistent with studies conducted by Aghaei et al. (2020), Hosseini and Moein (2018), Sedaghat and Sahebi (2016), Saram et al. (2020), and Mirloshian et al. (2021), which highlight the efficacy of real-world therapy in alleviating depression among various individuals and patients. The explanation for these findings suggests that group reality therapy instructs participants not to evade challenges and difficulties but rather to acknowledge their responsibilities concerning arising issues while dedicating their full efforts toward resolving them. This therapeutic approach equips individuals with strategies to effectively manage their lives, embrace accountability for emotional struggles, and cultivate positive emotions by discerning right from wrong as well as identifying essential human needs throughout their life journey. The methodology inherent in group reality therapy facilitates engagement with reality, acceptance of responsibility, comprehension of life necessities, and regulation of internal behaviors—qualities underscored by kindness, supportiveness, and compassion that characterize effective reality therapy.

Furthermore, the results indicate an increase in self-perception among mothers of children with Down syndrome in the experimental group compared with the control group at the posttest stage. This observation aligns with findings from research conducted by Hosseini et al. (2015), Ghoreishi and Behboudi (2017), Mirahmadi and Manshaei (2019), and Soleimani et al. (2019). Self-efficacy is recognized as partially acquired; thus, engaging in group training such as reality therapy can significantly influence its development. Additionally, given that humans are inherently social beings whose self-concept is shaped through interactions with others, participation in group reality therapy likely fosters more positive interaction experiences that enhance self-efficacy. A positive self-concept typically develops within contexts where individuals recognize their talents, abilities, interests, and subsequent opportunities for reward. Individuals who possess this type of self-concept experience feelings of adequacy, worthiness, competence, confidence, and assurance within themselves.

## **Conclusion**

The findings suggest that group-based reality therapy training for mothers of children with Down syndrome effectively reduces depression and enhances self-efficacy among these mothers. In group reality therapy sessions, participants benefit not only from the therapist's guidance but also from observing and imitating the behaviors of other group members, which is therapeutically significant. The process of social learning or the development of essential social skills is a critical therapeutic component.

Therapists encourage clients to disseminate their knowledge on various topics related to health and mental disorders, along with practical advice concerning life situations, home environments, and personal experiences to fellow group members. This approach is particularly beneficial since many clients feel isolated in their struggles, believing that they are uniquely burdened by their issues; group therapy fosters a sense of social connection, as members recognize shared experiences.

The sample population for this research comprised mothers of children with Down syndrome in Tehran, which limits the applicability of these findings to broader populations. Additionally, a limitation of this study was the dropout rate among participants in both the experimental and control groups; ultimately, two individuals from each group were excluded from the final analysis because of frequent absences. However, this dropout did not significantly affect the overall test results.

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