

Effects of Emotion-Focused Cognitive-Behavioral Therapy on Stress and Anxiety among Teachers of Students with Intellectual Disabilities: An Intervention Effectiveness

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Abstract

Background: One of the most challenging occupations in the world is teaching.

Objectives: This considers points to assess the adequacy of emotion-focused cognitive-behavioral treatment intercession to decrease the anxiety and stress of teachers of intellectually disabled students.

Methods: We adopted a quasi-experimental pretest-posttest control group design in this study. The statistical population included all female teachers working in schools for children with special needs in Yazd, Iran, from 2021-2022. In this study, 30 eligible teachers were selected via the purposive sampling method. The participants were then assigned to two experimental groups (n=15) and a control group (n=15). The experimental groups received emotion-focused cognitive-behavioral therapy (ECBT) in 10 90-minute sessions once a week, while the control group received no training. In this study, the Teachers' Stress Inventory and Beck's Anxiety Inventory were developed. The data were analyzed in SPSS software (version 20) using Multivariate analysis of covariance (MANCOVA).

Results: According to the results, both the intervention and control groups experienced a clear change in stress and anxiety levels before and after the intervention. Moreover, the most significant effect was observed when it comes to feeling anxious (0.74), signifying that the independent variable was responsible for 74% of differences in anxiety between the experimental and control groups.

Conclusion: As evidenced by the obtained results, ECBT effectively reduced stress and anxiety among teachers of students with intellectual disabilities.

Keywords: Anxiety, Emotion-focused cognitive-behavioral therapy, Intellectual disabilities, Stress, Teachers

1. Background

Work-related stress may be a significant issue in the field of occupational well-being and security (1, 2). It happens when somebody realizes they do not have the physical or mental quality or the assets to manage over-the-top requests and weights (3). It has been revealed that teaching is one of the most stressful professions (4). In teaching, stress can cause mission dissatisfaction, burnout, and terrible performance. Stress is a common reaction to scary or threatening sports activities, turning into pathological chronic. Chronic stress can affect daily functioning and emotional balance and is also an outstanding problem for various mental illnesses, along with stress and depression (5,6). In a related study, most of the anxieties experienced by teachers were related to such issues as classroom assessment, discipline maintenance, teachers' perceptions of students, subject knowledge, error correction, and lack of instructional materials (7).

On the other hand, those who teach children with learning difficulties or disabilities are more sensitive to the depersonalization effects of stress (8). Something mentally disabled one group of these children. A mental condition known as intellectual disability affects many

individuals (9) and is associated with a cluster of psychological dysfunction and adaptive features (10). Learning is slow for people with intellectual disabilities since they have trouble remembering, generalizing, and motivating. Therefore, when teaching attitudes, people with intellectual disabilities find it difficult to socialize and master concepts, imposing an additional burden on the teacher (11). For instance, the teachers of children with Autism Spectrum Disorder (ASD) have additional responsibilities, such as customizing classroom materials and environments, which place an additional burden on them (12).

A wide array of studies have found that numerous teachers experience high levels of stress, anxiety, and depression (13), suggesting that it is a significant issue that needs to be addressed through research and interventions (14, 15). To reduce stress among teachers of ASD children, Akane et al. combined cognitive-behavioral therapy (CBT) and yoga as part of stress management. They revealed that the Yoga-enhanced Cognitive Behavioral Therapy (Y-CBT) modality not only reduced teachers' perceptions of stress sources and manifestations but also reduced teachers' total Teacher Stress Inventory (TSI) scores (12). Nowadays, many researchers strive to develop more effective and complete treatments than cognitive-

behavioral therapy. One of the most effective treatments for anxiety and stress symptoms is emotion-focused cognitive-behavioral therapy (ECBT), which focuses on emotional states, emotional understanding, and emotional regulation, along with cognitive-behavioral techniques to affect anxiety and other extremely negative emotions (16,17).

Emotion-focused cognitive behavioral therapy improves worry, self-criticism, low mood, physical symptoms, chronic painful feelings, stress, emotional avoidance, and significant reductions in symptoms of generalized anxiety disorder and dysfunctional automatic thoughts in individuals with these disorders (18). The ECBT includes the main components of CBT; nonetheless, its content is specifically designed to treat problems related to emotion regulation. In general, the goal of ECBT is to help people develop more emotion regulation skills that go beyond experiencing anxiety/fear (19). A study by Timulak et al. approved that in people with high levels of emotional dysregulation, ECBT showed a higher level of improvement in treatment (20). Akbari Zargar et al. studied the effectiveness of acceptance-based therapy and emotion-based cognitive therapy for health anxiety in patients with cardiac arrhythmia. The results of the stated study demonstrated that both interventions used in the study (Emotion-Based Cognitive Therapy, Acceptance, and Commitment Therapy) could significantly reduce health anxiety in patients with cardiac arrhythmia (21).

2. Objectives

Since no one has ever tried this method on a group of people before, the goal of this study was to see if it helps teachers of students with intellectual disability feel less anxious and stressed. This study looked at how therapy that focuses on emotions and thoughts affected

anxiety and stress levels in teachers of students with intellectual disabilities.

3. Methods

In this study, we adopted a quasi-experimental pretest-posttest control group design. The census population includes all female teachers of intellectually disabled students with anxiety and stress disorders working at schools for children with special needs in Yazd, Iran, during the 2021-2022 school year. In this study, 30 qualified teachers were selected by the deliberate method. The selected number of participants was determined using G*Power. A test power of 0.95, an effect size of 1.27, and a significance level of 0.05 were considered.

To conduct the research, after receiving the letter from the university and since the number of these schools is limited, the convenience sampling method was used to select the schools, and after obtaining permission from the school administrators, the teachers were selected via the purposive sampling method based on the inclusion criteria. Our colleague conducted a structured interview based on DSM-V so that the target sample could be accurately determined. The number of research samples in three schools, Neshat Yazd (n=15), Kausar (n=23), and Shahvazian physical movement school (n=21), were selected via the purposive sampling method. After identifying the eligible teachers to participate in the study, some did not participate due to personal reasons or lack of interest and were removed from the study process. Finally, the number of participants was reduced to 30 cases. After getting permission from 30 teachers, the researcher made a list and assigned them to two groups (n=15 in each group). Diagram 1 displays all the steps (Figure 1).

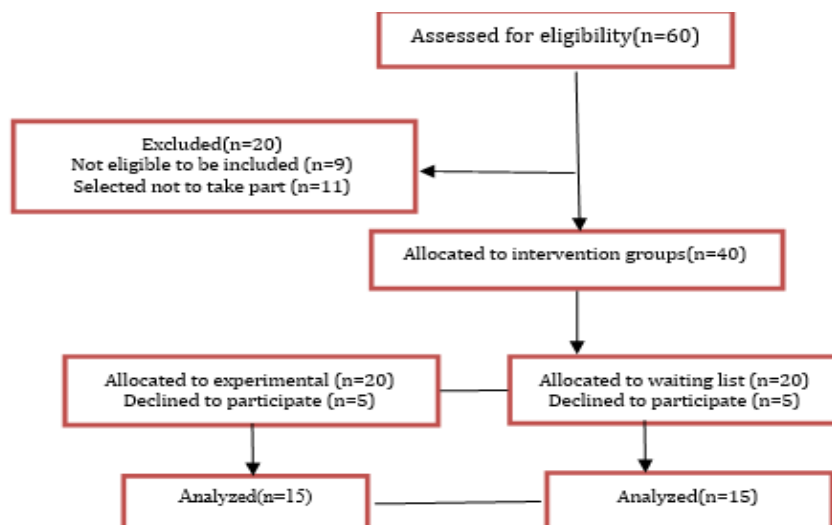


Figure 1. Flowchart Diagram

Sample sizes were calculated according to the previous study. We used a demographic questionnaire to obtain information about the participant's age, gender, years of experience, and qualifications. The inclusion criteria entailed the age range of 25-45 years old, being married, having children, having college degree levels beyond the bachelor's level, as well as suffering from anxiety and stress disorders. On the other hand, the exclusion criteria were concurrent psychological treatment, being single or divorced. The people involved were told about the research study. To maintain the privacy of the patient's information, the researchers ensured that their data would remain confidential. They voluntarily participated, and written informed consent was obtained from them. This study met all the standards of ethical behavior in research. Thereafter, an educational program focused on emotion-focused cognitive-behavioral therapy was administered to the experimental group, while the control group did not undergo any intervention. The summary of the interventions is reported in [Table 1](#). Researchers recruiting participants, conducting interviews based on DSM-V, and analyzing the data were involved in the study. The author of this study, who is a clinical expert, implemented the protocol and is an expert in this field. Firstly, to check the basic level of the groups, a pre-test was conducted using the Teacher Stress Inventory and Beck Anxiety Inventory questionnaires. During the above-mentioned meetings, the experimental group

received 10 sessions of training in emotion-focused cognitive-behavioral therapy intervention (training sessions were held once a week, each session lasting 90 minutes). The two groups received posttest evaluations following these sessions (22). After the performance of the protocol, a posttest was taken from both groups. The Ethics Committee of the Faculty of Humanities and Social Sciences, Ardakan University, Yazd (IR.IAU.ARD.REC.1401. 131), approved the study. The data were analyzed in SPSS software (version 20) using multivariate analysis of variance (MANCOVA). We examined the hypothesis of observation independence, normality of data (the Kolmogorov-Smirnov test), and homogeneity of variances (the Leven test) for conducting a mixed variance analysis. In this research, the pre-test of stress and anxiety of teachers with intellectually disabled students were considered auxiliary variables (covariates), and their posttests were regarded as dependent variables. The linearity of the relationship between each dependent variable and its covariate was tested. The linear significance level of the relationship between the pre-test and the posttest of stress $r=0.65$ and anxiety $r=0.63$ was obtained (both correlation coefficients are significant at the $p<0.05$ level). According to the Kolmogorov-Smirnov test, the assumption of normality of the distribution of the variables was greater than 0.05; therefore, this assumption was met. A p -value less than 0.05 was considered statistically significant.

Table 1. A summary of Emotion-Focused Cognitive-Behavioral Therapy (EFCBT) sessions

Session	Contents of training sessions
1	Ensuring effective communication and consensus on the treatment plan, providing explanations on the cause of the injury and indicators to observe, implementing a therapeutic approach addressing thoughts and behaviors, and evaluating self-awareness of thoughts and emotions.
2	Identification of basic emotions, presentation of emotional education (recognition of emotions and exciting situations through teaching the difference in the performance of different types of emotions), information about different dimensions of emotions, and short-term and long-term effects. Logic and reason for deep breathing
3	Evaluation of vulnerability and emotional skills (the function of emotions in the process of human adaptation and their benefits and examples of their real experiences), the logic and reason of progressive relaxation training, the implementation of progressive relaxation, changes in the issues that are the basis of emotional needs and the desired emotional cycle creating conditions for the emergence of usually unpleasant emotional experiences (playing an emotional role), receiving everyday events and challenging them.
4	Identifying certain emotions that are difficult to understand and regulate, facing emotions related to anxiety, cognitive reconstruction related to emotions, using relaxation techniques, exposure to emotions that are difficult to regulate, and identifying situations in the form of mental imagery to create a change in this exciting situation.
5	Identifying certain emotions that are difficult to understand and regulate, teaching mental calmness, and identifying and controlling needs, desires, and underlying factors of emotions so that the subjects break the feeling of incompleteness and inadequacy and explore two different aspects of their experience.
6	Identifying and examining the main beliefs related to excitement, identifying specific emotions related to anxiety, progressive relaxation training, mental exposure, and coping training against incompatible emotions, creating new perspectives.
7	Facilitating the expression and description of feelings, needs, and wishes by describing and talking about the tone of voice and the level of discomfort, anger, and pain of the subjects. Changes in cognitive evaluations, identifying incorrect evaluations and their effects on emotional states, and re-evaluating strategy training.
8	Continuation of mental confrontation and confronting exercise. Teaching the process of transferring the feelings of despair, anger, and shame of the subjects to creating and increasing the ability to face problems and changes in important aspects of life.
9	Changing the behavioral and physiological consequences of excitement by identifying the amount and how to use the inhibition strategy, examining its emotional consequences, training to express emotion, modifying behavior by changing environmental reinforces, and training emotional evacuation, relaxation, and reverse action.
10	Progressive relaxation training, mental exposure, forming a new cycle of behavior, providing examples of expressing excitement in people's lives, which is ahead of them, to strengthen the learning of new skills that have been learned, re-evaluating and removing obstacles to the application of learned skills in a natural environment outside the meeting, checking and removing obstacles to doing homework.

Teacher Stress Inventory (TSI): A teacher stress inventory was used to assess teacher stress. The scale

consists of 49 items that identify 10 health problems in stressed teachers (23). The intensity of various

stressors is measured on a scale of 1 (mild) to 5 (very severe). This inventory measures six stress levels:

(a) personal tension, (b) occupational stress, (c) discipline and motivation, (d) emotional symptoms, (e) behavioral symptoms, and (f) physiological fatigue symptoms (23). The Maslach Teacher Inventory (MBI-10) survey was used to measure teacher burnout (23). The MBI consists of 22 items, mental fatigue (9 items), personal neglect (5 items), and lack of accomplishment (8 items), and three subscales that assess teacher workload. The items are rated on a 7-point scale (no daily). Cronbach's alpha coefficients showed good internal reliability, ranging from 0.90-0.96 on the scale (24). In this study (CVI=0.97, CVR=0.94), the reliability estimate for the scale was 0.74.

Beck Anxiety Inventory: The BAI is a self-report questionnaire containing 21 questions about anxiety. Each item reflects one of the anxiety symptoms based on the four items. The total score of the subjects ranges from 0-46. Studies show that this questionnaire is very valid and reliable. The ratings are divided into "not at all" (0), "poor" (1),

"moderate" (2), and "strong" (3). If the participants scored 0-7 points, there is no need to worry. A score of 8-15 is mild anxiety, 16-25 is moderate anxiety, and 26-63 is severe anxiety. Kaviani et al. studied the psychometric properties of this test in Iran (25). In this study, (CVI) = 0.92, Content Confidence Ratio (CVR) = 0.89 was significant and reliable ($r = 0.83$) with an appropriate internal consistency of $\alpha = 0.92$

4. Result

As illustrated in Table 2, the mean (standard deviation) total stress scores for the experimental and control groups in the pre-test were 50.63 ± 5.31 and 49.60 ± 6.48 , respectively. In the posttest, they were 36.23 ± 5.12 and 49.26 ± 6.37 , respectively. Moreover, according to Table 2, the mean anxiety scores for the experimental and control groups were 38.36 ± 4.33 and 37.42 ± 5.16 , respectively, in the pre-test. Moreover, they were 25.57 ± 4.71 and 36.19 ± 5.28 , respectively, in the posttest.

Table 2. Mean and standard deviation of stress and anxiety for teachers of students with intellectual disabilities in experimental and control groups

Variable	Groups	Stages	Mean \pm SD
Stress	Pre-test	ECBT	50.63 \pm 5.31
		Control	49.60 \pm 6.48
	Posttest	ECBT	36.23 \pm 5.12
		Control	49.26 \pm 6.37
Anxiety	Pre-test	ECBT	38.36 \pm 4.33
		Control	37.42 \pm 5.16
	Posttest	ECBT	25.57 \pm 4.71
		Control	36.19 \pm 5.28

Considering dependent variables, Table 3 displays a significant difference between the test group and the control group at a level of $P \leq 0.001$. As a result, at least one of the dependent variables differs significantly between the two groups (stress and anxiety). In Mancova's text, two covariance analyses were conducted to determine this difference. In the

experimental and control groups, 74% of the variances are explained by the independent variable based on the calculated effect size. A test with a statistical power of 1.00 rejects the null hypothesis with 100% power, signifying that it can reject the null hypothesis.

Table 3. Results of multivariate analysis of covariance on variables

Test Statistic	Value	F	Df	df error	P-value	Effect size	Eta
Pillai's Trace	0.786	79.43	2	28	0.001	0.74	1
Wilks' Lambda	0.341	79.43	2	28	0.001	0.74	1
Hotelling's Trace	8.23	79.43	2	28	0.001	0.74	1
Roy's Largest Root	7.14	79.43	2	28	0.001	0.74	1

According to Table 4, $F=24.36$, the effect of emotion-focused cognitive-behavioral therapy protocol on stress is significant at the $P<0.001$ level. In addition, based on Table 4, the $F=27.19$, the effect of emotion-focused cognitive-behavioral therapy protocol on anxiety was confirmed at $P<0.001$ level. Therefore, hypothesis 2 was confirmed. Moreover, it can be

observed that the largest effect size was related to anxiety (0.745), suggesting that 74% of the total variances of the experimental and control groups in the anxiety variable were caused by the effect of the independent variable (emotion-focused cognitive-behavioral therapy) and the lowest effect size pertained to the stress of teachers with intellectually

disabled students (0.69), demonstrating that 69% of the total variances of the experimental and control groups in the variable of the stress of the teachers

with intellectually disabled students are caused by the effect of the independent variable (emotion-focused cognitive-behavioral therapy).

Table 4. Results of analysis of covariance in the MANCOVA context

Dependent Variable	Source	SS	DF	MS	F	P-value	Eta
Stress	Group	1819.36	1	1819.36	24.36	0.001	0.693
Anxiety	Group	7248.26	1	7248.26	27.19	0.001	0.745

5. Discussion

The present study aimed to examine the effectiveness of ECBT approach interventions in the reduction of stress and anxiety among teachers of intellectually disabled students. The obtained results indicated that the ECBT approach could be considered an effective method of reducing stress and anxiety in teachers of intellectually disabled students with stress and anxiety disorders. Although a wide range of research has been conducted to reduce stress and anxiety, few studies have used the ECBT approach for teachers of students with intellectual disabilities (18, 19, 20, 21). Stress and anxiety in teachers of children with intellectual disabilities negatively impact themselves, the children, and the education system. Alleviating stress in the workplace can decrease the frequency of health issues, such as tension headaches, anxiety, as well as muscular and skeletal ailments (26). The provision of support for teachers to decrease their stress can have a positive impact on their health and enhance their effectiveness in the classroom (27). Therefore, to check for agreement and inconsistency between studies, we look at similar studies that examined these variables or were conducted in other groups. The results are consistent with those of a previous empirical study (28), which found that rational interventions in emotional stress management significantly reduced burnout and dysfunctional stress in special education teachers. The results also support a study (29) that examined the effectiveness of Rational Emotional Occupational Health Coaching (REOHC) in reducing work stress among teachers of children with special needs.

The REOHC program helps people change negative thoughts, control emotions, and deal with stress. It uses activities, such as debating, exercising, talking, and pretending, as well as different approaches to thinking, behaving, and feeling (26). Compared with the wait-listed group, the REOHC group showed significant reductions in mean teacher perceived stress, stress symptoms, and overall stress scores at follow-up (30). These results are also consistent with previous studies showing that combined cognitive-behavioral therapy and Y-CBT programs are effective in reducing stress and associated psychological

distress. In teachers of children with ASD, Y-CBT can also work well since it uses yoga poses and breathing techniques, helping to reduce stress and activity in the hypothalamic-pituitary axis (12).

According to the reports received, both CBT and ECBT often reduce common anxiety symptoms. Looking at the similarities between the two anxiety reduction treatments, both CBT and ECBT use cognitive and behavioral techniques and even some components of CBT target emotional dysregulation. ECBT treatment incorporates the main components of CBT; nonetheless, its content is specifically designed to treat a variety of emotion regulation issues. Overall, the goal of ECBT is to help people develop more emotion regulation skills beyond experiencing anxiety/fear (19,31,32). For example, relaxation training is often used to reduce the physiological response to anxiety. Since relaxation allows people to alter their physiological arousal, it can serve as a strategy for emotion regulation and thus reduce arousal, and emotion-focused treatment has a significant advantage over cognitive-behavioral therapy (33). Furthermore, these results are consistent with those of Arfaoui et al. Based on the results of the mentioned study, ECBT makes a big difference in reducing problem behaviors. ECBT effectively increased the strategy of adaptive emotion regulation (cognitive reappraisal) in the posttest. ECBT also reduced alexithymia scores, particularly difficulties in recognizing emotions and outward thinking. Therefore, ECBT has shown promising initial efficacy in treating emotional dysregulation in children with externalizing behavior (32,33).

Improving the effectiveness of teachers leads to positive outcomes for the special needs children they serve. The emotional impact of EF-CBT was reinforced by the high-quality feedback from participants, with understanding and confidence being the most visible positive outcomes. One of the main limitations of this study is the small size of the subjects. The present study pointed out that ECBT reduced stress; nonetheless, the small sample size may have limited the generalizability of the study results. Further research may use a larger sample to test the effectiveness of the package. Further studies are needed to determine the effectiveness of EF-CBT interventions. This approach could also be tested on other groups of employees suffering

from chronic stress and anxiety.

6. Conclusion

As evidenced by the obtained results, ECBT effectively reduced stress and anxiety among teachers of students with intellectual disabilities.

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Conflicts of interest

The authors of the article declared no conflict of interest.

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