



National Institute for  
Medical Research Development  
Islamic Republic of Iran

# Research Proposal

Proposal No. 986533

Applicant: Nabi Nazari

Committee: National Ethics Committee

## Part A: Research Abstract

### Applicant

**Full Name:** Nabi Nazari  
**Degree/University:** MA / MASTER  
**Academic Rank:** N/A  
**Work/Position:** islamic azad university hamedan / researcher  
**Postal Address :** 15743-65181  
**Research Author IDs:**  ORCID  CV

### Application Abstract

**Title:** Efficacy of Transdiagnostic Group Therapy Based on The Unified Protocol on Difficulties Emotion Regulation and Mindfulness in Women with Multiple Sclerosis Associated With Depression and Anxiety disorder

**Background:** Multiple sclerosis (MS) is an autoimmune, progressive, and chronic disease of the central nervous system. MS is one of the most common causes of neurological disability in younger adults.

The myelin sheath enables nerve signals (electrical impulses) to be conducted along the nerve fiber with speed and accuracy. When the myelin sheath is damaged, nerves do not conduct electrical impulses normally.

The demyelinated sheath of nerve fibers and degenerated axons are concluded to an impaired nerve signaling. This injuries are correlated with several unpredictable physical symptoms in patient. The condition significantly associated with psychological, behavioral, cognitive, and emotional sequelae.

Broad neurological, clinical findings have supported a link between psychological effects, MS severity, and impaired brain connectivity , but other studies have not replicated this evidence

. New findings believe that emotional distress associated with insufficient education about disease dimensions In the MS patients is led to poor coping and acceptance rather than disease duration or severity.

Recently, a large growing body of literature have focused on the critical role of emotion regulation to promote the quality of life and well-being across people with MS(PWMS).

**Specific Aims:** The objective of this study is to investigate the effectiveness of Transdiagnostic Group Therapy based on the unified protocol on Difficulties Emotion Regulation and mindfulness in patients with Multiple Sclerosis Multiple Sclerosis Associated with Depression and Anxiety disorder.

**Methods:** The study is a Single-Blind, Randomized Controlled Trial comparing psychological intervention group, based on Transdiagnostic therapy principles, the unified protocol, with a control group. The statistical population consisted of all patients with MS living in Hamadan. Sample size is selected using the purposeful sampling method that randomly assigned to one treatment group and one control group. The subjects in the Transdiagnostic group receive 12 weekly two-hour sessions intervention based on new revised version the Unified Protocol. The participants in the control group receive no intervention and Listed as a Wait-list.

**How the results will be used:** The results will be registered in IRCT.IR. Also, we consider to publish the result as a research paper.

**Keywords:** unified protocol, emotion regulation, multiple sclerosis

**Type:** Clinical/Epidemiological

**Committee / Grant Type:** National Ethics Committee

**Host University/Institute:** Islamic Azad University, Hamedan branch/Hamedan/Iran

### 🌟 Outputs/Commitments

Commitment Type	Count	Comments
ISI/Scopus Q3 Journal Paper	1	
International Congress/Seminar Presentations	1	
National Congress/Seminar Presentations	1	




### 📅 Execution Schedule

**Proposed Start Date:** 2019-08-31

**Duration:** 7 months

No.	Phase/Activity Title	Duration
1	Recruitment	1 month
2	Baseline Assessment	1 month
3	Post-Treatment Assessment	2 months
4	Three Month Follow Up	3 months

### 👥 Key Contributors (PI, Co-PIs and Investigators/Collaborators)

Name	Affiliation	Major	Role	Hour/Month	Category	Specialty
Nabi Nazari	 islamic azad university hamedan	Hamedan	Principal Investigator	100	Master	Psychology
Davod MIRZAEI Far	 islamic azad university hamedan	hamedan	Methodologist	30	Instructor	education and planning
Davod Manavi por	 islamic azad university	oloum-tahghighat	Adviser	20	Assistant Prof.	psychology

### 📊 Budget

★ Budget Overview:

- Amount Requested from NIMAD: 1 Rials
- Other Granting Bodies: 0 Rials
- Total Budget (NIMAD + other granting bodies): 1 Rials

## **Part B: Proposal Details**



This form is designed for applying in National Ethics Committee ONLY.  
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Islamic Republic of Iran  
Ministry of Health and Medical Education



National Institute for  
Medical Research Development  
Islamic Republic of Iran

## FULL PROPOSAL APPLICATION FORM

### Complete and submit this form:

- ✓ If you would like to apply for sending your project for evaluation in **National Ethics Committee** for any reason.

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<b>General information</b> Provide name(s) and contact(s) for easy communication.	
<b>Applicant (PI) contact information</b>	
Electronic Application No. †	<b>986504</b>
Research project title	<b>Efficacy of the Unified Protocol on Difficulties Emotion Regulation in People with Multiple Sclerosis</b>
Applicant’s Full Name (Principle Investigator, PI)	<b>NABI NAZARI</b>

†Write down the proposal number provided by the electronic submission system.

## Research proposal

**Title (< 100 characters):**

### **Application Of The Unified Protocol On MS Psychological SEQUELE**

**Specific aims (max1 page):**

Use of a single protocol designed to target temperamental factors underlying the development and maintenance of the full range of emotional disorders has implications for bridging the

In the outcome trial using the highest standard of comparison to date, McEvoy and Nathan utilized a benchmarking strategy—comparing observed effect sizes to those obtained from methodologically similar studies—to compare the efficacy of their transdiagnostic CBT intervention for anxiety and depression to similar published efficacy Trials. Data from 143 participants attending at least three sessions (30 with anxiety disorders, 38 with depressive disorders, 75 with comorbid anxiety and depressive disorders) indicated treatment effect sizes, reliable change indices, and clinically significant change indices that were highly similar to those obtained in methodologically similar diagnosis- specific treatment studies for major depressive disorder or specific anxiety disorder diagnoses. Overall, the published and unpublished data reported thus far converge on the conclusion that participants undertaking transdiagnostic treatment programs for anxiety disorders show significant Improvement, and that such change is greater than that experienced by control participants not receiving treatment

Science to service gap. Training clinicians in the delivery of a single protocol that can simultaneously target commonly comorbid disorders may be more efficient and cost-effective because clinicians are adhering to core strategies that can be flexibly applied to a range of emotional experiences. Thus, a transdiagnostic approach, such as the UP may decrease known barriers of receiving an EBPT delivered with fidelity, at an adequate dose, in a cost- and time-efficient manner.

**Significance and Rational (max 2 pages):**

Multiple sclerosis (MS) is an autoimmune chronic neurodegenerative disease of the central nervous system. In addition to its physical effects, MS is significantly associated with psychological, behavioral, cognitive, and emotional sequelae [1-6]. MS is an unpredictable disorder with multiple areas of axonal demyelination, and these injuries more occurred in the frontal lobes. The frontal lobe plays a critical role in cognitive skills, divided attention, decision-making, control, and emotional regulation, providing the ability to behave appropriately in interpersonal situations and to regulate behavior in a socially acceptable manner [7- 16]. A wide variety of psychological consequences have been clinically identified in MS [17]. However, a large neurobiological, clinical evidence supports a link between psychological effects, (MS) severity, and impaired brain connectivity, but it has been found that emotional distress In the MS patients, are associated with poor coping and acceptance rather than disease duration or severity. Problems indicating a feeling of difficulties in emotion regulation or lack of emotional control have been reported in MS [18]. Suicidal ideation, depression and anxiety disorders, intolerant, and impulsivity responses are several problematic

consequences in PWMS. One of the most critical issues is that reported suicidal behaviors are high in MS patients [19, 20]. Some Evidence shows that suicide may be a cause of death for MS clinic patients in as many as 15% of all cases [21]. Recent findings claimed that the risk of suicide for MS might not be a significant difference as compared with the general population [22]. A considerable number of people with MS have reported considering suicide at one time or another. On another hand, depression is more common in MS populations [23]. Social isolation [24], abnormal negative emotions [25] are also relevant in MS. Thus, the risk factor of suicide is still a critical issue. [27]. The Ineffective emotion regulation strategies connect to suicide ideation. Depressed people who survived life-threatening behaviors exhibited more problems with emotions. It can potentially be an Overlap between depression and MS symptoms.

Depression is a significant and, at times, life-threatening condition. The strong abnormal relationship between depression, high negative emotions, and low positive emotion is highly supported by psychological and psychiatric evidence. In addition, depression predicts Anxiety [28, 29], and anxiety is also characterized by high level of negative emotions.

The fact that mental disorders commonly co-occur first became widely known in the early 1980s

In a quality of life approaches, positive emotions have a subjective effect on well-being criteria. MS patients reported fewer positive emotions than the general population and more negative ones. Their mean scores were similar to those observed in people with anxiety and depressive disorders. Emotion dysregulation, or difficulties in emotion regulation ability, is a Transdiagnostic risk factor that has a considerable role in suicidal behavior [30] and mood disorders [31].

Emotion regulation includes recognizing, accessing, experiencing, managing, controlling, processing, and modulating emotional responses [32, 33]. Adaptive emotion regulation involves objective monitoring and labeling of emotions, as well as distinguishing between primary and secondary emotions [34]. Emotion dysregulation defines as difficulty or inability in coping with experience or processing emotions [35]. In recent years there has been increasing attention to the role of emotional processing and regulation in a variety of disorders [36]. The Transdiagnostic nature of emotion dysregulation appears to be gaining importance. The Transdiagnostic nature and role of Emotional processing have been implicated in the treatment of specific phobias and each of the anxiety disorder [37], generalized anxiety disorder (GAD) [38], excessive worry and increase physiological arousal psychological stress[39] depression[40] eating disorders[41], and rumination [42]. In the treatment of complex cases, associated with a combination of psychological risk factors or comorbidities, emotion regulation plays a more important role [43].

In the context of understanding psychopathology, a “Transdiagnostic” process can refer to intrapersonal cognitive, behavioral, emotional, and physiological processes.

The Barlow Unified Transdiagnostic Therapy protocol [44, 45] was proposed for those individuals with anxiety disordered individuals and one polar mood with potential application for other emotional disorders developed taking into account similarities and common emotional disorders including Transdiagnostic factors and higher levels (negative emotion, perfectionism, mind rumination, emotional regulation problems, anxiety and sleep problem), the high comorbid rate between these disorders and the high rate of recovery in comorbid disorder with the under treatment disorder, as well (46). UP was effective in depression anxiety regulation as compared with CBT showed higher therapeutic efficacy on indices of depression anxiety as compared to CBT. Therefore, developing and applying a single effective therapeutic protocol in diagnostic categories to target main features of emotional disorders such as MS can be massive and potentially powerful options compared to existing therapeutic protocols for specific clinical diagnoses. The treatment protocol that addresses these common factors is the right approach (11Researches show that Unified Transdiagnostic Therapy is effective in reducing anxiety disorders symptoms [47, 48] and depression [49, 50] leading to emotional regulation [51, 52], social and job compatibility [51] and general performance [52].

Underlying common emotional disorders include some criteria.

- Evidence of a high degree of comorbid and diagnostic overlapping [53],
- The generalizability of treatment responses to these disorders due to the uniqueness of these disorders



- The presence of a possible general neurotic syndrome [54]
- Patterns of common nervous activity, especially hyperexcitability of the Limbic system along with disrupted or limited cortical structures inhibitory control [55]
- Emotion dysregulation [56]
- The convergence of the substantial dimensions and the existing structures (such as positive and negative affection) following the tripartite model of emotional disorders [57]
- Emphasize of Triple vulnerability model [58] on the presence of common causes of joint biological and psychological vulnerability

, and in addition to emotional disorders, specific vulnerability, and

- Finally, conventional cognitive and behavioral processes [59].

Transdiagnostic intervention helps people learn how to face inappropriate emotions and respond to their emotions more adaptively. UP was suggested to treat emotional disorders, such as the experience of excessive negative emotions, aversive response to these emotional experiences, and helps to change or control emotions through avoidance, suppression, or escape. This method i to reduce the intensity and occurrence of emotional habits by adjusting the emotional ordering habits, increasing the amount of damage, and increasing the functionality.

The UP is an evidence-based treatment that is typically delivered over 12 to 16 sessions and designed as a treatment consisting of eight modules: motivation, psychoeducation, mindfulness, cognitive flexibility, emotion-driven behavior (EDB) and emotional avoidance, interoceptive exposure (IE), in vivo exposure, and relapse prevention. Technically, modular treatment is more helpful than the conventional method. Specific treatment mechanisms can evaluate, and further improving implications can be considered through examination each component results. Flexibility, future research perspectives, personalizing, efficacy improvement are other progressive aspects offered by modularity in the UP.

Cognitive Behavioral Therapy (CBT) is taken as a selective therapy for improvement in many cases, but the follow-up of the efficacy of this treatment shows that MS continues or recurs [60] and there were some findings that CBT was less efficacious than other intervention in people with MS [61]. Also, CBT is not suitable for everyone, especially in people with high impulsivity with the more likely that the treatment will be discontinued [62]. In the MS profile, people may tend to focus primarily on their physical health and neglect their psychological health which is an essential component of overall health and wellness. Dialectical Behavioral Therapy (DBT) is effective and comprehensive approach but it can be very costly, because of its complexity of exercises, the necessity of highly qualified specialist therapist, and multiple sessions [65].

**Innovation (max 0.5 page):**

**As our proper knowledge, this study is first study to investigate the revised UP ACROSS PWMS.**

1. At the current study, we designed two hypotheses. First, the UP is effective on Emotion Regulation in a patients with MS-associated with comorbidity in anxiety and depressive disorders. Second, the UP for anxiety disorders can improve the symptom of depression symptoms in the participants. The second hypothesis is important and innovative. Because the efficacy of a single protocol in the improvement of another disorder is a promising finding for clinicians and patients.

2. in some approaches, believed to MS differentiations in all criteria. So, they have not tested group therapies in respect to emotion. But, new findings show that to participate in high perceived social support society is the most important external factor to increasing psychological well-being and positive emotions in PWMS. We are trying to find an evidence to new findings.

**Approach (at least 2 pages):**

**The first**

As the transdiagnostic intervention addressed simultaneously more than one disorder, more than one primary outcome measure was included. In our opinion, limiting the primary outcome measures to only one dimension would not have accurately reflected the outcomes of this trial.

In the methodology meta-analysis reviews an interview using the Structural Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition Axis I Disorders (SCID-I) is considered as a strength point. In the Following a valid Scid, also a comprehensive baseline assessment in the UP interventions is highly suggested. A Participant meets the diagnostic criteria for at least one affective and/or anxiety disorders, he/she is evaluated by the scales.

We designed a diagnostic process based on comorbidity between anxiety disorder and depression symptoms. Also, we served various materials to identify the appropriate subjects. A combination of Clinical diagnostic and self-report assessments more limited the eligibility of participation. Patients who met The Structured Clinical Interview for DSM-IV SCID-I criteria, for anxiety disorders, were evaluated in terms of the scales of emotion regulation, the scales of depression, and the scales of anxiety disorders. At last, only people who exclusively received at least one self-report score in each of the three domains were selected to randomization. Due to the nature of this trial involving multiple diagnoses, an assessment battery was constructed such that each measure would be relevant to all patients regardless of diagnosis. The same battery was administered to those in the treatment group during follow-up.

**SCID-DSM-IV: The Structured Clinical Interview for DSM-IV (SCID)** is a valid semi-structured interview created to make reliable psychological and psychiatric diagnoses based on the Diagnostic and Statistical Manual, fourth edition (DSM-IV). Kappa was higher than 0.4 for all the diagnoses except for Generalized Anxiety Disorders. The kappa was above 0.85 in most of the diagnoses, and in half it was above 0.9, indicating acceptable reliability.

Barlow et al. tables: As practical and helpful items, we used the assessment tables to better diagnostic of emotional disorders (p, 25-26) and avoidant coping (p, 27-28, 30).

**Overall Anxiety Severity and Impairment Scale (OASIS)** is a 5-item questionnaire developed to capture anxiety-related symptom severity and impairment across anxiety disorders. This measure has moderate to excellent psychometric proprieties.

**Penn State Worry Questionnaire (PSWQ)** The PSWQ was included to assess symptoms related to anxiety disorder. The PSWQ is a 16-item self-report measure that assesses an individual's tendency to worry as well as intensity and excessiveness of worry on a scale of 1 (not at all typical of me) to 5 (very typical of me). The PSWQ has demonstrated reliable psychometric properties, suitable internal consistency, and test-retest reliability (Molina & Borkovec, 1994) A cut-off score of 50 on the PSWQ has been considered to discriminate GAD from non-clinical samples with 82% sensitivity adequately and 90% specificity[]

**Emotion Regulation Questionnaire (ERQ-R)** [ ]: It is a two-factor measure of emotion regulation involving six 'cognitive Reappraisal' items that tap into the ability to redefine a situation deemed as emotion-eliciting so that the emotional impact is changed, and 'four expressive suppression items that assess the ability to control the ongoing expression of emotion.

The participants answered ten items on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree).

**The Positive and Negative Affect Schedule (PANAS)** is two mood scales, one that measures positive affect and the other, which measures the negative effect. The PANAS can demonstrate relations between affects with traits and personality stats. Ten descriptors have been answered for each PA scale and NA to define their meanings. The scales are shown to be highly internally consistent, largely uncorrelated, and stable at appropriate levels over two months. The PANAS allows for the assessment of negative core affect as well as deficits in positive affect. The PANAS has shown excellent convergent and divergent validity. The subjects in the PANAS are required to respond to a 20-item test using a 5-point Likert scale with a range from very slightly (1) to extremely (5).

**The Southampton Mindfulness Questionnaire (SMQ)** [ ]: a 16 items questionnaire designed to assess four aspects of mindfulness: mindful observation, non-aversion, nonjudgment, and letting go. Cronbach's alphas of 0.89 and 0.82 were found for the community and clinical sample respectively, indicating the SMQ has good internal consistency across different population samples.

**Difficulties in Emotion Regulation Scale (DERS):** The DERS is a 36-item; self-report questionnaire implicated to assess multiple aspects of emotion dysregulation. Total scores range from 36 to 180. There are no standardized clinical cutoffs for this measure. However, prior research suggests that the clinical range on the DERS overall score varies from averages of approximately 80 to 127. The generalized expectation scale of negative emotional regulation has been used as a model in the scale. This is based on the five-point Likert Scale. Factor analysis shows six factors of no acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, the lack of emotional awareness, limited access to emotional regulation mechanisms and lack of emotional clarity. The high scores showed further difficulties in the regulation of emotions. DERS was standardized in Iran, and the Cronbach's alpha coefficient was estimated to be .92 with the internal consistency reliability of the scale .86 and the subscales (.75) for no acceptance, .74 for impulse, .63 for awareness, and .74 for mechanisms and .85 for clarity, respectively.

**The hospital anxiety and depression scale (HADS):** consists of two subscales for anxiety and depression. Seven items measured subscales, separately. Accordingly, the 4-point (0-3) scale for each item; the possible scores ranged for each subscale is 0-21. HADS is a highly reliable screening measure to assessing depression and anxiety across PWMS as well as a diagnostic interview.

### **Power analyses, randomization, and blinding**

The Sample size for an ANCOVA of two levels and one covariate was conducted using g-power analysis. The power analysis was, and large effect size ( $f = 0.4$ ) (Faul et al., 2013). An a priori power analysis is conducted, using an alpha of 0.05, a power of 0.80, to determine the sample size required to detect a small to moderate interaction effect ( $f = 0.45$ ) between group and time. According to G\*Power, The desired total sample size was 56. Given the probability of dropping out the research and the available options, this study is conducted on two groups of 32 persons (in a total of 64 people) selected using the purposeful sampling method.

Finally, patients, met all inclusion criteria, were randomly assigned to treatment and control groups. Randomization was carried out using concealed computerized block-wise randomization, stratified by monitoring board. The block size of 6 is disclosed after ending follow-up measurements. An independent

investigator carried out the randomization and informed the patient and researcher about the allocation. The treatment sessions is instructed by researcher under supervision professional instructor. We define the Zero session as an explanation of objectives in individual assignments. The researcher explain the process to participants and attracted their satisfaction. Having obtained informed written consent from all participants filled up the researcher-made demographic questionnaire. All subjects were asked not to change their lifestyle during the study and continue their daily routines, exercise, diet, and medications, and if received any psychological treatment, informed the researcher0p.

At posttreatment, to assist in the masking condition assignment, we instruct all patients at the outset of the posttreatment assessment that they should not reveal any information about

the nature of processes to the evaluators. The post-intervention SCID-I interviews are conducted by different graduate students blinded to participants' group and diagnostic status.

This study is a clinical evaluator-blinded, assessor-blinded, analysist-blinded, and statistician blinded. The sessions were structured based on the Transdiagnostic Therapy basics developed by Barlow Et al. Group therapy consisted of 14 weekly two-hour sessions with a 15-minute break time in sixty minutes.

Table 1&2 depicted the structure and techniques presented per session. The mean age of the participants in the Transdiagnostic Therapy and control groups are demonstrated. Data are analyzed in SPSS software version 25 (version 25, SPSS Inc., Chicago, IL) following an Intention-to-Treat (ITT) analysis approach. Given that the analysis was based on ITT principles,

**Limitations (max 0.5 page):**

Several Limitations Are Potentially associated with this trial. First, a heterogonous sample in MS studies is hardly provided because MS prevalence have significantly been different, especially, in gender account.

If the assumptions of ANCOVA are violated, we must reconsider non parametric test must be implicated.

The UP based group therapy is in the infancy, so there is no documented evidence about drop out.

**Future work (max 0.5 page):**

This study is the first stage of my thesis in PhD, if we can find a New evidence to show effectiveness the up in MS psychological effects, we are going to design another trial with more powerful materials (e.g., MRI).

**Knowledge Translation and Exchange (max 0.5 page):**

WE ARE GOING TO PUBLISH THE RESULTS IN A HIGH STANDARDS PEER REVIEW JOURNAL..

**References (limit to 50):**

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## Applicant (Principle Investigator) Information

### Role Information

What is your primary profession?	PSYCHOLOGY		
Are you a clinician?	YES	If yes, number of hours per month in clinical sessions?	20
Number of hours per month contributing to this research project?			OVER 100
Total number of hours per month spent on all research projects?			-----

### Curriculum Vitae

#### General Information

Birth date	21-09-1984	Nationality	IRANIAN
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#### Qualification

Title of the final degree	Field of study	Completion date	Location
MASTER	PSYCHOLOGY	2018	HAMEDAN

#### Positions holdover the last 10 years

Position	Period (date-date)	Type of position (fixed term, permanent, tenure track, Geographical Full-time, K-score, part-time, other)	Institution
TRAINING STAF	2102-2014	FULL TIME- TEHRAN	TRAINING CENTER AIR UNIVERSITY
INSPECTION AND SAFETY	2014-2016	FULL TIME-HAMEDAN	TRAINING CENTER OF AVIATION

#### Work experience over the last 10 years

Experience	Number of months	Experience	Number of months
Research activities		Education	
Care or sick leave		Management tasks	
Other, please specify			

#### Academic staff supervised

	Role as Supervisor	Role as Co-Supervisor
No. of PhDs: Ongoing		
No. of PhDs: Successfully completed		
<b>SubtotalPhDs</b>		
No. of Postdocs		
No. of other academic staff, please specify		

Scientific works					
Number of First Author Publications	9	Number of Last*/Corresponding Author Publications	9	Total Number of Publications	11
Personal Statement					
<p><b>Briefly describe why you and your team are well-suited for your role(s) in the project described in this application</b>(max. 300 words)</p> <p>i have no information about other teams, but, if i am going to introduce the team and the goals, i point out to a self-motivated and a high energetic group conduct this trial. It is not about resume and gain. Second, we have sent our proposal to the highest committee (you), and we are supervising under the strictest standards. I have devoted all vacations and leisure times to search and investigation. Then, the UP REPRESENT A COST-EFFECTIVE method, suitable for everybody.an approach to emotion in the content to psychotherapy, is growing and it is an opportunity to represent it in IRAN,in line with other outstanding countries.</p>					
Ten Top publications <u>over the last 10 years</u>					
Authors (in order). Title. Publication name. Year; volume: pages					Journal'sIF, 2018
1- The Relationship between Teaching Skills, Academic Emotion, Academic Stress and Mindset in University Student Academic Achievement Prediction: A PLS-SEM Approach.2019 WEB: <a href="#">JDDT</a>					Q4 HI=3
2- Sharing mechanisms in virtual communities: A review of the current literature and recommendations for future research. human management system .INPRESS2019					Q3 hi=26
3- The Congruity of EFL Teachers' Beliefs about Listening Instruction Practices. Australian journal education.2017. WEB: <a href="#">IN</a>					Q2 hi=24
4- The Effectiveness of Hope Therapy on Improving Marital Adaptation in Women with Multiple Sclerosis (MS) Journal of pharmaceutical education and research. inPRESS.VOL10 ISSE 2					Q4 HI=3
5- رابطه‌ی مهارت‌های تدریس ، هیجان تحصیلی، استرس تحصیلی و کنترل رفتاری ادراک‌شده در پیش‌بینی پیشرفت تحصیلی " - دانشجویان": فصلنامه علمی پژوهشی تربیتی بحنورد					ISC
6-					
7-					

8-	
9-	
10-	

**Proposals over the last five years**

<b>Topic</b>	<b>Funding Organization</b>	<b>Start Date (YY/MM/DD)</b>	<b>End Date (YY/MM/DD)</b>	<b>Total Budget [in million Rial]</b>

**Scholarships, grants and prizes**

Please list any research scholarships/grants for which you have successfully applied or prizes that you have won and indicate the amount of money involved

<b>Scholarship/Grant/ Prize(formal PI)</b>	<b>Amount</b>	<b>Year of award</b>
Subtotal		
<b>Scholarship/Grant/Prize (formal Co-PI)</b>		
Subtotal		

\* Only if the last author indicates as a group leader/senior author

## Supporting Role, No.1

### Role Information

Name of Supporting Participant: Davod Mirzaei Far

Role: Methodologist

Number of hours per month contributing to this research project:

Description of participation in this project, including any technologies, techniques or skills to be employed:

### Curriculum Vitae

#### Qualification

Title of the final degree	Field of study	Completion date	Location
Phd	Education and planning	2018	lorestan

#### Positions held over the last 10 years

Start	End	Job Title	Location
2014		instructor	Hamedan, Asad Abad, Isfahan

#### Scientific activities

Number of First Author Publications	OVER 15	Number of Last/ Corresponding Author Publications	OVER 15	Total Number of Publications	OVER 20

#### Five Top publications over the last 10 years (preference of relevant publications)

Authors (in order). Title. Publication name. Year; volume: pages

پیش بینی بهزیستی روان‌شناختی دانشجویان بر اساس تجربه چند فرهنگی -1

داود میرزایی فر<sup>۱</sup>، محمد رضا یوسف زاده<sup>۲</sup>، هانیه حسینی دوماهنامه علمی- پژوهشی راهبردهای آموزش در علوم پزشکی. ۱۳۹۷؛ ۱۱ (۶): ۱۱۴-۱۲۰

URL: [http://edcbmj.ir/article-۱۹۰۱-۱-۱-۱-](http://edcbmj.ir/article-۱۹۰۱-۱-۱-)

مؤلفه‌های ارزشیابی کیفیت برنامه درسی دوره کارشناسی پیوسته دانشگاه فرهنگیان-2

مقاله ۴، دوره ۸، شماره ۲۳، پاییز ۱۳۹۷، صفحه ۸۱-۱۱۶ XML (۳۳۲,۸۷ K) اصل مقاله

نوع مقاله: مقاله پژوهشی

نویسندگان

\*یحیی معروفی<sup>۱</sup>؛ محمدرضا یوسف زاده<sup>۱</sup>؛ داوود میرزایی فر

بررسی میزان رضایت و نگرش دانشجویان کارشناسی ارشد آموزش محور دانشگاه اصفهان از تحصیل به شیوه مذکور-3

Writer : میرزایی فر، داود؛ لیاقتدار، محمدجواد؛ سوری نژاد، محسن؛ اشرفی، سکینه؛

Journal: Science-Research/ISC (14 page(s) - From ۸ - شماره ۱۳۹۵ - بهار و تابستان

4- [بررسی امکان طراحی و تدوین برنامه درسی نوزبانه \(فارسی و لری\) در آموزش ابتدایی استان لرستان از نظر معلمان و مدیران](#)

Writer : [میرزایی فر، داود؛ سراجی، فرهاد](#)؛

Journal: Science-Research/ISC (14 page(s) - From 37 to 50) [پاییز و زمستان ۱۳۹۳ - شماره ۵](#) « [پژوهش های آموزش و یادگیری](#)»

5- [بررسی مقایسه ای میزان کاربست مؤلفه های برنامه ریزی استراتژیک در \(توسعه یابدار\) آموزش و پرورش شهرهای اصفهان و کرمانشاه](#)

Writer : [نیستانی، محمد رضا؛ میرزایی فر، داود؛ دارایی، سلمان](#)؛

Journal: Science-Research/ISC (36 page(s) - From 101 to 136) [پاییز و زمستان ۱۳۹۲ - شماره ۴](#) « [مطالعات برنامه ریزی آموزشی](#)»

## Supporting Role, No. 2

### Role Information

Name of Supporting Participant:

Role:

Number of hours per month contributing to this research project:

Description of participation in this project, including any technologies, techniques or skills to be employed:

### Curriculum Vitae

#### Qualification

Title of the final degree	Field of study	Completion date	Location
PHD	PSYCHOLOGY		

#### Positions held over the last 10 years

Start	End	Job Title	Location
2004		FACULTY MEMBER	TEHRAN

#### Scientific activities

Number of First Author Publications	OVER 30	Number of Last/ Corresponding Author Publications	OVER 30	Total Number of Publications	OVER 30

#### Five Top publications over the last 10 years (preference of relevant publications)

Authors (in order). Title. Publication name. Year; volume: pages

1- [اثربخشی تکنیک رویکرد تدریجی روان درمانی پویایی فشرده و کوتاه مدت بر تغییر کانال اضطراب](#) -

؛ خزانی، نورالدین؛ معنوی پور، داود: نویسنده

((۱۲ صفحه - از ۱۳۳ تا ۱۴۴ زمستان ۱۳۹۶ - شماره ۲۴ « مطالعات روانشناسی و علوم تربیتی: مجله

2- [\(DSI - R\) بررسی ویژگی های روانسنجی پرسشنامه تمایز یافتگی خود](#) -

؛ معنوی پور، داود؛ عسکری، فاطمه؛ پاشا شریفی، حسن: نویسنده

(علمی پژوهشی (۱۴ صفحه - از ۹ تا ۲۲ بهار ۱۳۹۳ - شماره ۱۸ « روان شناسی تحلیلی شناختی: مجله



3- بررسی مکانیسم های دفاعی زنان مبتلا به کژکار کردی جنسی و مقایسه آن با زنان عادی

؛ معنوی یور، داود؛ صداقتی فرد، مجتبی؛ برون، ریسا: نویسنده

(علمی پژوهشی (۱۲ صفحه - از ۳۳ تا ۴۴ پاییز و زمستان ۱۳۹۳ - شماره ۲۰ » روان شناسی تحلیلی شناختی: مجله

4- تأثیر موسیقی بر کاهش حملات بیماران مبتلا به صرع لوب گیجگاهی

؛ معنوی یور، داود؛ کمجانی، لیلا: نویسنده

(علمی پژوهشی (۱۰ صفحه - از ۱ تا ۱۰ تابستان ۱۳۹۴ - شماره ۲۳ » روان شناسی تحلیلی شناختی: مجله

5- مقایسه ی توانایی های نوروسایکولوژیک بیماران مبتلا به اسکیزوفرنیا با همسرهای آنها و افراد بهنجار

؛ باقر ترک رحیمی، ماندانا؛ معنوی یور، داود؛ میر هاشمی، مالک: نویسنده

((۱۱ صفحه - از ۷۹ تا ۸۹ تابستان ۱۳۹۱ - شماره ۲۴ » اندیشه و رفتار در روانشناسی بالینی: مجله

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