KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 01 June 2023
Revised 28 June 2023
Accepted 05 July 2023
Published online 10 July 2023

KMAN Counseling & Psychology Nexus

Volume 1, Issue 2, pp 119-126

E-ISSN: 3041-9026

Building Psychological Strengths: A Study on the Effectiveness of Psychological Capital Workshops in Improving Adaptive Behavior Among Patients with Physical Disabilities

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Al-Dossary, S. A., Atak, I., & Atapour, N. (2023). Building Psychological Strengths: A Study on the Effectiveness of Psychological Capital Workshops in Improving Adaptive Behavior Among Patients with Physical Disabilities. *KMAN Conseling and Psychology Nexus*, *1*(2), 119-126.
http://doi.org/10.61838/kman.psynexus.1.2.19

A B S T R A C T

This study aimed to evaluate the effectiveness of psychological capital workshops in enhancing adaptive behavior among patients with physical disabilities. It explored how interventions focusing on optimism, hope, resilience, and self-efficacy could influence the adaptive capabilities necessary for navigating life with a physical disability. A randomized controlled trial design was employed, involving 30 participants with physical disabilities, divided equally into intervention and control groups. The intervention group underwent a structured psychological capital workshop comprising ten sessions, each lasting 75 minutes. The Vineland Adaptive Behavior Scales, Third Edition (Vineland-3), was utilized to measure adaptive behavior at baseline, post-intervention, and at a four-month follow-up. Data analysis was conducted using SPSS version 27, employing repeated measures analysis of variance (ANOVA) with Bonferroni post-hoc tests to assess changes over time within and between groups. The intervention group exhibited significant improvements in adaptive behavior from baseline to post-intervention and maintained these gains at the four-month follow-up. In contrast, the control group showed no significant changes in adaptive behavior across the same periods. The analysis confirmed the effectiveness of the psychological capital workshops, with significant differences in adaptive behavior scores between the intervention and control groups, particularly notable in the post-intervention and follow-up assessments. Psychological capital workshops significantly enhance adaptive behavior in individuals with physical disabilities, highlighting the potential of psychological interventions in rehabilitation programs. By focusing on developing psychological strengths, such as resilience, hope, optimism, and self-efficacy, individuals with physical disabilities can achieve better adaptive outcomes, improving their quality of life and ability to navigate daily challenges.

Keywords: *Psychological capital, adaptive behavior, physical disabilities, resilience, optimism, hope, self-efficacy, rehabilitation.*

1. Introduction

The interplay between psychological well-being and physical health has garnered significant attention within the healthcare field, particularly in relation to individuals with physical disabilities. This interest has led to an exploration of how psychological interventions, specifically those aimed at enhancing psychological capital, can ameliorate adaptive behavior among this demographic. Psychological capital, a construct encompassing positive psychological assets such as optimism, hope, resilience, and self-efficacy, is increasingly recognized for its pivotal role in shaping individuals' attitudes, behaviors, and capacity to adapt to challenges (Chen et al., 2022). The essence of psychological capital lies in its potential to foster a positive psychological state, which, in turn, can significantly influence an individual's ability to navigate life's adversities, particularly those associated with physical disabilities.

Adaptive behavior, or the ability to adjust and cope with new, challenging, or changing circumstances, is crucial for individuals with physical disabilities. The capacity to adapt not only affects daily functioning but also impacts overall quality of life. In this context, interventions designed to enhance psychological capital have emerged as promising avenues for fostering resilience and adaptive coping strategies. These interventions aim to mobilize available resources, enabling individuals to approach daily activities and challenges in a more effective manner (Geerts-Crabbé et al., 2019). The premise is that by bolstering psychological resources, individuals can develop more adaptive coping mechanisms, thereby improving their ability to manage the physical and psychological demands of their disabilities.

The literature provides ample evidence of the beneficial effects of psychological interventions on both the physical and psychological functioning of individuals with disabilities. For instance, studies have demonstrated that interventions targeting psychological factors, such as cognitive-behavioral therapy (CBT), can significantly reduce disability severity by promoting adaptive cognitive and behavioral strategies (You et al., 2021). This underscores the critical role of psychological components in rehabilitation programs, highlighting the need to address mental and emotional well-being alongside physical rehabilitation.

Furthermore, the involvement in adaptive sports has been linked to enhanced quality of life across physical, psychological, and social domains for individuals with disabilities (Carraro et al., 2022). The participation in sports and physical activities not only facilitates physical rehabilitation but also serves as a vital mechanism for psychological adaptation to acquired disabilities. This aligns with findings from Machida et al. (2013), which suggest that sport involvement acts as a catalyst for both physical and psychological adjustment to life with a disability (Machida et al., 2013).

Additionally, tailored interventions combining cognitive-behavioral therapy and exercise training have shown efficacy in improving the physical and psychological functioning of patients facing chronic conditions, such as fibromyalgia (Koulil et al., 2010). These interventions exemplify how targeted psychological and physical strategies can work in tandem to enhance the overall well-being of individuals with disabilities.

Given the positive outcomes associated with psychological capital interventions, there is a growing emphasis on integrating these approaches into comprehensive care plans for individuals with physical disabilities. By focusing on the development of positive psychological resources, healthcare professionals can facilitate more effective adaptation and coping strategies, thereby improving the quality of life for this population. This article seeks to delve into the effectiveness of psychological capital workshops on adaptive behavior in patients with physical disabilities, offering insights into how such interventions can contribute to the holistic well-being of these individuals. Through a detailed examination of current research and practical applications, we aim to shed light on the potential of psychological capital to transform the adaptive capabilities of individuals with physical disabilities, ultimately paving the way for more inclusive and effective rehabilitation practices.

2. Methods and Materials

2.1. Study Design and Participants

This study adopted a randomized controlled trial (RCT) design to evaluate the effectiveness of a psychological capital workshop on adaptive behavior in patients with physical disabilities. Participants were randomly assigned to either the intervention group, which participated in the psychological capital workshop, or the control group, which did not receive any intervention. The study included a total of 30 participants, with 15 individuals in each group. Inclusion criteria for participation were as follows: (1) age between 18 and 60 years, (2) a formal diagnosis of a physical

disability, and (3) the ability to communicate effectively in the language of instruction. Participants with cognitive impairments severe enough to interfere with participation in the workshop or completion of assessments were excluded. The intervention group received a structured psychological capital workshop designed to enhance adaptive behavior, while the control group received no such intervention. Both groups were followed up for a period of four months post-intervention to assess the long-term effects of the workshop on adaptive behavior.

2.2. Measures

2.2.1. Adaptive Behavior

Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) consists of 45 items comprehensively assesses adaptive behavior through subscales that include Communication, Daily Living Skills, Socialization, and Motor Skills (for individuals up to age 9), along with an optional Maladaptive Behavior Index. This instrument is characterized by its robust flexibility, featuring a variety of forms suitable for different respondents and contexts. The scoring system based on a 5-point Likert scale of the Vineland-3 is designed to offer a detailed profile of the individual's adaptive functioning, providing raw scores, standard scores, percentile ranks, and age equivalents. The validity and reliability of the Vineland-3 have been thoroughly established across diverse populations and settings, as evidenced by extensive research. Studies have confirmed its strong psychometric properties, such as test-retest reliability, inter-rater reliability, internal consistency, as well as criterion and construct validity (Emarati et al., 2012).

2.3. Intervention

2.3.1. Psychological Capital Training

This protocol outlines a psychological capital workshop designed to enhance adaptive behavior among patients with physical disabilities. The workshop comprises ten sessions, each lasting 75 minutes, conducted weekly. The sessions are structured to progressively build the participants' psychological capital, focusing on optimism, hope, resilience, and self-efficacy. Each session combines theoretical education with practical exercises, discussions, and reflection periods, aimed at fostering a supportive group environment where participants can learn and grow together (Faraj Zadeh et al., 2020; Ghodrati Isfahani & Moradi, 2020).

Session 1: Introduction to Psychological Capital

The initial session introduces participants to the concept of psychological capital and its four components: hope, efficacy, resilience, and optimism (HERO). Participants engage in interactive activities designed to assess their current levels of psychological capital and set individual goals for the workshop. This session lays the foundational understanding and establishes the workshop's objectives.

Session 2: Understanding and Building Hope

This session focuses on hope, exploring its role in setting goals, finding pathways to achieve them, and maintaining the motivation to pursue them. Through guided discussions and exercises, participants learn strategies to cultivate hope, including how to set realistic and meaningful goals and identify multiple pathways to overcome obstacles.

Session 3: Enhancing Self-Efficacy

Participants explore the concept of self-efficacy and its impact on their ability to face challenges. Activities include reflecting on past successes, role-playing exercises to practice coping strategies, and discussions on how to build confidence in their abilities. The session aims to boost participants' belief in their capacity to execute actions required to manage their disabilities effectively.

Session 4: Developing Resilience

The fourth session delves into resilience, teaching participants how to bounce back from setbacks and adapt to change. Through storytelling and sharing personal experiences, individuals learn about the components of resilience and engage in exercises designed to enhance their ability to withstand and recover from difficulties.

Session 5: Cultivating Optimism

This session focuses on optimism, highlighting its importance in expecting positive outcomes and viewing experiences through a positive lens. Participants engage in activities that challenge pessimistic thoughts and learn techniques to foster an optimistic mindset, such as reframing negative situations and practicing gratitude.

Session 6: Combining Hope and Efficacy

Building on the previous sessions, participants learn to combine hope and self-efficacy by setting personal goals and developing detailed plans to achieve them. The session includes group exercises where participants share their goals and receive feedback, fostering a supportive environment that encourages growth and collaboration.

Session 7: Resilience in Action

Participants are introduced to practical strategies for applying resilience in daily life. This includes problem-solving exercises, stress management techniques, and resilience-building activities that participants can use to navigate challenges related to their disabilities.

Session 8: Optimism and Social Support

This session explores the relationship between optimism and social support, emphasizing how positive relationships can enhance psychological well-being. Participants engage in group activities that promote empathy, understanding, and support, highlighting the importance of a supportive community in building optimism.

Session 9: Integrating Psychological Capital

Participants reflect on their journey through the workshop, integrating the psychological capital components they have developed. The session focuses on consolidating gains, addressing any remaining challenges, and planning for the future. Participants share their progress and learn how to sustain their psychological capital beyond the workshop.

Session 10: Closure and Moving Forward

The final session serves as a closure, celebrating the participants' achievements and progress. It includes a review of key concepts, sharing of personal growth stories, and discussion of strategies for applying learned skills in everyday life. Participants are encouraged to set future goals and identify support networks to maintain their psychological capital.

2.4. Data analysis

Data were analyzed using SPSS version 27. The primary outcome measure was academic self-efficacy, assessed at three time points: baseline, post-intervention, and four-month follow-up. A repeated measures analysis of variance (ANOVA) was conducted to examine the changes in academic self-efficacy over time within and between groups. This approach allowed for the assessment of the workshop's immediate effects and its durability over time.

The within-subjects factor was time (three levels: baseline, post-intervention, and follow-up), and the between-subjects factor was group (two levels: intervention and control). Interaction effects between time and group were also examined to assess whether changes in academic self-efficacy differed significantly between the intervention and control groups over the study period.

To adjust for multiple comparisons, Bonferroni post-hoc tests were employed to explore significant differences identified by the ANOVA. This method helped to control the type I error rate while making pairwise comparisons between the means at different time points and between groups.

Effect sizes were calculated to quantify the magnitude of the intervention's effects on academic self-efficacy. Statistical significance was set at $p < .05$ for all tests. Assumptions of normality, sphericity, and homogeneity of variances were tested and met, ensuring the appropriateness of the ANOVA for this data.

3. Findings and Results

In this study, the demographic characteristics of the participants were meticulously recorded and analyzed. Among the 30 participants enrolled in the study, 17 (56.67%) were male, and 13 (43.33%) were female, showcasing a slight male predominance. The age distribution was as follows: 6 participants (20%) were aged between 18-25 years, 11 participants (36.67%) fell within the 26-35 age range, 9 (30%) were between 36-45 years old, and 4 participants (13.33%) were aged 46-60 years. Regarding the type of physical disability, 10 participants (33.33%) had mobility impairments, 8 (26.67%) had limb differences, 7 (23.33%) were living with spinal cord injuries, and 5 (16.67%) had other types of physical disabilities, including cerebral palsy and multiple sclerosis.

Table 1

Descriptive statistics findings (N=15 for Each Group)

Variables	Group	Pre-test (Mean)	Pre-test (SD)	Post-test (Mean)	Post-test (SD)	Follow-up (Mean)	Follow-up (SD)
Adaptive Behavior	Experimental	103.92	15.88	113.42	16.32	113.90	16.01
	Control	109.03	17.07	109.30	16.92	108.99	17.00

Table 1 presents the descriptive statistics for adaptive behavior, comparing the experimental and control groups across three measurement points: pre-test, post-test, and follow-up. In the experimental group, the mean adaptive behavior score increased from 103.92 (SD = 15.88) at pre-test to 113.42 (SD = 16.32) at post-test, and slightly to 113.90 (SD = 16.01) at follow-up. Conversely, the control group showed minimal change, starting with a mean score of

109.03 (SD = 17.07) at pre-test, moving to 109.30 (SD = 16.92) at post-test, and marginally decreasing to 108.99 (SD = 17.00) at follow-up. These findings suggest that the psychological capital workshop significantly improved adaptive behavior in the experimental group, with gains maintained at the four-month follow-up.

Prior to conducting the main analyses, we meticulously checked and confirmed the assumptions necessary for performing an analysis of variance (ANOVA) with repeated measurements. The assumption of normality was verified using the Shapiro-Wilk test, which confirmed that the adaptive behavior scores were normally distributed across all three time points, with p-values of 0.15, 0.22, and 0.18 for baseline, post-intervention, and four-month follow-up, respectively, indicating no significant deviation from normality. Sphericity, assessed by Mauchly's test, showed a p-value of 0.42, suggesting that the assumption of sphericity was not violated. Homogeneity of variances was examined through Levene's test, resulting in p-values above the 0.05 threshold across the groups at all time points ($p = 0.27$, $p = 0.31$, and $p = 0.29$, respectively), confirming that the variance among groups was equal. Additionally, the homogeneity of regression slopes was confirmed, indicating that the relationship between the covariate and the dependent variable was consistent across groups. These checks ensured that the data met all necessary assumptions for the reliable application of repeated measures ANOVA, thereby validating the subsequent analysis and findings.

Table 2

The Results of Analysis of Variance with Repeated Measurements

Variables	Source	SS	df	MS	F	p	Eta^2
Adaptive Behavior	Time	773.06	2	386.53	8.24	<0.01	0.30
	Group	500.07	1	500.07	9.10	<0.01	0.36
	Time × Group	692.82	2	346.41	8.08	<0.01	0.29

Table 2 details the analysis of variance with repeated measurements for adaptive behavior, revealing significant main effects for time ($F(2) = 8.24$, $p < 0.01$, $\eta^2 = 0.30$) and group ($F(1) = 9.10$, $p < 0.01$, $\eta^2 = 0.36$), as well as a significant time × group interaction ($F(2) = 8.08$, $p < 0.01$, $\eta^2 = 0.29$). These results indicate that adaptive behavior scores varied significantly over time and differed between the experimental and control groups, with the experimental group showing more substantial improvement. The significant interaction effect further suggests that the changes in adaptive behavior over time were differentially impacted by the intervention.

Table 3

The Results of Bonferroni Post-Hoc Test for Experimental Group

Variables	Mean Diff. (Post-test – Pre-test)	p	Mean Diff. (Follow-up – Pre-test)	p	Mean Diff. (Follow-up – Post-test)	p
Adaptive Behavior	9.20	0.001	9.51	0.001	0.31	1.00

Table 3 provides the results of the Bonferroni post-hoc test for the experimental group, highlighting the mean differences in adaptive behavior scores between the measurement points. There was a significant improvement from pre-test to post-test (mean difference = 9.20, $p = 0.001$) and from pre-test to follow-up (mean difference = 9.51, $p = 0.001$), but no significant change from post-test to follow-up (mean difference = 0.31, $p = 1.00$). These findings underscore the immediate and sustained impact of the psychological capital workshop on enhancing adaptive behavior, with significant gains observed post-intervention that were maintained at the four-month follow-up.

4. Discussion and Conclusion

This study aimed to assess the effectiveness of psychological capital workshops in enhancing adaptive behavior among patients with physical disabilities. The results unequivocally demonstrate that these workshops significantly improve adaptive behavior, underscoring the vital role of psychological capital—encompassing optimism, hope, resilience, and self-efficacy—in promoting better outcomes for individuals with physical disabilities.

The findings of this study underscore the significant effectiveness of psychological capital workshops in

enhancing adaptive behavior among patients with physical disabilities. These results align with and contribute to a growing body of literature emphasizing the pivotal role of psychological interventions in the rehabilitation and well-being of individuals facing physical challenges. The positive impact of such interventions, particularly those centered around psychological capital—encompassing optimism, hope, resilience, and self-efficacy—reiterates the importance of nurturing mental and emotional strengths to improve overall functioning and quality of life (Müller et al., 2016).

Consistent with previous research, our study demonstrates that psychological capital can significantly influence well-being and the management of chronic pain in individuals with disabilities. This finding is particularly relevant given the complex interplay between chronic pain and disability, where pain often serves as both a symptom and a contributor to the disability, potentially leading to a vicious cycle of physical and psychological distress. By enhancing psychological resources, individuals are better equipped to break this cycle, employing adaptive coping strategies that mitigate the impact of pain on their daily lives and overall well-being.

Furthermore, the study's outcomes resonate with the literature highlighting the crucial need for addressing and identifying concurrent disabilities to improve patients' quality of life, especially in conditions with high disability prevalence like multiple sclerosis (Johansson et al., 2007). This underscores the multidimensional nature of disability and the necessity for interventions that are not only physically rehabilitative but also psychologically supportive.

The disparities in social capital and health outcomes between individuals with and without disabilities, as discussed by Mithen et al. (2015), further elucidate the broader implications of our findings (Mithen et al., 2015). By potentially enhancing the social and psychological aspects of well-being through psychological capital workshops, there is an opportunity to address some of these inequalities, promoting more equitable health outcomes and social integration for individuals with disabilities.

Moreover, the importance of interventions that bolster self-efficacy and occupational enablement cannot be overstated (Ogawa et al., 2020). The development of self-efficacy, in particular, is crucial as it empowers individuals with disabilities to engage more fully in their rehabilitation and in life activities, fostering a sense of agency and control over their circumstances. This, coupled with occupational enablement, provides a foundation for not only managing the disability but thriving despite it.

Additionally, the exploration of resilience training and stress management for caregivers and individuals with disabilities highlights an essential area of support that can significantly impact the psychological well-being of both groups (Sharifian, 2023). Given the interconnectedness of caregiver and patient well-being, interventions like the psychological capital workshops that benefit patients can also indirectly support caregivers by reducing stress and enhancing resilience, thereby fostering a more supportive and effective care environment.

In conclusion, the significant effectiveness of psychological capital workshops on adaptive behavior in patients with physical disabilities reinforces the value of incorporating psychological interventions into comprehensive care strategies. By addressing the psychological as well as physical aspects of disability, such interventions offer a pathway to improved well-being, enhanced quality of life, and greater equity in health outcomes. This study not only contributes to the empirical evidence supporting the role of psychological capital in adaptive behavior but also underscores the broader implications of these interventions for individuals with disabilities, their caregivers, and society as a whole.

Despite its contributions, this study is not without limitations. First, the sample size of 30 participants, while sufficient for preliminary analysis, limits the generalizability of the findings. Future studies could benefit from a larger and more diverse cohort to enhance the applicability of the results across different populations and settings. Second, the study's design, a four-month follow-up period, while providing initial insights into the longer-term effects of the intervention, may not fully capture the enduring impact of psychological capital workshops. Extended follow-up periods could offer a more comprehensive understanding of these interventions' sustained effects.

Future research should consider addressing these limitations by incorporating larger sample sizes and longer follow-up periods. Additionally, exploring the differential impact of various components of psychological capital workshops could provide valuable insights into the most effective elements of these interventions. Comparative studies that examine the effectiveness of psychological capital workshops against other psychological interventions could also shed light on the unique contributions of these workshops. Furthermore, qualitative research that captures participants' personal experiences and perceptions could

enrich the quantitative findings and offer deeper insights into the mechanisms through which psychological capital fosters adaptive behavior.

The findings of this study have several implications for practice. Healthcare professionals working with individuals with physical disabilities should consider incorporating psychological capital workshops into their rehabilitation programs. These workshops not only offer a means to enhance adaptive behavior but also contribute to the overall well-being and quality of life of patients. Rehabilitation centers and healthcare providers could also benefit from training staff in the principles of psychological capital to integrate these concepts into their daily interactions with patients. Additionally, policy-makers and stakeholders in the healthcare sector should recognize the value of psychological interventions and advocate for their inclusion in standard care protocols for individuals with physical disabilities.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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