The Effectiveness of a Counseling Program Based on Acceptance and Commitment Therapy in Managing Psychological Crises for a Sample of Female Undergraduate and Postgraduate Students

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Abstract: The research problem about managing psychological crises among female students of the current research sample crystallizes through the processes of acceptance and commitment therapy to help these students accept traumatic events and adhere to behaviors that are consistent with the values they assume to achieve their major interests in their lives. Thus, each student can manage the psychological crises that she is exposed to in her present and future life and benefit from the field of work in her specialization in the future. Therefore, the current study aimed to identify the effectiveness of the counseling program based on acceptance and commitment therapy in managing psychological crises among a sample of female students at King Khalid University in Saudi Arabia. The experimental design was used because it suits the research procedures. The results showed that there were statistically significant differences between the first and second experimental groups in the chronological age variable at the significance level of (0.01) in favor of the second group (Masters). Also, there were no statistically significant differences in the follow-up test of the two experimental groups on the dimensions of the psychological crisis management scale. This result indicates the success and effectiveness of the counseling program based on acceptance and commitment therapy in managing psychological crises. The study recommended the need to pay attention to the various counseling programs to face the crises experienced by students of different stages of education to overcome them in a normal and constructive manner.

Keywords: acceptance and commitment therapy, psychological crisis management, university students.

1 Introduction

The emergence of a crisis culture helped develop a new approach to dealing with people who have become victims of various crises. It mitigates its effects on these people on the emotional, psychological, and social levels by using psychological counseling techniques [3-18], Since we live in an era full of crises, disasters, and conflicts with these crises, we had to refer to the Holy Quran and the Sunnah of His Prophet, peace be upon him [4-148]. Also, some people in crisis receive a lot of helpful social support from family and friends. These people may have a strong religious faith and a virtuous cleric who offers them many useful methods that help them understand and deal with trauma [3], Eksi (2010) indicated that individuals who use religious strategies and social support are characterized by optimism and a sense of self-confidence. The general objective of crisis management is to achieve a high degree of rapid and effective response to the circumstances of the rapid changes in the crisis in order to prevent its dangers before they occur, control, and take decisive decisions to confront them, reduce their damages and provide the necessary support to restore balance to the normal state [7- 617].

Acceptance and commitment therapy is one of the psychotherapeutic interventions that is based on the foundations of modern behavioral psychology. It includes the theory of the communicative state of mind, which uses the processes of attention, acceptance, commitment, and behavior change in order to achieve psychological flexibility, which represents the ability to connect to the present moment as a perceived and emotional human presence to change behavior or insist on it. This behavior benefits the individual's values [14-7]. Therefore, acceptance and commitment therapy is a therapeutic method that falls within the methods of cognitive behavioral therapy and aims at reaching psychological resilience and relieving psychological pain by changing the angle of the individual's view of the events, problems, and psychological

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crises that he is going through. His realization included that these events are only part of the human experience and the life experiences he is going through. Therefore, acceptance and commitment therapy is a deep behavioral model that deals with behavior precisely and deeply. It focuses on active change through discussing goals, setting homework, practicing skills, and exchanging ideas and opinions [10].

The researcher found that many female students she teaches (at the first level of undergraduate education and the first level of postgraduate studies "Master's Program") show symptoms of psychological crises such as sadness, despair, anxiety, and tension. They need psychological attention and assistance to restore their psychological and emotional balance, for fear of developing a situation that will cause serious damage to their mental health, through an exploratory study that relied on informal personal interviews that contributed to identifying their psychological crises. Accordingly, the researcher aimed to teach them specific strategies that help them manage their psychological crises through a program based on acceptance and commitment therapy. Then, a comparison was made between the students of the two stages on the psychological crisis management scale and the impact of the program on them according to the chronological age variable.

In this regard, [5-145] indicated that the university stage imposes demands and challenges. Failing to confront them or deal with them incorrectly leads to anxiety, depression, and pathological fears. University students are more vulnerable to all kinds of pressure, so the student must learn how to face crises and deal with them. Also [19] explained that acceptance and commitment therapy is a form of contemporary cognitive psychotherapy. It was developed to enhance coping skills, psychological resilience, and psychological resilience so that it becomes the lifestyle of individuals who have gone through traumatic. Moreover, [22] found that acceptance and commitment therapy is one of the most appropriate counseling interventions for Muslims because it shares with Islam the emphasis on a positive perspective on life.

In this regard, many previous studies dealt with psychological crises, such as [17], whose results concluded that female students suffer more from personal problems and psychological crises than male students at Columbia University in South America. Also, [8] revealed that crises occur at an unexpected speed, which necessitates dealing with the crisis by going beyond the usual methods of solution to creative ones. [3] dealt with the role of psychological counseling in helping individuals to cope with various life crises with high efficiency and teaching them effective methods for dealing with crises if they happen to them in the future. Likewise, [6] showed differences between the pre-and post-test of post-traumatic stress disorder and panic attacks of the experimental group in favor of the post-test. [5] showed the effectiveness of a counseling program in facing crises among a sample of female students in the College of Education at Qassim University. It showed significant differences between the pre-and post-test in favor of the post-test while there were no significant differences between the post-and follow-up test of the experimental group on the measure of methods of dealing with crises. [20] showed statistically significant differences in the post-test in favor of the experimental group, and the differences between the post- and follow-up tests for the experimental group were not statistically significant. [1]found statistically significant differences between the pre-and post-tests of the experimental group for the psychological crisis management scale in favor of the post-test. In addition, there were no statistically significant differences between the post- and follow-up tests, which indicates the effectiveness of the program. The researcher points out that counseling programs contribute to modifying and correcting a person's personality, restoring his psychological balance, and enjoyment of mental health.

Therefore, counseling university students, especially female students, help in teaching them positive strategies to overcome psychological crises and manage them positively. Psychological crises among university students are a problem that deserves study using acceptance and commitment therapy. The undergraduate and post-university stage imposes demands and challenges that may lead to them feeling various pressures and thus facing various problems, and then suffering from psychological crises that require proper management to overcome them. Acceptance and commitment therapy is an appropriate guiding method for accepting psychological crises and dealing with them with psychological flexibility instead of avoiding them and suffering from irrational negative thoughts and psychologically painful feelings. Many recent studies, such as [23] showed the effectiveness of a therapeutic program based on acceptance and commitment in reducing depression and raising the level of psychological resilience in some patients. The results of the follow-up test also showed the continuation of the impact of the program three months after the completion of its implementation. [11] showed the effectiveness of acceptance and commitment therapy in reducing the symptoms of depression and post-traumatic stress disorder very effectively with the survival of the effect of the program one month after the completion of its application. [18] revealed the efficacy of a five-week abbreviated web and mobile program based on acceptance and commitment therapy in reducing stress and enhancing well-being in the scholastic domain of a sample of adolescents in Finland.[16] demonstrated the effectiveness of acceptance and commitment therapy in reducing symptoms of social anxiety, improving emotion regulation, and increasing psychological resilience and self-compassion among university students in favor of the experimental group. In addition, there were no statistically significant differences in their scores for the post and follow-up tests. [9] revealed the effectiveness of group therapy with acceptance and commitment in a sample of 8 females with depression and anxiety disorders at King Khalid University Hospital in Riyadh. [21] demonstrated the effectiveness of acceptance and commitment therapy for its contribution to significantly

reducing depression, anxiety, and tension in patients with chronic pain, and its continued effectiveness in the post and follow-up tests two months after the end of the program.

In light of the foregoing, the idea of the current research is to design a counseling program based on acceptance and commitment therapy to manage psychological crises among female students of the current research sample. The program relied on acceptance and commitment therapy processes to help these students accept the traumatic events (and what they entail of painful experiences and negative feelings) and practice mental alertness and self-observation and separate it from internal experiences. Value patterns such as patience and tolerance are born within them that require them to act in life and adhere to behaviors that are consistent with the values they envision to achieve their major interests in their lives. Thus, each student will be able to manage the psychological crises that she is exposed to in her life, present and the future, and benefit the field of work in her specialization in the future. The study also tracked the continuity of the program's effectiveness for the students of the two experimental groups.

Within this scope, the research problem crystallizes in answering the following main question:

What is the effectiveness of the counseling program based on acceptance and commitment therapy for managing psychological crises among female students (the first level of undergraduate education and the first level of a master's program at the post-graduate level in graduate studies) according to the age variable at King Khalid University in Saudi Arabia?   Therefore, the current research sought to verify the following hypotheses:

- There are statistically significant differences in managing psychological crises before and after the program in favor of the post-test of the members of the first experimental group "university students".
- There are statistically significant differences in managing psychological crises before and after the program in favor of the post-test of the members of the second experimental group "graduate students".
- There are no statistically significant differences on the psychological crisis management scale between the scores of the first and second experimental groups in the post-test of the program due to the variable of age.
- There are no statistically significant differences on the psychological crisis management scale between the scores of the first and second experimental groups in the follow-up test of the program.

In light of the above, previous studies were used to build the theoretical framework and the program used and to support the results of the current research. It was found that the significance of the research is represented in the topic, which is helping students to manage psychological crises positively, by teaching them psychological, religious, and social strategies and techniques of acceptance and commitment therapy effectively in managing psychological crises in the future. The current research is characterized by focusing attention on first-level undergraduate students who are enrolled in the Department of Psychology and who have low ability to manage the psychological crises they face. Especially, this level corresponds to the stage of late adolescence, with its various problems that cause them various psychological crises. It also focuses on the first-level female students who are enrolled in the master's stage, which corresponds to the stage of adulthood, and in which the problems that cause them psychological crises differ from the students of the first group, and a comparison between them. They can manage their psychological crises and the crises of others around them, whether family members, acquaintances, or in the field of work in the future. As for the practical significance, it is evident in the benefit of specialists working in the field of counseling and psychotherapy when designing preventive and developmental programs to achieve the elements of mental health.

2 Methodologies

Research design

The design used in the current research is the experimental method due to its suitability with research procedures. The design with two experimental groups was used, and the design of the pre-, post-, and follow-up tests of the two experimental groups. The variables of this research are defined as follows:

1- The independent variable: the counseling program.

2- The dependent variable: the scores of the two experimental groups on the psychological crisis management scale.

Population of the study

The research community consists of female students in the College of Education at King Khalid University in Abha - Kingdom of Saudi. In particular, the Department of Psychology consists of (479) female students, in the first semester of the academic year 2021/2022.

Sample of the study

The main sample consisted of female students wishing voluntarily to participate in the program for treatment, and their scores were low in the crisis management scale. They are students of the Department of Psychology at the first level in the undergraduate stage, consisting of (15) female students from the first level enrolled in the bachelor's program. Their ages range between (18-20) years. The mean of their ages was (18.93) years with a standard deviation of (0.59). It also contained (8) female students in the first level at the postgraduate level enrolled in the master's program, their ages

ranged between (23-39) years. The mean for their ages was (28.50) years with a standard deviation of (6.07) at King Khalid University, Saudi Arabia.

The researcher took into account the homogeneity of the first and second experimental groups on the "psychological crisis management" scale before applying the counseling program based on acceptance and commitment therapy. Mann-Whitney's test was used to study the differences between the independent small groups and to verify the equivalence of the two independent samples in the pre-test. Table 1 shows the results.

Table 1. The (U) value of the differences between the average ranks of the first and second experimental groups before applying the program to the psychological crisis management scale.

Domains	Group	No.	Means	Standard deviation	Rank average	Total ranks	U	Z	Sig.
Psychological	1st experimental goup	15	19.00	3.05	10.87	163.00	43.00	1.110	No sig.
	2nd experimental goup	8	20.50	3.07	14.13	113.00			
Religious	1st experimental goup	15	26.33	3.55	11.47	172.00	52.00	0.519	No sig.
	2nd experimental goup	8	27.00	4.89	13.00	104.00			
Social	1st experimental goup	15	15.20	2.48	11.00	165.00	45.00	0.979	No sig.
	2nd experimental goup	8	16.38	2.62	13.88	111.00			
Total degree	1st experimental goup	15	60.53	6.44	10.97	164.50	44.50	1.003	No sig.
	2nd experimental goup	8	63.88	8.48	13.94	111.50			

It is clear from Table 1 that there were no statistically significant differences between the first and second experimental groups in the total score and domains of the psychological crisis management scale before applying for the program. The values of (Z) ranged between (0.519 - 1.110). These values are not statistically significant, which indicates that equivalence was achieved between the two experimental groups.

Tools of the study

First: Psychological Crisis Management Scale prepared by (Al-Amrousi, 2023).

Second: The counseling program based on acceptance and commitment therapy (prepared by the researcher). (https://cutt.us/NXgzJ)

Table 2. The content of the program sessions in light of the three stages previously mentioned in the program

No. of session	Title of session	Objectives of session	Used techniques	Used acitivity	Stage
Session 1	Starting and setting up the program	-1Acquaintance between the students of the two experimental groups. -2Knowing the objectives of the program, its duration and the number of its	Lecture - rational dialogue and group discussion - reinforcement .		One

No. of session	Title of session	Objectives of session	Used techniques	Used acitivity	Stage
		sessions. -3Agreeing on the counseling contract. -4Applying the psychological crisis management scale (pre-measurement)			
Session 2	Psychological crises and accepting them	-1Understanding the concept of crisis and managing psychological crises. -2Learning about acceptance and commitment therapy and its processes. -3Realizing that resilience and accepting traumatic events with conviction and dealing with them positively is better than avoiding them. -4Learning how to invest personal capabilities in managing the psychological crisis in a positive and effective manner.	Lecture - rational dialogue and group discussion - reinforcement - self as a context - self-talk - self-management - homework.	tug of war	Second
Session 3	Self-independence from inner experiences		Lecture - rational dialogue and group discussion - reinforcement - self as a context - self-talk - self-management - homework. Practice progressive breathing, progressive muscle relaxation, and meditation.	I have an idea that...	
Session 4	Rational thinking and owning the present	-1Knowing the concept of mindfulness and living the present moment. -2Training to think rationally in times of crisis. -3Training on exploiting the opportunities at the present time, which increase the ability to	Lecture - rational dialogue and group discussion - reinforcement - self as a context - self-talk - self-management - homework. Practice progressive breathing, progressive	contemplate yourself	

No. of session	Title of session	Objectives of session	Used techniques	Used acitivity	Stage
		face the traumatic events that cause the psychological crisis	muscle relaxation, and meditation.		
Session 5	Concern for self and personal abilities	-1Recognizing, caring for, and protecting the strengths of the self by overcoming the traumatic situations and events that cause the psychological crisis. -2Discovering the strengths of the personality and investing them in facing the psychological crisis. -3Strengthening close social relationships with others to maintain their support.	Lecture - rational dialogue and group discussion - reinforcement - self as a context - self-talk - self-management - homework. Practicing progressive breathing, progressive muscle relaxation, and meditation.	sky and weather and taking perspective	
Session 6	Defining values and the most important things in life	-1Training to determine what is important according to personal values in life. -2Practicing gratitude by thanking and praising God for His blessings and gratitude to everyone who has credit for improving the quality of life. -3Setting realistic goals that are compatible with the current circumstances and in accordance with meaningful values in life.	Lecture - dialogue and group discussion - defining values - defining goals, self-talk - human message - modeling. Practicing progressive breathing, progressive muscle relaxation, and meditation.	The Miracle Question - Best Ten Minutes	
Session 7	Mandatory disposition to get out of the crisis	-1Setting goals in the light of important personal values. -2Identifying the obstacles that prevent the achievement of goals to confront the psychological crisis. -3Training on behavioral effectiveness to achieve the personal goals that have been set. -4Planning to face the	Lecture - dialogue and group discussion - commitment - reinforcement - homework. Practicing progressive breathing, progressive muscle relaxation, and visualization.	defining values, goals and procedures	

No. of session	Title of session	Objectives of session	Used techniques	Used acitivity	Stage
		psychological crisis with a behavior that includes acceptance, mental alertness, cognitive separation and the self as a context, and defining values and commitment.			
Session 8 & 9	Deepening religious faith and crisis management.	-1Resorting to God in good times and bad, especially in times of adversity and crisis. -2Deepening religious faith and coming up with spiritual meanings that contribute to managing the psychological crisis. -3Investing in the available opportunities in managing the psychological crisis in a constructive and effective manner. -4Reviewing the techniques learned during the program sessions to prevent relapse .	Modeling - future perceptions - reinforcement - writing a humanitarian letter - feedback.		Third Session (8-9) was merged on the second day of the fourth week (it took 80 minutes) due to the lack of time at that time.
	Conclusion and assessment	-1Identifying the extent to which the program objectives have been achieved, and then students evaluating the program. -2Encouraging the students of the two experimental groups to continue with the positive changes they have achieved in the program. -3Providing feedback on their future plans for managing psychological crises. -4Post-application of	Tools used in the closing session: -Program evaluation form. -Psychological Crisis Management Scale.		

No. of session	Title of session	Objectives of session	Used techniques	Used acitivity	Stage
		the psychological crisis management scale.			

3 Results

Testing the validity of the first hypothesis:

The first hypothesis states, "There are statistically significant differences between the mean ranks of the first experimental group in the pre-and post-test (i.e., before and after applying the counseling program), on the psychological crisis management scale (dimensions and total score), in favor of the post-test." To validate this hypothesis, the statistical method (Wilcoxon's Test) was used to study the differences between the pre-and post-tests of the first experimental group. Tables 3 and 4 show the results related to this hypothesis.

Table 3. The mean and standard deviation of the first experimental group before and after applying for the program on the psychological crisis management scale (n = 15 students).

Domains	Group	No.	Mean	Standard deviation
Psychological	Pre-test	15	19.00	3.04
	Post-test	15	34.27	2.34
Religious	Pre-test	15	26.33	3.56
	Post-test	15	37.13	2.72
Social	Pre-test	15	15.20	2.48
	Post-test	15	27.80	1.37
Total degree	Pre-test	15	60.53	6.44
	Post-test	15	99.20	5.18

Table 4. The value of (Z) to indicate the differences between the mean ranks of the first experimental group (before and after) the application of the program on the scale of psychological crisis management (n = 15 students).

Domians	Test	Rank direction	No.	Mean of ranks	Total of ranks	"z"	Sig.
Psychological	Pre-test / Post-test	Negative	0	0.00	0.0	3.417	0.01
		Positive	15	8.00	120.0		
		Similar	0				
		Total	15				
Religious	Pre-test / Post-test	Negative	0	0.00	0.0	3.413	0.01
		Positive	15	8.00	120.0		
		Similar	0				
		Total	15				
Social	Pre-test / Post-test	Negative	0	0.00	0.0	3.417	0.01
		Positive	15	8.00	120.0		
		Similar	0				
		Total	15				
Total	Pre-test / Post-test	Negative	0	0.00	0.0	3.413	0.01
		Positive	15	8.00	120.0		
		Similar	0				
		Total	15				

The results of Table 3 and 4 indicate that there were statistically significant differences between the mean ranks of the first experimental group in the pre-and post-tests on the psychological crisis management scale (dimensions and total score). The values of (Z) ranged between (3.413 - 3.417), which are statistically significant values at the significance level (0.01). These values are high in favor of the post-test of the first experimental group. This result indicates the impact of the strategies and techniques used in the sessions of the counseling program based on acceptance and commitment therapy on the students of the first experimental group to improve and change for the better.

Testing the validity of the second hypothesis:

The second hypothesis states, "There are statistically significant differences between the mean ranks of the members of the second experimental group in the pre-and post-tests on the psychological crisis management scale (dimensions and total score), in favor of the post-test." To validate this hypothesis, the statistical method (Wilcoxon Test) was used to study the differences between the pre-and post-tests of the second experimental group. Tables 5 and 6 show the results related to this hypothesis.

Table 5. The mean and standard deviation of the second experimental group before and after applying for the program on the psychological crisis management scale (n = 8).

Domains	Group	No.	Mean	Standard deviation
Psychological	Pre-test	8	20.50	1.08
	Post-test	8	34.50	0.42
Religious	Pre-test	8	27.00	1.73
	Post-test	8	37.13	0.58
Social	Pre-test	8	16.38	0.92
	Post-test	8	28.00	0.63
Total degree	Pre-test	8	63.87	2.99
	Post-test	8	99.63	1.05

Table 6. The value of (Z) to indicate the differences between the mean ranks of the second experimental group (before and after) the application of the program on the scale of psychological crisis management (n = 8 students).

Domians	Test	Rank direction	No.	Mean of ranks	Total of ranks	"z"	Sig.
Psychological	Pre-test / Post-test	Negative	0	0.0	0.0	2.533	0.05
		Positive	8	4.50	36.0		
		Similar	0				
		Total	8				
Religious	Pre-test / Post-test	Negative	0	0.0	0.0	2.524	0.05
		Positive	8	4.50	36.0		
		Similar	0				
		Total	8				
Social	Pre-test / Post-test	Negative	0	0.0	0.0	2.524	0.05
		Positive	8	4.50	36.0		
		Similar	0				
		Total	8				
Total	Pre-test / Post-test	Negative	0	0.0	0.0	2.524	0.05
		Positive	8	4.50	36.0		
		Similar	0				
		Total	8				

The results of Tables 5 and 6 indicate that there were statistically significant differences between the mean ranks of the second experimental group in the pre-and post-tests on the psychological crisis management scale (dimensions and total

score). The values of (Z) ranged between (2.524 - 2.533). They are statistically significant values at the significance level (0.05). These values are high in favor of the post-test of the second experimental group. This result indicates the impact of the strategies and techniques used in the sessions of the counseling program based on acceptance and commitment therapy on the students of the second experimental group to improve and change for the better.

Test the validity of the third hypothesis:
The third hypothesis states, "There are no statistically significant differences between the mean ranks of the members of the first and second experimental groups in the post-test on the psychological crisis management scale due to the variable of age." To verify the validity of this hypothesis, Mann-Whitney's test was used to find differences between two independent groups (the first experimental and the second experimental). Table 7 shows the results related to this hypothesis.

Table 7. The value of (U) to indicate the differences between the mean ranks of the first and second experimental groups in the chronological age variable of the research sample.

Variable	Group	No	Age mean	Standard deviation	Mean of ramks	Total of ranks	U	Z	Sig.
Chronological age	First experimental group	15	18.93	0.59	8.00	120.00	0.00	4.051	0.01
	Second experimental group	8	28.50	6.07	19.50	156.00			

It is clear from Table 7 that there were statistically significant differences between the first and second experimental groups in the chronological age variable at the significance level of (0.01). The Z value was (4.051). The chronological age of the first experimental group was (18.93) with a standard deviation of (0.59). For the second experimental group, it was (28.50) with a standard deviation of (6.07). The result came in favor of the second experimental group. This result indicates the effect of the strategies and techniques used in the sessions of the counseling program based on acceptance and commitment therapy on the students of the second experimental group to improve and change for the better than the students of the first experimental group.

Testing the validity of the fourth hypothesis:
The fourth hypothesis states, "There are no statistically significant differences between the mean ranks of the members of the first and second experimental groups in the follow-up test on the psychological crisis management scale." To validate this hypothesis, Mann-Whitney's test was used to find the differences between two independent groups (the first experimental and the second experimental). Table 8 shows the results related to this hypothesis.

Table 8. The value of (U) to indicate the differences between the mean ranks of the first and second experimental groups in the follow-up test of the application of the program on the psychological crisis management scale.

Domain	Group	No	Mean	Standard deviation	Mean of ramks	Total of ranks	U	Z	Sig.
Psychological	First experimental group	15	34.33	2.32	11.80	177.00	57.00	0.202	Not sig.
	Second experimental group	8	34.88	0.83	12.38	99.00			
Religious	First experimental group	15	37.80	1.42	12.93	194.00	46.00	0.936	Not sig.
	Second experimental group	8	37.38	1.30	10.25	82.00			
Social	First experimental group	15	28.07	1.28	12.03	180.50	59.50	0.033	Not sig.

	Second experimental group	8	28.00	1.77	11.94	95.50			
Total	First experimental group	15	100.20	3.91	12.37	185.50	54.50	0.358	Not sig.
	Second experimental group	8	100.25	2.92	11.31	90.50			

It is clear from Table 8 that there were no statistically significant differences between the first and second experimental groups in the total score and dimensions of the psychological crisis management scale in the follow-up test of the application of the program. The values of (Z) ranged between (0.033 and 0.936), which are not statistically significant. This result indicates the continuation of the effect of the counseling program based on acceptance and commitment therapy on the students of the first and second experimental groups to change for the better.

4 Discussions

The result of the first hypothesis can be explained by the fact that the counseling program based on acceptance and commitment therapy in a group counseling style that includes many strategies and various techniques showed its effectiveness in the students of the first experimental group. These students are in the first level of university education, and this stage is equivalent to late adolescence. Adolescence is one of the important life stages in a person's life, during which many emotional changes occur, accompanied by a number of psychological conflicts that lead to psychological crises besides psychological crises in the field (academic, family, economic, and other areas of life). In light of this, the researcher took into account that these female students, members of the first experimental group, do not know how to positively face any pressures or events that cause them psychological crises. They have negative, irrational thoughts from the survey, so they are in dire need of group counseling and teaching them appropriate methods and techniques that make them able to face different events and the pressures resulting from them, make appropriate decisions, and manage their psychological crises in a positive, constructive and effective way. Therefore, the researcher applied the counseling program based on acceptance and commitment therapy on them represented in (9 sessions) during four weeks according to (the theory of "Albert Roberts" in crisis intervention). The program included a method of lectures to provide information about psychological crises and how to overcome them properly, followed by group discussions and meaningful rational dialogue. The researcher trained the female students of the current research sample (the first experimental group) on acceptance and commitment therapy processes through several psychological, religious, and social activities and strategies that included accepting negative feelings resulting from traumatic events, practicing mental alertness, self-observation, separating it from internal experiences, and committing to behaviors that are consistent with the values it envisions to achieve their major interests in their lives. So, each student can manage the psychological crises that she is exposed to in her life, present, and future while paying attention to homework in most sessions of the program to apply what has been learned in real situations. Also, the students learned to able to master the technique of self-insight about the crisis in order to retrieve the situations that caused them the psychological crisis, reorganize the elements of the situation, arrange the events, and understand the reasons clearly so that they become aware of how to deal with their psychological crises positively and effectively. In addition, they learned the calmness and psychological balance that they feel when the researcher trained them on the method of therapeutic breathing and relaxation, along with practicing psychological exercises such as imagination and meditation, at the end of each session. This enhanced their self-confidence, dealing with others with emotional steadfastness, respecting their opinions, paying attention to their advice, and getting close to them, whether from family members or friends in times of distress and crisis. Besides, the researcher focused on teaching them how to self-manage and equipping them with the skill of self-compassion. Moreover, the researcher emphasized to them the importance of self-development and learning new methods that help them cope with the pressures resulting from events, control them, and take appropriate decisions, thus managing psychological crises in their lives, by consulting specialists in psychological counseling or Islamic scholars in times of trauma and crisis. [13-115,117] explained that religion is an essential and important part of the psychological structure of personality. Therefore, the approach of Islam fulfills the pillars of psychological health in building the personality of a Muslim. Belief in God spreads tranquility, steadfastness, and balance in the heart, and protects Muslims from the factors of anxiety, fear, and turmoil.

Therefore, the researcher emphasized that they should deepen strong faith because it is the first factor in psychological treatment in the Islamic religion, and the sincerity of trusting in God Almighty in good times and bad times. It is a weapon and protection for the believer who trusts in Him, the Almighty, and makes them aware of the importance of remembering God, supplication, and thanking God in times of prosperity so that God responds to them and gives them victory in times of distress and crisis. It also constitutes the importance of practical acts of worship such as praying with

reverence in their times as a fortress and protection for them from psychological crises, and the certainty that the Hereafter is the eternal stable and drawing closer to God through repentance and seeking forgiveness. Furthermore, the researcher stressed being patient because it is one of the important indicators of mental health, represented in the individual's ability to bear the hardships of life and steadfastness in the face of adversity and crises, and following the example of the Messenger, may God bless him and grant him peace, in the crises and adversities that he was subjected to a lot, and despite that he adhered to the Islamic religion and proved his faith. Thus, the Muslim feels psychological security and tranquility in his heart. This result can also be explained in light of the keenness of the students of the first experimental group to attend the group counseling sessions regularly and their active and constructive participation and their commitment to the dates of those sessions. In addition, this result is due to the student's interest in homework and their practice of all strategies and techniques in different life situations with realism and certainty. All of this contributed to improving and developing their abilities to manage psychological crises in a positive and normal way. The result indicates the success and effectiveness of the counseling program based on acceptance and commitment therapy in managing psychological crises among female students of the first experimental group.

The result of the second hypothesis can be explained by the fact that the counseling program based on acceptance and commitment therapy showed its effectiveness in the students of the second experimental group (post-university). These students are in the first level of the master's stage and have been subjected to the same training within the current research sample on acceptance and commitment therapy processes through several psychological, religious, and social activities and strategies. They were able to apply what they learned in real-world situations. It is clear from this significant result at the level (0.05) that these female students are mature, have finished the university education stage, and started the postgraduate studies stage.

They faced many events in their lives and they dealt with them in appropriate ways, sometimes as much as possible, and sometimes inappropriately, and their psychological crises continue. Therefore, their exposure to this program added to them new experiences and psychological resilience, as they learned acceptance instead of avoidance, and they benefited from experiential learning and acceptance and commitment therapy processes a lot. They focus mindfully on what is important to them according to their values and live in the present moment instead of avoiding traumatic events and succumbing to painful feelings and irrational negative thoughts, and learn to commit to behaviors and actions that achieve their personal goals consistent with their values. They had a strong sense of contentment, deep religious faith, and self-compassion instead of self-criticism. They were able to separate themselves from their inner experiences, including painful thoughts and feelings, and developed their self. In addition, they sought to strengthen their social relationship with others who support them in adversity and crisis and thus became more able to manage their psychological crises constructively and effectively. This result indicates the success and effectiveness of the counseling program based on acceptance and commitment therapy in managing psychological crises among female students of the second experimental group. The results of the first and second hypotheses are consistent with the findings of [6], [5], [1], which resulted in the presence of statistically significant differences between the pre-and post-test in favor of the post-test.

The result of the third hypothesis can be explained by the fact that the first-level female students in the postgraduate master's program (the second experimental group) are older, more mature, and more experienced in life than the first-level students in the undergraduate program at the university education stage (the first experimental group). They are still in adolescence, less mature, younger, and less experienced in life. Their exposure to the current program was the first way that guided them to life's experiences and various crises, awareness of them, understanding how to deal with them, benefiting from strategies and techniques, and practicing activities related to acceptance and commitment therapy. Thus, they learned a lot and were able to manage their psychological crises positively. As for the master's students (the second experimental group), they went through many experiences in their lives and faced situations and events that caused them psychological crises and they were trying to deal with them. However, their methods were not sufficient to overcome their crises. When they were exposed to the current program, they had previous experience in dealing with crises, but it was insufficient, they learned strategies and techniques, and practiced activities related to acceptance and commitment therapy. They added to their previous experiences a lot that weighed them down and made them more capable of managing psychological crises constructively and effectively, significantly more than the students of the first level in the bachelor's degree (the first experimental group). In addition, first-level master's students were more able to formulate realistic goals commensurate with their values, take practical measures to achieve their goals, and commit to implementing them, and they have a great sense of responsibility. They are better role models in the field of work than the students of the first group. Moreover, first-level undergraduate students could not formulate their goals realistically, given that they are in adolescence, and the nature of that stage is the search for identity and defining the values adopted by adolescent girls is less clear than the students of the second group in adulthood. The credit for this is attributed to the chronological age variable, which contributed to the improvement and change for the better in the management of psychological crises in telemetry in favor of the first-level master's students who are older than the first-level bachelor's students. Thus, the effectiveness of the counseling program based on acceptance and commitment therapy for managing psychological crises appeared among the research sample according to the age variable.

The result of the fourth hypothesis can be explained by the fact that the students of the first and second experimental groups benefited from the counseling program based on acceptance and commitment therapy. The program was based mainly on the individual's acceptance of his painful feelings as a human experience in his life. He must sympathize with himself during his psychological crisis and deal with it objectively by living the present moment with mental alertness. So, he can focus on what is important in his life, and goals that are consistent with his values in which he believes and acts with committed behaviors in the light of those values, instead of correcting his thoughts or replacing his painful feelings. In the program sessions, the students learned all the strategies and techniques and practiced the activities of acceptance and commitment therapy, and transferred them to their real life. It contributed to improving their psychological resilience to deal with psychological crises, accepting them, and committing to positive behavioral behaviors that serve their values with a new philosophy in life. Also, they kept using them in their different life situations because of their remarkable usefulness in managing any crisis they face. They benefited some of those around them in the family and academic environment, and they will benefit their work environment in the future. In addition, acceptance and commitment therapy is culturally and religiously accepted by Saudi females. It is one of the most appropriate therapeutic interventions for Muslims due to its participation with Islam in the positive perspective of life. In this regard, the results of [9] study indicated that acceptance and commitment therapy is culturally and religiously appropriate for Saudi females and an effective way to reduce feelings of anxiety and depression and support their positive feelings. All of the above shows that there are no statistically significant differences between the first and second experimental groups in the total score and dimensions of the psychological crisis management scale in the follow-up test of the application of the program. This result indicates the continuing effect of the counseling program based on acceptance and commitment therapy on the students of the first and second experimental groups to change for the better in managing psychological crises in a positive, constructive, and effective way, and maintaining a high level of mental health. Thus, it became a way of life for the students of the current research sample. The result of the fourth hypothesis is consistent with some studies whose results concluded that there are no statistically significant differences in the post and follow-up measurements used in experimental research, such as [23], [5], [11], [20], [21], and [1]. It also agrees with what the study of [18] and [16] revealed that acceptance and commitment therapy is highly effective.

5 Conclusions

This study aimed to design a counseling program based on acceptance and commitment therapy to manage psychological crises among first-level undergraduate students and first-level postgraduate students in the master's program. The program relied on acceptance and commitment therapy processes to help them accept traumatic events, practice mindfulness, and self-observation, separate them from internal experiences, and commit to behaviors that are consistent with the values they assume to achieve their major interests in their lives. The results showed the effectiveness of the counseling program based on acceptance and commitment therapy in managing psychological crises among female students of the two experimental groups. It contributed to developing their abilities to manage psychological crises in a positive and normal way. However, the second experimental group at the post-graduate master's level outperformed the first experimental group at the university level due to the chronological age variable. The age variable contributed to the improvement and change for the better in the management of psychological crises in the post-test in favor of the post-university stage students who are older than the university-stage students. There were no statistically significant differences between the two groups in the follow-up test, evidence of the continuity of the

program's effect in the current research sample. Among the implications of these results is the possibility of generalizing this study to all university students and students of the middle and secondary educational stages to develop students' education on how to manage psychological crises in all areas of life and overcome them now and in the future, maintain their mental health, and help others around them and in their field of work in the future. In addition, the results of the current study are useful to those interested in the phenomenon of psychological crises in the use of counseling programs based on acceptance and commitment therapy to face the crises experienced by general education students in order to overcome them positively and properly.

The researcher also suggests conducting recent studies such as the relationship of the five major factors of personality with the ability to manage psychological crises.

6 Recommendations

In light of results, the study recommended the need to allocate an academic curriculum or course for managing psychological crises, as a general subject taught by all university students of all specializations. It also recommended holding training courses in acceptance and commitment therapy for students of the Department of Psychology, in particular, in support of their academic specialization and providing them with intervention skills in psychological crises.

Conflicts of Interest Statement

The author certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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