

Research Paper

Investigating the Effect of Anger and Stress Management Training in Adolescents



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Citation Morowatisharifabad MA, Sharifzadeh GhR, Miri M, Karimiankakolaki Z, Dashtjerdi R, Baghernezhad Hesary F. Study of a Clinical Trial of Anger and Stress Management Skills Training Intervention in Female Adolescents Based on Social Cognitive Theory. *Journal of Research & Health*. 2024; 14(2):169-176. <http://dx.doi.org/10.32598/JRH.14.2.2286.3>

doi <http://dx.doi.org/10.32598/JRH.14.2.2286.3>



ABSTRACT

Background: Stress and anger are among the most common mental health problems in adolescents. The skill of coping with stress and controlling emotions is one of the vital skills in adolescence. This study aims to investigate the effect of educational intervention on anger and stress management skills in female adolescents based on social cognitive theory (SCT).

Methods: The present pre-test post-test clinical trial was conducted among 12-14-year-old girls in Birjand City, Iran in 2019. One school was randomly selected as intervention and one school as control. The participants included 80 girls randomly selected and assigned to the intervention and control groups. The data collection tool was a researcher-made questionnaire investigating the effective factors on anger and stress control skills based on the SCT. The validity and reliability of this scale were confirmed by a panel of experts and Cronbach's α was above 0.7. Questionnaires and informed consent forms were completed by participants in the pre-test stage and two months after the educational intervention. Seven training sessions were held in two months. The implementation of the project lasted for four months. The collected data were analyzed using SPSS software, version 22 and t-test.

Results: The results showed that the mean scores of perceived social support ($P=0.003$), perceived reinforcement ($P=0.03$), and self-control ($P<0.001$) increased significantly in the intervention group after the intervention. Moreover, the mean score of self-efficacy ($P=0.007$) changed significantly in the control group after the intervention.

Conclusion: Parent training has been effective in promoting social support and perceived reinforcement. Paying attention to the role of parents, preparing a suitable training package, and using active training methods have played a role in the effectiveness of the intervention. Therefore, the application of this educational package is recommended in future related interventions and similar studies.

Keywords: Adolescents, Social cognitive theory, Anger management training, Stress

Article info:

Received: 09 Apr 2023
Accepted: 20 May 2023
Publish: 01 Mar 2024

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Introduction

Adolescence is a critical period due to major physiological, cognitive, and psychological changes. Changes in adolescents' social activities and others' expectations of them lead to the formation of new roles and create tension in them. As a result, adolescents need to acquire skills to cope with their daily stresses and struggles [1]. To this end, maintaining emotional balance, especially against puberty stressors and environmental expectations is one of the vital needs of adolescents [2]. Life skills are defined as psychosocial abilities to perform adaptive and positive behaviors enabling people to effectively cope with the demands and challenges of daily life [3]. In other words, life skills training is one of the most basic needs of children and adolescents [4]. Given that stress and anger are two of the most common mental health problems in adolescence, gaining knowledge about the skill of coping with stress and controlling emotions is of great importance in adolescence. Emotion control skills include recognizing emotions and their impacts on behavior as well as learning the strategies to manage intense and problematic emotions such as anger. Emotion coping and stress management skills teach people how to deal with everyday pressures and tensions [5]. Social cognitive theory (SCT) provides a good theoretical framework for understanding and describing the potential impact of social environment on health behaviors in adolescents [6]. SCT incorporates behavior determinants with behavior change methods. All SCT interventions are based on an active learning pattern that enhances performance during the learning process. Although this theory can be used in terms of all behaviors, it is often used in behaviors that are complex and require significant behavioral capabilities [7]. This study was conducted to investigate the effect of educational intervention on anger and stress management skills in female adolescents based on social cognition theory. Designing worksheets to be completed by teenagers during the study is one of the innovations of the present study.

Methods

The present study is a pre-test post-test clinical trial in 2019. The population included 80 high school girls in the age range of 12-14 years in Birjand City, Iran. To recruit the participants, two high schools were randomly selected.

Then, between two schools, one school was randomly selected as the intervention and the other school as the

control (Figure 1). The sample size was used based on Haghghi et al. [8] and the following statistical indicators and the Equation 1 to compare the two means. Considering the 10% probability of sample loss, 40 people were considered for the experimental group and 40 people in the control group.

$$n = \frac{\left(Z1 - \frac{a}{2} + Z1 - B \right) 2 (S1^2 + S2^2)}{d^2}$$

1.

$$S1 = \frac{8}{36}, S^2 = \frac{7}{57}, \alpha = \frac{0}{05}, \beta = \frac{0}{1}, d = 6$$

The inclusion criteria included the age range of 12-14 years, studying in public schools, no history of mental disorders, and willingness to participate in the study.

The exclusion criteria included speech and hearing problems, drug consumption, intake of psychotropic drugs, and absence of more than one session in training sessions.

In the pre-test stage, questionnaires and informed consent were completed by the participants. And then educational intervention was provided for the intervention group, the control group did not receive any intervention. After 2 months in the post-test phase, the questionnaires were completed and data were collected.

Data collection instruments

The researcher-made questionnaire entitled "the factors affecting anger and stress control skills based on the social cognition theory" was designed based on a previous qualitative study. This questionnaire consisted of several parts. The first part included demographic variables. The second part dealt with the construct of outcome expectations and included 10 questions with a score range of 10-50 points. The third part of the questionnaire investigated the respondents' perceived self-efficacy and included 5 questions with a score range of 5-20. The next part of the questionnaire considered the perceived social support construct, including 5 questions within the score range of 5-20. The fifth part of the questionnaire was about the observational learning construct and included 4 questions within a score range of 4-16. The sixth part of the questionnaire studied the participants' perceived reinforcement construct and included 5 questions within the score range of 5-20. The last part of the questionnaire considered the self-control construct and included 4 questions within the score range of 4-16. In this questionnaire, responses were required to answer the questions on a 4 or 5-point Likert scale. The validity of the questionnaire was confirmed by a panel of experts) 10

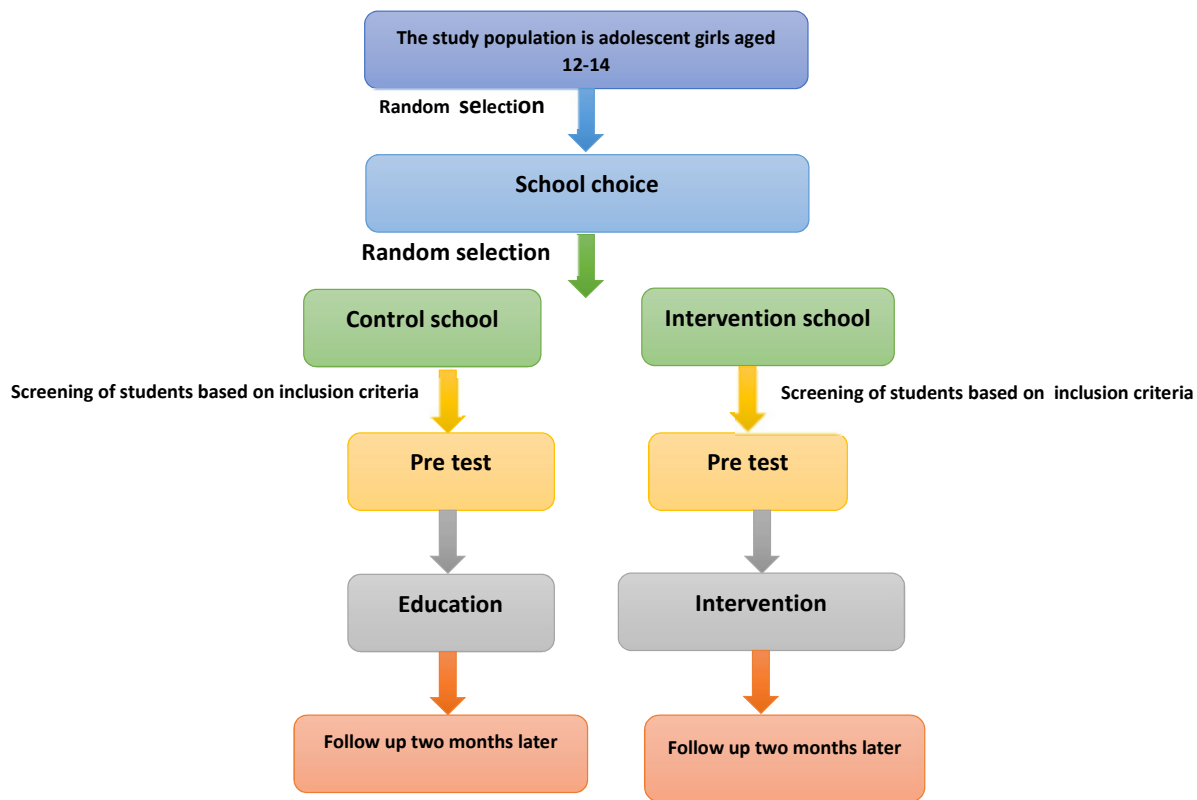


Figure 1. Diagram of study



expert) in the fields of health education, psychology, and epidemiology (content validity index [CVI]=0.96-0.88) (content validity ratio [CVR]=0.76-0.92), and its reliability was supported using Cronbach’s α ($\alpha=0.75-0.93$).

Educational intervention

A briefing session was held for the participants and the intervention program was held for the intervention group including a package of educational interventions, such

as lectures, role-playing, story-telling and reminiscence, group discussion, brainstorming, questions and answers, performance of plays, and worksheets. In the intervention, the selection of teaching methods was used based on the effectiveness of theoretical structures. Table 1 presents the training content. Furthermore, the intervention group members were provided with educational content (a booklet and a notebook containing messages related to the educational topic) to maintain and follow up the intervention. A letter of commitment was also signed by

Table 1. Educational content presented in training sessions (each session 50-60 minutes)

Session Number	Educational Titles
1	Introduction/mention of teamwork rules/role of life skills
2	The role of goals in life/goal setting
3	Stress concepts/stress symptoms/identifying sources of stress
4	Practical solutions to reduce stress
5	Anger causes/factors/consequences of uncontrolled anger
6	Anger control strategies
7	Practical advice to parents



the researcher and members of the intervention group regarding the use of anger and stress management skills. Parents' educational intervention program included a training session explaining the intervention goals and contents. The control group did not receive any training regarding anger and stress management skills, but to comply with the ethical considerations, a training session was held for them on the ways to promote self-esteem through lectures.

To improve the adolescents' perceived self-efficacy about anger and stress control, the necessary training on goal setting was provided in the first training session. Through this session, participants were acquainted with the necessary verbal and practical step-by-step explanations about the desired skills by the instructor. The students were also asked to practice the strategies in class and at home (as homework). The instructor also provided feedback and encouragement to the learners regarding the assignments. Moreover, learning by experiencing succession was considered through story-telling and reminiscence in the class by instructors and learners. As one of the strategies designed and performed by the researcher to achieve the intervention goals, students also performed the play written by themselves in the class.

Various strategies were also used to enhance the female adolescents' perceived social support. To strengthen the family bond with the adolescents, a training session was held with the parents. Given the importance of perceived social support in changing a behavior, we tried to include all kinds of social support in the training intervention. The information support was presented by introducing the support systems in the community (telephone number 123 affiliated with the welfare organization; counseling centers affiliated with the education organization; and psychologists of the comprehensive health service center) and providing the required information about skills in training sessions, emotional support by establishing a good and friendly relationship between the researcher and the adolescents, instrumental support through educational manuals and notebooks, evaluator support through evaluating practical exercises, feedback on activities, and a self-assessment form. The adolescents' interaction with peers was also considered during the educational program to improve their perceived social support.

Furthermore, a self-assessment form was designed to evaluate the adolescents' application of anger and stress management skills in the interval from the end of the intervention to the post-test.

Data analysis

SPSS software, version 22 was used to analyze the data. The Kolmogorov-Smirnov test was also used to examine data distribution status. Due to the normality of the data, independent and paired t-test were applied to compare the variables' mean scores. The results were interpreted at the significance level of 0.05.

Results

The mean age of girls in the intervention and control groups was 13.62 ± 0.49 and 13.51 ± 0.51 years, respectively. Due to the normality of the data, normal tests were used to analyze the data. Table 2 presents the results of comparing the studied variables in the intervention and control groups before and after the study.

The results of independent t-test showed no significant difference between the two groups in terms of self-efficacy score, perceived social support, observational learning, perceived reinforcement, and self-control before the intervention ($P < 0.05$). However, the score of outcome expectation was significantly different between the intervention and control groups significantly ($P = 0.02$). After the intervention, the mean outcome expectation score was not significant between the two groups ($P > 0.05$).

In the intervention group, the mean scores of perceived social support ($P = 0.003$), perceived reinforcement ($P = 0.03$), and self-control ($P < 0.001$) had a significant increase after the intervention. In the control group, the mean score of self-efficacy had a significant change ($P < 0.007$) after the intervention. Other constructs did not change significantly after the training course.

Discussion

The present study was conducted to evaluate the effectiveness of an educational intervention based on social cognition theory on anger and stress management skills in female adolescents. The theory of social cognition considers personal and environmental factors affecting the performance of a behavior. According to this theory, perceived self-efficacy is one of the effective constructs [9] and plays a pivotal role in behavior change [10]. Self-efficacy is specific to behavior and situation [11] and is considered the predominant predictor of behavioral intention [12]. The results of the present study showed no significant difference between the intervention and control groups in terms of self-efficacy scores before and after the intervention. After the intervention, the self-efficacy score increased significantly in the control group, but its

Table 2. Comparison of the mean score of structures before and after the educational intervention in the intervention and control groups

Variables	Group	Mean±SD		P [#]
		Pre-intervention	Post-intervention	
Self-efficacy	Case	14.32±2.95	15.17±3.29	0.20
	Control	14.08±2.92	15.43±2.86	0.007*
	P	0.71	0.71	
Social support	Case	14.12±2.38	15.95±2.81	0.003*
	Control	14.53±3.39	15.43±2.35	0.10
	P	0.53	0.38	
Observational learning	Case	10.65±2.19	11.60±2.23	0.06
	Control	10.82±3.04	11.64±2.46	0.09
	P	0.77	0.94	
Enforcement	Case	12.60±3.17	14.5±3.34	0.03*
	Control	14.08±4.07	14.26±3.90	0.72
	P	0.08	0.90	
Outcome expectancy	Case	43.65±5.62	44.92±7.84	0.44
	Control	40.46±6.09	43.10±7.62	0.10
	P	0.02*	0.30	
Self-control	Case	11.97±3.13	14.05±3.17	0.001*
	Control	13.10±3.88	13.38±3.43	0.65
	P	0.16	0.37	

#Paired t-test, *P<0.05.



increase was not significant in the intervention group. A study on the prevention of obesity in adolescents based on the theory of social cognition of education showed that self-efficacy did not change significantly after the intervention [13], which is consistent with the results of this study. However, some studies showed that educational intervention promoted self-efficacy in individuals [14-19]. This discrepancy in the results can be justified using Bandura's self-efficacy theory indicating family structure as one of the crucial factors in forming self-efficacy in individuals. Family structure can also play an effective role in creating a person's belief in self-efficacy. If parents make a positive impact on the development of abilities during childhood, a favorable environment will be provided for the adolescents to activate their potential talents to control their inner beliefs. In addition, other factors such as previous successes and failures, messages received from

others (attention, encouragement, and admiration), as well as others' successes and failures may be effective in developing self-efficacy [20]. According to Bandura's self-efficacy theory, the performance of skills by the individual promotes self-efficacy in individuals [20]. Different experiences and successes gained by the individual are among the vital factors in creating self-efficacy [21]. Probably, our participants did not use these two skills adequately (in the study period) to promote self-efficacy. Therefore, consistent evaluation in the long run can improve self-efficacy in individuals. According to the obtained results, it seems that the conducted interventions were not adequately effective in improving self-efficacy. As a result, future longer interventions are required to promote self-efficacy. Moreover, different characteristics and personality traits of adolescents and communities can justify inconsistencies among the results.

The social environment plays a significant role in performing, encouraging, or preventing health behaviors. The motivating social environment creates positive motivational factors in the individual and provides the necessary facilities for receiving and transferring the necessary knowledge and skills for healthy behavior [21]. Learning is an active process that takes place through observing others' behavior and its consequences, which can be maintained by reinforcing the behavior [9]. In the intervention group, the perceived social support and perceived reinforcement scores increased significantly, but the score of observational learning did not change significantly. The results of a study conducted by Sahraian et al. showed that the mean scores of social support did not show a significant difference after the training intervention over life skills, but the environmental support score increased significantly [22]. Another similar study indicated that after educational intervention, perceived social support increased in male adolescents [23], which is consistent with our results. The results of a descriptive study showed a significant and negative relationship between the adolescents' psychosocial problems and perceived social support indicating that social support should be increased to solve adolescents' problems [24]. In the same vein, the role of social support was highlighted in promoting the adolescents' self-efficacy [25].

The individuals' experiences of a behavior are effective in performing a behavior [26]. In the present study, educational intervention did not affect improving outcome expectations. To justify this, it can be explained that acquiring the skill of controlling anger and stress and applying it in daily life requires repetition and practice over a long period. Moreover, good consequences of these skills may be experienced a long time after the training course and the two months (from pre-test to post-test) may be short for providing the adolescents with the required time to experience benefits. Consequently, no change was observed in our participants' outcome expectation scores. On the contrary, the results of a study showed that the outcome expectations of the participants changed significantly after training [13]. In this regard, designing and implementing other interventions is required over a longer period to improve outcome expectations in individuals.

Self-control is defined as delaying a desire without the intervention and guidance of another person [7]. Self-control helps individuals control their thoughts, feelings, motivations, and actions [27] and considers the individual's role in the learning process [28]. In the present study, a self-assessment form was designed regarding the adolescents' use of anger and stress-controlling skills in the

interval from the end of training to the post-test. This self-assessment tool not only evaluated the individuals and modified their behavior, but also was effective in reminding and reinforcing the behavior. Based on the results, the self-control scores increased after the training intervention, which is supported by other studies [29-32]. Consequently, it is recommended to apply this self-assessment tool to remind and improve life-skill behaviors in adolescents. One of the limitations of the study is the collection of information in the form of self-report.

Conclusion

SCT is a strong and effective framework for teaching life skills to adolescents. The current educational program was effective in increasing the adolescents' perceived social support, self-control, and perceived reinforcement to control their anger and stress. Therefore, it is recommended to apply this educational package in future related interventions and similar studies.

Ethical Considerations

Compliance with ethical guidelines

The permission of the Ethics Committee was obtained from the Research Ethics Committee of [Shahid Sadoughi University of Medical Sciences](#) (Code: IR.SSU.SPH.REC.20018.37). Registration of this randomized control trial has been completed with the [Iranian Registry of Clinical Trials \(IRCT\)](#) (Code: IRCT20181031041514N1). The participants provided written informed consent to take part in this study.

Funding

This article was extracted from PhD dissertation of Fatemeh Baghernezhad Hesary, approved by Department of Health Education and Promotion, School of Public Health, [Shahid Sadoughi University of Medical Sciences](#) and financially supported by [Shahid Sadoughi University of Medical Sciences](#) (Grant No.: 4884).

Authors' contributions

Conceptualization, study design and writing the original draft: Fatemeh Baghernezhad Hesary and Mohammad Ali Morowatisharifabad; Data collection: Gholam Reza Sharifzadeh; Data analysis: Fatemeh Baghernezhad Hesary, Mohammad Ali Morowatisharifabad and Gholam Reza Sharifzadeh; Conducting behavioral assessments: Zohreh Karimiankakolaki; Supervision: Mohammadreza Miri.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

The researchers appreciate the cooperation of the Department of Public Health, [Shahid Sadoughi University of Medical Sciences](#), all participants, authorities of the Education and Training Organization of Birjand City, and the valuable guidance of the professors.

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