



Effect of group psychotherapy in light of glasser approach on risky behavior

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Original Article

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Abstract

Nowadays, it could be reasonably argued that addressing health issue and contributory factors behind it is vitally important. The prevalence of risky behavior among different groups, especially in teenagers, is one of the most serious health threats. This study aims to determine the effect of group psychotherapy in light of glasser approach on risky behavior. The research is semi-experimental design. The research population contains all the patients correctional and rehabilitation center, among which 24 clients were selected and were assigned randomly in two experiment and control groups. The experiment group received group psychotherapy in light of glasser approach, in ten 90-minute sessions per week. The control group did not receive any interventions. Risky behavior self-administered questionnaire was used in order to gather the data. The results indicate a significant difference between control and experiment group after the implementation of the independent variable in risky behaviors. Given this, it could be concluded that if this approach is used on a group or individual level among clients in correctional and rehabilitation center, the frequency of risky behavior among them will be substantially reduced.

Keywords: Health Risk Behaviors, Reality Therapy, Group Psychotherapy

Introduction

The study on health and its determinants is extremely important, and providing public health is a major issue in any country in the present era [1]. The prevalence of high-risk behavior is an intriguing area in the field of health threats. Despite the fact that none of various classes of society are safe against adverse consequences of health threats, some groups including adolescents, are at a greater risk [2]. The high-risk behavior jeopardizes the individual health and well-being. Accordingly, the high-risk behavior is divided into two categories, first, the behaviors that endanger the

individual health (e.g. alcohol consumption, suicide), and second, the behaviors that threaten the health and well-being of other people in a society (e.g. anti-social behavior, theft) [3]. Studies point out that the suicide is the eighth cause of death in the general population and the second cause of death in adolescents aged 15-19 [4]. The substance abuse, violence, and insecure sexual behavior are also the causes of many deaths in the adolescence and early adulthood [5]. Pourasl et al. [6] studied 1785 students in Tabriz and found that 12.7% consumed alcohol and 2%

had experienced narcotics. Kelishadi et al. [7] reported that the prevalence of smoking among the Iranian adolescents has been 14.3% on average; 18.5% and 10.1% among boys and girls, respectively.

Researcher distributed a questionnaire on perceptions about reproductive health and sexual behavior to 1385 boys aged 15-18 in Tehran [8]. The results indicated that 28% of respondents had been involved in sexual behaviors. Other research investigated 6 high-risk behavior fields with the aim of evaluating high-risk behaviors among boys and girls. The results indicated that the alcohol consumption was the most common risk behavior followed by smoking, insecure sexual behavior, violence, substance abuse and suicide as the most common high-risk behaviors among adolescents [9].

A great deal of studies have declared that people with high-risk behaviors have special cognitive characteristics including the lack of confrontational skills, lack of problem-solving skills, cognitive closure, disappointment, negative documentary style, negative opinion about oneself and environment, lack of proper communication with others, poor self-regulation, impulsiveness, Novelty Seeking (NS), high negative affect, and low risk perception [10-14]. The main causes of attracting to high-risk behaviors in the majority of adolescents include depression, loneliness, isolation, anxiety, inefficiency, loss of self-esteem, dissatisfaction with life, inability to admit themselves and similar problems [15,16]. Studies indicate that appropriate therapeutic interventions can significantly reduce high-risk behaviors [17]. However, there are a few studies on appropriate and documented therapies within a controlled framework to reduce high-risk behaviors. William Glasser is an internationally famous theorist who puts a considerable emphasis on the need to change the patients' behavior and whose theory is known as the reality therapy. According to reality therapy, social identity is among the humans' basic needs and is divided into two components: success identity and failure identity. Glasser

believes that all people have an identity by which they have a sense of success or failure [18]. Glasser's Reality Therapy is a common therapeutic intervention in the field of cognitive psychology, and explains why people with depression, loneliness, isolation, anxiety, and etc (which are causes of high-risk behaviors) show high-risk behaviors when they fail to fulfill their needs. If people do not find an effective way to meet their needs, they will differently in ways known as ineffective behaviors in General Psychology [19]. Glasser believes that people's failure identity should change in order to reduce their inefficient and deviant behaviors. He believes that the identity change is the outcome of behavior changes [20]. Since the choice theory refers back to changes in individual behavior and insight for better decision-making and given what was said about the nature and causes of high-risk behaviors, this approach is expected to reduce high-risk behaviors. The present research aims to investigate the effect of group psychotherapy in light of Glasser's approach to reduce the high-risk behavior of correction and rehabilitation center caregivers by creating a proper treatment relationship in group therapy sessions, exposing clients to the reality, accepting responsibility, recognizing basic needs, judging ethics about the right and wrong behavior, focusing on here and now, the internal control, and thus achieving the success identity.

Method

Regarding the objectives, the present study is an applied research, belonging to the semi experimental type with pretest/posttest design in control group. The statistical population study consisted of all 58 clients of correction and rehabilitation center of Qazvin city in northwest of Iran in 2012. The statistical sample consisted of 24 participants (12 in the experimental group and 12 in the control group) from clients of Qazvin correction and rehabilitation center. Sample size was determined based on the sample size assessment of 7 studies on the

impact of group interventions on reducing high-risk behaviors. Given the aim of research on the investigating the impact of group psychotherapy based on glasser's approach to reduce "high-risk behavior" such as physical conflict, severe verbal conflict, suicidal attempt, substance abuse. Therefore, the purposive sampling method has been used for sampling. The research sample had been randomly divided into experimental and control groups and the pretest was performed on them. The experimental group then underwent group psychotherapy based on the reality therapy for ten 90-minute sessions. During this period, the control group did not receive any intervention. After completing the training sessions, both groups were subjected to the posttest using the high-risk behaviors questionnaire. A researcher-made questionnaire has been used to investigate the high-risk behaviors. We consulted relevant books and papers as well as opinions of prison mental health professionals, professors, and staff and managers of the correction and rehabilitation center in order to design a questionnaire and determine the type of specific high-risk behaviors in this center. The Likert scale has been used in this questionnaire. The questionnaire has 18 questions. The present research utilized questionnaires of related papers and studies on relevant fields in order to assess the high-risk behaviors and it considered the comprehensibility of questions, the relevance of test objective to questions, and the elimination of unrelated questions. The content validity of questionnaire was measured using views of professors and a number of experts. Using these views, the questionnaires were modified at several steps and professors confirmed the content validity of questionnaires. The confirmatory factor analysis has been also used to remove invalid items and indicate the construct validity. Factor loads of items were measured using SPSS-20. Results indicated that this value was more than 0.5 for all the items and this also endorsed the construct validity of questionnaires. Cronbach's alpha and retest test methods were used to test the reliability of questionnaire.

Result of Cronbach's alpha indicated that this questionnaire had the reliability of 0.78 that was an acceptable value. The measurement of reliability coefficient by the retest test method indicated a relationship of 0.95 between two runs and also showed a high reliability.

The content of sessions is summarized as follows:

Session 1: Introducing the group leader; introducing the group member; establishing trust-based relationships between members and the advisor; and announcing group rules. Session 2: Investigating goals and expectations of members from themselves, advisor and group sessions. Session 3: Looking into members' attitude towards high-risk behaviors; explaining the high-risk behaviors and their outcomes; explaining where they are going to and to where their behaviors lead them; and creating a context for the self-assessment. Session 4: Introducing the choice theory and its underlying logic; teaching the responsibility and accountability concept as well as teaching the world of quality or desirability. Session 5: Understanding five basic human needs; listing basic needs by efforts of member and co-advisor, and examining the importance of meeting those needs. Session 6: Putting an emphasis on the importance of communication in meeting the basic needs; satisfaction and mental health; teaching the non-use of external control in relationships. Sessions 7 and 8: Explaining the general behavior and its four components (action, thought, feeling, and physiology) and teaching that the human is capable of direct control of action and thought, and the other two components of behavior can be only indirectly controlled by action and thought. Session 9: Planning for changing the high-risk behaviors and replacing them with appropriate and effective ones; and identifying specific ways to meet the needs. Session 10: Reviewing and re-emphasizing on the fact that members should take the responsibility of tasks and goals, choose, control and be responsible for their behavior.

The central tendency and dispersion indices have been used to analyze data in the descriptive

section. In the inferential section, the analysis of covariance could not be used to investigate the research hypothesis since the homogeneity of regression slope was not observed. For that reason, the differential t-test was used according to statistics experts' opinion. Subsequently, pretest scores of the experimental group were subtracted from posttest scores. The same action was done for the control group. Finally, these two

datasets were compared using the independent t-test with SPSS-20 at 0.001 significant level.

Results

Table 1 presents descriptive indexes of pretest and posttest scores of high-risk behaviors in experimental and control group including the number of participants, mean and standard deviation.

Table 1 Descriptive indexes of high-risk behaviors variable in experimental and control groups

	N	Experimental group		Control group	
		Mean	Standard deviation	Mean	Standard deviation
Pretest	12	36.25	11.39	44.416	11.39
Posttest	12	33.45	11.58	44.083	11.58

As shown in the Table, the mean score of pretest group is 36.25 and the mean score of posttest is 33.45 for the experimental group. The mean score of pretest is 44.416 and it is 44.083 for the posttest of control group. The mean difference

of pretest and posttest is very low in the control group (-0.33), while the difference is significant in the experimental group (-2.27). T-test was used to study the research hypothesis and its results are presented as follows.

Table 2 Comparison of high-risk behaviors in both experimental and control groups

	N	Mean	Standard deviation	Standard error	Mean difference	Value	Degrees of freedom	Significance level
Experimental group	12	92.27	1.48	0.449	2.66	4.27	22	0.0001
Control group	12	-0.33	1.37	0.395				

Results of the Table 2 indicate that there is a significant difference between control and experimental groups in the level of high-risk behaviors; and the observed t-value is 4.37 with degree of freedom of 22 that is larger than the critical value. The observed significance level is 0.0001 less than the critical level of 0.01. Therefore, the null hypothesis based on the lack of difference between the mean of two groups is rejected, and the research hypothesis indicating that "the group psychotherapy based on the glasser's approach has an effect on the reduction of high-risk behaviors" is significant and confirmed. Subsequently, it can be claimed that the frequency of high-risk behaviors can be reduced among this population using the group interventions among the correction and rehabilitation center clients based on the choice theory.

Discussion

As mentioned earlier, the present study aims to

investigate the impact of group psychotherapy in light of glasser's approach to high-risk behaviors among correction and rehabilitation center clients. Results of research also indicated the impact of group psychotherapy based on the reality therapy on the reduction of high-risk behaviors among correction and rehabilitation center clients. Subsequently, it can be argued that if this psychotherapy is used in rehabilitation and education centers, the frequency of high-risk behaviors will decrease leading to their improved behavior. Such a change improves the individuals' behavioral status as well as being beneficial for those around them and reduces potential risks for them. In such a situation, a better environment will be provided for the individual correction that is consistent with the intended purpose of authorities.

Results of the present research on the above-mentioned hypothesis are consistent with

results of studies by Sharifinia [21] on the efficiency of Monotheistic Integration Therapy (MIT) in reducing prisoners' delinquency and a research by Raeisi [22] on the efficiency of life skill education on prisoners' awareness with an approach to reducing the high-risk behaviors. The reason for such outcome can be sought in the relationship between the insight and behavior. Like many daily issues, different acts and behaviors are influenced by the individual perceptions of reality. According to the explanation of this result, humans are fundamentally different in terms of their perception of reality in the reality therapy, and thus different people behave differently according to their different perceptions of reality to meet their needs. People create a special world for fulfilling their needs. For instance, they say that we seek power. Nevertheless, people show high-risk behaviors if they do not properly understand the reality and do not take the responsibility of their actions and behaviors along with the lack of proper understanding of reality. High-risk behaviors can be reduced among different people, especially prisoners, using the reality therapy and changing the individual perceptions of reality. The research has suggested that at-risk adolescents do not believe their needs for belonging are met [23]. Although this may be, in part, a reflection of an increased amount of unsupervised time and difficulties some young adolescents have with transitions, it may also indicate that the lack of belonging to a group has an alienating effect on them [24]. Many researchers support the concept of the association of unmet needs and disruptive behavior [25]. Reality therapy [26] acknowledged the significant power of the need for belonging in motivating young adolescents. Reality therapy explains that young adolescents make ineffective behavioral choices in an attempt to fulfill their basic needs [25]. Reality Therapy has been found to be successful in high-risk and inappropriate behaviors [27]. Researchers [28] suggested that it's principles may be applied by giving adolescents opportunities to choose projects and to feel power and control by giving them choices and options as well as maximizing

opportunities for their involvement. The principles focus on the attitudes and behaviors that are particularly problematic for the at-risk adolescents [29].

The high-risk behavior is a variable that is under the influence of human thinking. According to results of the present study, glasser's group psychotherapy, which is a type of interventional therapy at thought and behavior levels, has a significant effect on exhibiting high-risk behaviors. This is due to the fact that this method deals with the individual identity and personality. These personality and identity are shaped through communicating with other people. When individuals are trained to have a proper identity by communication and interaction with others and are warned that high-risk behaviors make people far from the society and lead to their rejection by acquaintances, friends and peers, they pay more attention to their lives and identity leading to the abandonment of inappropriate behavior. That being the case, the trained people realize that high-risk behaviors lead to the rejection and loss of their identity. Accordingly, glasser's psychotherapy changes the individuals' behavior through making them aware of the correctness and non-correctness of behavior and the acceptance of responsibility for behavior as presented by results of the present research.

A questionnaire has been used for collecting data in this research. The future studies are suggested using other methods, especially observation and interviews to enhance the reliability of data. It is also suggested conducting similar research in other subcultures to increase the generalizability of the results. The research has been conducted on adolescents. Similar studies are suggested among other age groups. Like any other research, this study had limitations in the field of humanities. No specific research was conducted on high-risk behaviors, especially in prisons; hence, there was no proper measurement tool for assessment of high-risk behaviors of prisons. The adolescents' distrust and non-cooperation in responding to questionnaires due to the fear

of conflict with legal authorities or the disclosure of issues for their parents limited the results.

Conclusion

The foregoing discussion, on the basis of obtained results, has attempted to support the idea that group psychotherapy in light of Glasser's approach could reduce high-risk behaviors among the clients of the correction and rehabilitation center. To put it bluntly, it is feasible to reduce some adolescent problems employing glasser's reality therapy theory and techniques. The findings of this study point towards the efficiency of the reality therapy method in upgrading adolescent skills for coping with causes and factors of high-risk behaviors and shaping the success identity. The results also endorse the impact of group psychotherapy. Given the authorities' efforts to the creation of significant positive changes in the clients' behaviors in the correction and rehabilitation center, principles of the above-mentioned method can be manifested to prison psychologists, social workers and other personnel who are in charge of educational consultation of the clients.

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Study design: YH

Data collection and analysis: RZ, NH, YH

Manuscript preparation: YH

Conflicts of Interest

"The authors declare that they have no competing interest".

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