

The Effectiveness of Emotion Regulation Training on Emotion Regulation Strategies and Social Competence of Adolescents with High Risk Behaviors

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Abstract

Aim: The aim of this study was to investigate the effectiveness of emotion regulation training on emotion regulation strategies and social competence of adolescents with high risk behaviors.

Materials and Methods: The method of the present study the experimental design was semi-experimental. The statistical population of this study will be all high school adolescents in Babolsar city in the academic year of 2018. Sampling was done in two stages: A: 600 students were randomly selected from all students and a high-risk behaviors questionnaire of Iranian adolescents was administered to them. B: We selected 90 subjects who scored high on the Iranian adolescent high-risk behaviors questionnaire and then randomly selected 36 of them and were randomly assigned into two experimental and control groups. Data were collected using the Emotional Regulation Strategies Questionnaire, Social Competence Questionnaire, and Iranian Adolescent Risk Behaviors Questionnaire. Multivariate analysis of covariance (MANCOVA) was used for data analysis. Statistical analysis was performed using SPSS-23 software and Significance level of 0/05 was selected for this study.

Result: the results showed that emotion regulation training improves social competence and emotion regulation strategies in adolescents with high risk behaviors.

Conclusion: Therefore, it can be concluded that emotion regulation training can correct deficits in adolescents' emotional processing of high-risk behaviors, which in turn will modulate aggressive behaviors in adolescents and ultimately create a sense of social competence.

Keywords: Emotion regulation strategies • Social competence • Risk behaviors

Introduction

In every society, adolescent health is of paramount importance, and it helps mental health to play a better mental and physical health and social role. Adolescence is considered a critical age in the development and development of coping behaviors and responses to environmental needs. During this period, adolescence is plagued by a host of adverse health problems due to rapid physical, psychological, social, cultural, and cognitive changes. A teenager may resort to destructive and risky behaviors in order to prove himself or herself in society and in the family and to have a role and base for himself [1]. These behaviors, which have negative consequences, are called high-risk behaviors and are called unhealthy lifestyles if left unchanged [2]. Risky behavior is defined as a behavior that leads to a negative health outcome. The widespread concept of high-risk behavior encompasses a series of behaviors that not only cause serious harm to the person involved in the behavior and to the important people in his or her life, but also cause unintentional harm

to other innocent people. The most common high-risk behaviors are: binge drinking, substance abuse, unsafe sex, reckless driving, dangerous exercise, gambling, unlawful and unlawful practices, etc [3]. One of the most important personality factors involved in the occurrence and continuation of high-risk behaviors is the discussion of emotion regulation strategies. Emotion regulation is known as the part of emotional states that is separate from mood, stress, and impulse; each of which has its own coping strategies or strategies [4]. In emotion regulation, individuals try to redirect automatic results to their emotional consequences; in this case, emotion regulation is a control process that involves a wide range of processes that individuals use to control their behaviors [5]. People with difficulty in personal emotion regulation are more likely to be exposed to different types of risky behaviors such as substance abuse and others [6].

Research findings suggest that individuals with high-risk behaviors at both the upper and lower levels of emotion regulation strategies have difficulty and cannot manage their emotions. Therefore, the role of emotional regulation seems to be very important. Emotional adjustment is the capacity to generate emotional responses in relation to a situation that can be positive or negative. People with positive and constructive emotion regulation strategies seem to understand less discomfort during stressful times and can select and experience negative emotions. And as long as the experience is not applicable or dangerous it can avoid expressing or expressing it. In fact, individuals with positive emotion regulation strategies know when to create or avoid an emotion. Research reports also suggest that inappropriate emotion regulation strategies or difficulty in emotion regulation are associated with the tendency and predictability of risky and addictive behaviors [7].

It seems that as long as one is unable to express the emotions of the situation with the situation, one is challenged by others, who in the long run feel frustrated that this failure leads them to a cycle of undesirable social interaction. Inappropriate and high-risk problems and as a result serious problem of social inadequacy. Social competence is the ability of a person to function in the exercise of personal independence and social responsibility [8] argue that social competence has four components: (a) cognitive skills that include information and information processing and acquisition skills, decision-making abilities, efficient and ineffective beliefs, and attribution styles [9]. Behavioral skills are another important component of social competence. When a particular person chooses a behavior to achieve a desired outcome, that behavior must be available. Negotiation • role playing • self-expression • interactive skills for initiating and continuing social interactions • learning and learning friendly behaviors with others are the main components of behavioral skills. C) Emotional and emotional skills are a third component that are needed to establish positive relationships with others, build and develop trust and mutual supportive relationships, identify and respond appropriately to emotional symptoms in social interactions or stress management. D) Motivational skills include a person's valuable structure, level of moral development, and a sense of self-efficacy and control, and ultimately a sense of self-efficacy [8].

Research findings indicate that many adolescents who have difficulty in social relationships or who are not accepted by their peers are at risk for a variety of affective and academic behavioral abnormalities. Early childhood social inadequacies with adjustment problems in later periods [10] conduct disorder, delinquency and high-risk behaviors in adolescence [11] school dropout [12] and related mental health problems in adulthood [13].

One of the treatments that seem to be helpful in improving adolescents' emotional problems with high-risk behaviors is emotion regulation training. It can be said that training of emotion regulation strategies will lead to improvement of emotion regulation strategies, resulting in the prevention and improvement of a wide range of psychological traumas, including high risk behaviors [4]. Emotional process adjustment strategies include applying cognitive changes. Cognitive change refers to the modification of a person's assessment of the situation that is used to change emotional affect [4].

The results show that cognitive emotion regulation strategies are associated with decreasing negative emotions and affective events and focusing on positive emotion regulation strategies enhances people's understanding of emotion management [14]. Therefore, the aim of this study was to investigate

the effectiveness of emotion regulation training on emotion regulation strategies and social competence of adolescents with high risk behaviors.

Materials and Methods

The method of the present study was semi-experimental. The statistical population of this study will be all high school adolescents in Babolsar city in the academic year of 2018. Sampling was done in two stages: A: 600 students were randomly selected from all students and a high-risk behaviors questionnaire of Iranian adolescents was administered to them. B: We selected 90 subjects who scored high on the Iranian adolescent high-risk behaviors questionnaire and then randomly selected 36 of them and were randomly assigned into two experimental and control groups. Data were collected using the Emotional Regulation Strategies Questionnaire, Social Competence Questionnaire, and Iranian Adolescent Risk Behaviors Questionnaire. Multivariate analysis of covariance (MANCOVA) was used for data analysis. Statistical analysis was performed using SPSS-23 software and Significance level of 0/05 was selected for this study.

For data collection was used the following tools

1. Emotion Regulation Questionnaire (2001): This questionnaire was developed by [15] and is a multidimensional questionnaire and self-report tool that has 36 items and has a special form for adults and children. The Cognitive Emotion Regulation Scale Nine [9] assesses one's own cognitive strategy of acceptance, acceptance, rumination, positive re-focusing, re-focusing on planning, positive reassessment, perspective-taking, Catastrophic and blaming others. The alpha coefficient for the subscales of this questionnaire was reported by in the range of 0.71 to 0.81. In Iran, its reliability using Cronbach's alpha coefficient for each of the subscales has been reported between 0.64 and 0.82.

2. Social competence test (Flannery et al): The Social Adequacy Questionnaire has 47 questions and was developed by based on the four-dimensional model of Flannery et al. in 1990. Social competence questionnaire that measures four dimensions of behavioral skills, emotional skills, cognitive skills, and motivational skills, based on a seven-point Likert scale from score 1 (strongly disagree) to seven (strongly agree). The content validity of the test was confirmed by psychologists and psychiatrists. The internal consistency of the test questions according to Cronbach's alpha coefficient was 0.88 and the test-retest reliability coefficient with a sample of 30 students was estimated to be 0.89. The construct validity of this questionnaire was 0.826 through factor analysis [16].

3. Iranian Adolescent Risk Questionnaire (IARS): This questionnaire was developed using validated adolescent tools such as the Adolescent Risk Questionnaire (ARQ, Gullone, Moore, Moss & Boyd) and the Youth Risk Behavior

Control System Questionnaire (YRBSS, Brener, Kann, Kinchen, Grumbaum & Whalen) and taking into account the cultural conditions and social constraints of Iranian society, an Iranian adolescent risk scale was constructed. This is a 38-item scale for assessing adolescents' vulnerability to 7 categories of high-risk behaviors (violence, smoking, drug abuse, alcohol abuse, sexual intercourse and sexual orientation) that responders favor or disagree with. A 5-point scale ranged from strongly agree (=5) to strongly disagree (=1). The scores range from 38 to 190 and the cut-off score of the questionnaire is above 50%, i.e. above 76. The questionnaire was standardized in an Arab study and Cronbach's alpha for hazardous driving was 0.74, cigarette 0.93, narcotic and psychotropic 0.90, violence 0.78, alcohol 0.90, opposite-sex friendship 0.83, and Relationship and sexual behavior were 0.87 [17-19].

Results

As shown in Table 1, there is a difference in the emotion regulation strategies and social competence in the pre-test and post-test in the experimental group.

Mean and standard deviation of effectiveness emotion regulation training on emotion regulation strategies and social competence of adolescent with high risk behaviors in both experimental and control groups in pre and post-test in Table 2.

With the aim of analyzing the data inferential, first, the assumptions related to parametric statistics and covariance analysis were tested; the results of Kolmogorov-Smirnov & Shapiro-Wilks tests indicated that the distribution was normal in the variable of emotion regulation strategies and social competence and vitality Studying.

Their significance level was more than 0/05 in the corresponding tests, which indicates that the distribution is normal. To determine the presumption of consistency of variance, Levin test was used, and the significance levels of the test also showed the consistency of variances in dependent variables ($p < 0/05$).

As can be seen in Tables 3 and 4, the meaningful levels of all tests allow the use of covariance analysis. This suggests that emotion regulation training on emotion regulation strategies, and social competence in adolescents with high-risk behavior is significant ($P = 0/000$, $F = 3/956$, $\Lambda = 0/353$).

Regarding the results of Table 5, it can be said that after modifying the pre-test scores, there is a significant difference between the studied groups with high statistical power between components of the variables of Social Competence and emotional regulation. Therefore, considering the mean and standard deviation in the experimental and control groups in the pre-test and post-test, and the significance level and the squared of the variables under study, we can say that emotion regulation training improves social competence and emotion regulation strategies in adolescents with high risk behavior.

Table 1. Mean and standard deviation of effectiveness emotion regulation training on emotion regulation strategies and social competence of adolescent with high risk behaviours in both experimental and control groups in pre and post-test.

Variable	Tests	Experimental		Control	
		M	SD	M	SD
Behavioral skill	Pre- test	73/61	16/84	70/83	21/22
	Post-test	105/05	23/33	72/55	9/58
Emotional competency	Pre- test	30/00	11/05	14/83	3/83
	Post-test	46/11	9/67	25/66	5/44
Cognitive skill	Pre- test	7/83	2/74	8/88	2/54
	Post-test	12/94	2/28	6/77	3/04
Motivational sets	Pre- test	9/50	2/33	9/83	1/85
	Post-test	13/77	2/73	8/66	3/77
Emotional regulation	Pre- test	1/11	0/90	0/83	0/85
	Post-test	88/22	17/05	96/61	12/29
	Post-test	124/22	17/04	97/88	10/65

Table 2. Levene's Test of Equality of Error Variances^a.

	F	df1	df2	Significance level
Behavioral skill	9/863	1	34	0/066
Emotional competency	0/760	1	34	0/390
Cognitive skill	1/524	1	34	0/225
Motivational sets	0/960	1	34	0/334

Table 3. Multivariate Tests.

	Effect	Value	F	Hypothesis df	Error df	Significance level	Partial Eta Squared
Group	Pillai's Trace	0/696	3/204	10/000	60/000	0/002	0/348
	Wilks' Lambda	0/353	3/956 ^a	10/000	58/000	0/000	0/458
	Hotelling's Trace	1/689	4/729	10/000	56/000	0/000	0/458
	Roy's Largest Root	1/601	9/607 ^b	5/000	30/000	0/000	0/616

Table 4. Tests of Between-Subjects Effects.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Significance level	Partial Eta Squared
Social Competence	Behavioral skill	977.893	1	977.893	20.455	0	0.482
	Emotional competency	83.421	1	83.421	11.666	0.002	0.347
	Cognitive skill	292.03	1	292.03	25.385	0	0.536
	Motivational sets	460.878	1	460.878	13.297	0.001	0.377
Emotional regulation		18.904	1	18.904	27.251	0	0.553

Discussion

The purpose of this study was to investigate the effectiveness of emotion regulation training on emotion regulation strategies and social competence of adolescents with high risk behaviors. Based on the first finding of this study, it was found that emotion regulation training is associated with increased risk factors for adolescent adolescents' risk behaviors, which are in line with the results. Similarly, research by showed that lack of emotion regulation or negative emotions had a direct relationship with aggression. It can be inferred that when one is deficient in their emotions and cannot express their emotions, they may respond aggressively to the behavior of others. Based on Fresco's eclectic model, Maine, Heimberg, and Ritter emotions can have normative to disruptive function. If the emotions of the individual reflect the change in response coffers in order to comply with the individual's contextual desires and limitations and personal values and goals, they have a normative function and help the individual to live a better life. But when one cannot express their positive emotions and have to suppress them and resort to negative emotions, it is there that the emotions will have a maladaptive and destructive functioned. Thus in training emotion regulation through cognitive change can be a change in how we think about our external, external, or ability to cope with environmental demands The results show that emotion regulation strategies are associated with decreasing negative emotions and emotional events and focusing on positive emotion regulation strategies enhances people's understanding of emotion management. Emotion regulation training is one of the best treatments for correcting emotional distress disorders. Emotion regulation is a strategy used to reduce, enhance, or maintain emotional experiences. Emotion regulation training with maladaptive modification in these strategies can play a decisive role in the correction of mental disorders. Emotion-based therapy is a special form of self-regulation that helps us know what emotions to experience, when to experience them, and how to express them in emotion regulation training, one learns to fully express his or her positive emotional responses.

Another finding of this study found that emotion regulation training was associated with increased social adequacy of adolescents with high-risk behaviors, which is consistent with the results of Hooper and Larsen; Block and Wolfert. It can be inferred that emotionally deficient individuals do not understand questions about the emotional content of emotion, focus on the physical aspect of emotional arousal, and experience emotion as emotionally enhanced cognitive states. So, by learning how to handle adolescents' emotion regulation problems they will learn more rational feedback styles, so they will be more successful in communicating with peers, which will reduce adolescent behavioral problems and aggression, and ultimately, self-satisfaction. And will increase adolescents' social competence.

Conclusion

Therefore, according to the findings of this study, it can be concluded that as long as one is unable to express, regulate, and understand their emotions, they may be emotionally disturbed and cognitively impaired, and this impairment can impair the organization of their emotions and cognitions. As a result, these individuals are usually unable to identify, understand, or describe their emotions due to their lack of emotion and their inability to cognitively process their emotions, so they are less adaptive to stressful situations and engage in aggressive behaviors. Therefore, it can be concluded that emotion regulation training can correct deficits in adolescents' emotional processing of high-risk behaviors and avoid aggressive behaviors and replace healthy behaviors when controlling and controlling emotion. There will be social inequality in them.

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