

Comparison of the Effectiveness of Life Skills Training and Mindfulness Skills on Risky Behaviors and Psychopathological Symptoms in Female High School Students of Varamin

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ABSTRACT

Objective: The objective of this study was to compare the effectiveness of cognitive hypnotherapy and successful intelligence training on enhancing psychological resilience among twelfth-grade male students in District 4 of Tehran.

Methods and Materials: The research utilized a quasi-experimental design with pre-test, post-test, and follow-up stages. The participants were 45 twelfth-grade male students selected through convenience sampling, divided into two experimental groups (15 students each) and one control group (15 students). Data were collected using the Clough Psychological Resilience Questionnaire (2002), the Cognitive Hypnotherapy Intervention protocol (Alaeddin, 2011), and the Successful Intelligence Training protocol (Shoushtari et al., 2016). Data analysis was conducted using ANCOVA to assess the impact of the interventions.

Findings: The results showed that both cognitive hypnotherapy and successful intelligence training significantly improved psychological resilience compared to the control group. Moreover, the successful intelligence training group demonstrated higher mean resilience scores than the cognitive hypnotherapy group, and this difference was statistically significant ($p < 0.05$). The findings support the effectiveness of both interventions in enhancing students' psychological resilience.

Conclusion: Cognitive hypnotherapy and successful intelligence training are both effective interventions for improving psychological resilience among high school students. However, successful intelligence training appears to have a stronger impact on resilience outcomes. These interventions can be valuable tools for educators and mental health professionals in supporting students' emotional and cognitive development.

Keywords: life skills, mindfulness skills, risky behaviors, psychopathological symptoms.

1. Introduction

Individuals' lifestyle and the behaviors they exhibit over the course of their lives directly or indirectly affect their health (Rashid, 2015). Adolescence is a period of emotional, physical, and social changes, as well as a time for exploration, self-reliance, self-control, independent decision-making, and choice. It is also a period in which adolescents assume new roles and responsibilities and develop social skills (Borouki Milan et al., 2020; Cheah et al., 2019). One of the key topics of adolescence is the occurrence of risky behaviors. The prevalence of risky behaviors is a significant threat to both mental and physical health. In recent years, due to rapid social changes, this issue has been highlighted by health organizations, law enforcement, and policymakers as one of the most critical problems in society (Rajabi Dehki et al., 2020). In Iran, approximately 13% of students in grades 8 through 11 are at risk of drug abuse (Malekshahi & Momen Nasab, 2007). Since risky behaviors significantly impact adolescents and those around them, it is crucial for parents, school staff, and other adults to be informed about the prevalence of these behaviors, the factors that contribute to them, and the strategies available for their prevention (Bidgeli, 2015).

Common risky behaviors among adolescents and the subsequent psychopathological symptoms are often harmful ways adolescents attempt to escape pain or anxiety. The most common risky behaviors include cutting, burning, and using chemical or toxic substances (Panahi et al., 2018). Research indicates that appropriate educational interventions can significantly reduce the occurrence of risky behaviors in adolescents. These interventions can decrease the number of individuals who were non-smokers before the education and later became regular smokers by approximately 67% (Turani & Akhoundzadeh, 2024; Wang et al., 2024). Individuals at risk learn through life skills education how to act positively and adaptively in relation to other people, society, culture, and their environment, thereby ensuring their mental health. The development of life skills education is one of the ways to reduce social harm in society (Asha & Venkatesha, 2023; Emadian & Hosseini Tabaghdehi, 2023; Mokhtari et al., 2014). Life skills are abilities that lead to the promotion of mental and emotional health, the enrichment of human relationships, and the enhancement of appropriate social behaviors (World Health Organization, 2014). Life skills education can teach individuals a set of skills and competencies that enable them to act positively and adaptively toward others in society,

culture, and their environment (Sohrabi et al., 2013). Life skills training programs are among the practical applications of psychology that aim to improve physical, mental, and social health (Chen et al., 2015). Life skills represent a behavior change approach that balances three domains: knowledge, attitude, and skills (Salimi Bejestani & Abedi, 2013).

In his study, Asadzadeh (2021) found a strong, positive, and significant relationship between life skills, resilience, and the mental health of students. Moreover, the study revealed that both resilience and life skills are predictors of students' mental health (Asadzadeh, 2021). The results of the study by Tulus et al. (2023) indicated that life skills training significantly reduced anxiety and significantly increased self-esteem among the experimental group of students compared to the control group (Tulus et al., 2023). Sukumar et al.'s (2022) data analysis showed that life skills training positively impacted academic achievement, physical health, and psychological quality of life. It was suggested that life skills training programs could enhance the mental health of 18 million young people in Karnataka State (Sukumar et al., 2022).

On the other hand, mindfulness skills refer to a state where we can master all our thoughts and emotions. Mindfulness helps us have a more active mind. If we can become aware of our thoughts through mindfulness techniques, we will experience a happier life (Hamidi & Kheiran, 2018). Mindfulness-based cognitive therapy provides individuals with the ability to broaden their perspective to observe incompatible thoughts, cognitive processes, existing rumination, and allows them to ideally change or redirect them (Mousavi et al., 2019). The findings of Saraei Lou and Azadi (2021) demonstrated that positive thinking and mindfulness positively impact mental health and contribute to the enhancement of personal well-being (Saraei Lou & Azadi, 2021). Lahak and Asadi's (2020) findings indicate that mindfulness, by increasing decentering, cognitive flexibility, emotional regulation, experiencing emotions as they occur, self-compassion, relaxation, and acceptance, reduces painful feelings, hopelessness, anxiety, and depression (Lahak & Asadi, 2020). In a study by Deng et al. (2020), the results showed that mindfulness training significantly reduced anxiety and harmful behaviors in adolescents (Deng et al., 2020).

Thus, the present study aims to examine the impact of life skills training and mindfulness skills training on reducing risky behaviors and psychopathological symptoms.

2. Methods and Materials

2.1. Study Design and Participants

This research is applied in terms of its purpose and utilizes a field study with a semi-experimental design, including a pretest-posttest control group. The statistical population comprised all female high school students in the second stage of secondary education in Varamin during the 2019-2020 academic year. The sampling method was multistage cluster sampling. The sample group was selected using the inclusion criteria (female students aged 16 and older, currently enrolled in high school). Based on G*Power software, 45 participants were randomly selected and divided into three groups (two experimental groups and one control group). After the participants were identified and pretests were conducted, one experimental group received life skills training, and the other received mindfulness skills training.

2.2. Measures

2.2.1. Risk-Taking

The risk-taking behavior questionnaire includes 38 items to assess adolescents' vulnerability to risky behaviors such as violence, smoking, drug use, alcohol consumption, sexual behavior, and orientation toward the opposite sex. The reliability of this scale was assessed using internal consistency through Cronbach's alpha, and its construct validity was examined using exploratory factor analysis and the principal component method. The KMO test result was 0.949, indicating an excellent and satisfactory level, and Bartlett's test of sphericity was statistically significant. The reliability of the LARS and its subscales was at an acceptable level, with Cronbach's alpha for the overall scale at 0.938, smoking at 0.931, drug use at 0.906, alcohol use at 0.907, sexual behavior at 0.856, and orientation toward the opposite sex at 0.809. The reliability was calculated using Cronbach's alpha, with a coefficient of 0.91. Validity, based on factor analysis, was 0.79 (Joghatai et al., 2023).

2.2.2. Behavioral Problems

The Symptom Checklist-90 (SCL-90) contains 90 items for psychological evaluation and was developed by Derogatis, Lipman, and Covi (1973) based on clinical evaluations and psychometric analysis, with the final version of the questionnaire established in 1976 (Derogatis, Rickels, & Uhlenhuth, 1976). Responses are provided on a 5-point

scale ranging from "none" to "extreme." The 90 items cover nine different dimensions, including somatization, obsessive-compulsive behavior, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Scoring and interpretation of the test are based on three indices: the global severity index, the positive symptom distress index, and the total number of positive symptoms. To assess the reliability and consistency of the questions, Cronbach's alpha and Kuder-Richardson formula 20 were used. The coefficients for all nine dimensions were satisfactory, with the highest correlation in the depression dimension (0.90) and the lowest in the psychoticism scale (0.77) (Derogatis et al., 1976). The test's reliability was evaluated after one week on 94 heterogeneous psychiatric patients, with correlations ranging from 0.78 to 0.90.

2.3. Intervention

2.3.1. Life Skills Training

Life skills training was conducted over ten 90-minute sessions, focusing on sub-skills such as self-awareness, goal-setting, interpersonal communication, decision-making for health and mental well-being, problem-solving, cooperation and participation, creative thinking, and critical thinking. The content was adapted from the book *Life Skills Training: Emotional, Cognitive, and Social Growth* by Vernon (2018). The training included activities and games suitable for adolescents. Throughout the sessions, students engaged in both group and individual activities, employing techniques such as brainstorming, role-playing, and assigning tasks relevant to the topic to enhance student participation. At the end of each session, assignments were provided to reinforce the learned skills at home. (Vernon, 2018)

In the life skills training sessions, the first two sessions focused on building rapport, problem-solving, and self-awareness. Participants were introduced to the research objectives, completed a pretest, and engaged in activities like the "T-shirt of abilities" and a "copy puzzle" to enhance their understanding of problem-solving and prioritization. They were asked to identify and address a personal life problem as homework. Sessions three and four centered on effective decision-making and interpersonal skills, incorporating activities to help participants understand decision-making processes and manage stress. They were assigned real-life decision-making tasks and emotional regulation exercises based on bodily signs and emotions. In sessions five and six, creative thinking was emphasized, with discussions on

creativity principles, ways to boost creativity, and overcoming barriers. Participants were encouraged to perform daily tasks differently and find new solutions to routine problems. Sessions seven and eight introduced critical thinking, teaching participants to analyze evidence and evaluate the accuracy of information. They were guided to improve their ability to differentiate between healthy and unhealthy suggestions and work on resilience in the face of failure. The final two sessions, nine and ten, focused on emotional regulation, where participants learned to identify and manage emotions such as happiness, sadness, anger, and fear, concluding with a posttest and a review of their progress. Throughout the sessions, participants engaged in activities to express and manage their emotions in real-life situations.

2.3.2. Mindfulness Skills Training

For the second experimental group, a mindfulness skills training protocol was used to prevent risky behaviors and psychopathological symptoms in adolescents. Mindfulness aims to create deliberate attention and non-judgmental focus on thoughts, emotions, and feelings in the present moment. Kabat-Zinn's (2003) mindfulness training was conducted over eight 90-minute sessions as follows (Kabat-Zinn, 2003):

The mindfulness training sessions began with body scan exercises in the first session, aimed at increasing awareness of negative emotions and bodily sensations, with participants practicing daily for 45 minutes over six days. In session two, breathing exercises were introduced, including deep breathing, alternate nostril breathing, and progressive

relaxation to promote calmness and focus. Participants were assigned daily breathing exercises to continue at home. Session three combined body scan techniques with yoga, helping participants relieve stress and tension in their muscles, with continued practice at home before sleep. The fourth session introduced sitting and breathing exercises, teaching participants how to reduce anxiety and improve sleep quality through focused breathing. In the fifth session, the focus shifted to abdominal breathing techniques, which were designed to improve the body-mind connection and enhance mental stability, with a daily 30- to 45-minute practice. Session six emphasized mindfulness of physical sensations, sounds, thoughts, and emotions, introducing walking meditation as a way to cultivate awareness. In session seven, participants practiced combining sitting, yoga, and body scan techniques, focusing on tensing and relaxing muscles to improve their connection with their mind and body. The final session reviewed the entire mindfulness practice, concluding with a posttest and final reflections on the progress made. Participants were encouraged to continue their daily mindfulness practices, integrating them into their routines.

2.4. Data Analysis

For data analysis, in addition to descriptive statistics, analysis of covariance (ANCOVA) was employed.

3. Findings and Results

The descriptive findings, including statistical indicators such as mean, standard deviation, and the number of subjects for the variables under study, are presented in Table 1.

Table 1

Mean and Standard Deviation Results for Risky Behaviors and Psychopathological Symptoms Variables

Variables	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Risky Behaviors	Life Skills	130.80	3.40	103.40	2.64
	Mindfulness	129.66	3.81	104.40	2.32
	Control	130.20	3.68	129.00	3.96
Psychopathological Symptoms	Life Skills	195.86	2.77	164.13	4.24
	Mindfulness	198.26	4.04	162.93	3.19
	Control	197.93	3.95	196.00	4.25

The findings in Table 1 show that the mean posttest scores of the experimental groups (life skills and mindfulness) for the risky behaviors variable decreased compared to the pretest scores in the same groups. In contrast, there was no significant difference between the pretest and posttest scores of the control group for the same

variable. Based on the Box's test, which was not significant for the research variables, the assumption of homogeneity of variance-covariance matrices was met (Risky Behaviors: BOX = 2.834, Psychopathological Symptoms: BOX = 3.703).

Table 2

Results of Covariance Analysis for Research Variables

Variables	Test Name	Value	F	df (hypothesis)	df (error)	P	Eta Squared
Risky Behaviors	Pillai's Trace	0.460	10.643	2	25	0.001	0.460
	Wilks' Lambda	0.540	10.643	2	25	0.001	0.460
	Hotelling's Trace	0.851	10.643	2	25	0.001	0.460
	Roy's Largest Root	0.851	10.643	2	25	0.001	0.460
Psychopathological Symptoms	Pillai's Trace	0.458	10.565	2	25	0.001	0.458
	Wilks' Lambda	0.542	10.565	2	25	0.001	0.458
	Hotelling's Trace	0.845	10.565	2	25	0.001	0.458
	Roy's Largest Root	0.845	10.565	2	25	0.001	0.458

The results in Table 2 show that the significance levels of all tests allow the use of covariance analysis. These results indicate that there was a significant difference in the posttest stage for at least one of the dependent variables between the studied groups ($P < 0.001$, $F = 10.643$, Wilks' Lambda = 0.460 for the risky behaviors variable) and ($P < 0.001$, $F = 10.565$, Wilks' Lambda = 0.458 for the psychopathological symptoms variable). The eta squared (which represents the squared correlation coefficient between the dependent

variables and group membership) shows that the difference between the three groups, in relation to the dependent variables, is significant. The amount of this difference is 46% for the risky behaviors variable and 45% for the psychopathological symptoms variable. This means that 46% of the variance in risky behaviors and 45% of the variance in psychopathological symptoms is due to the interaction between the dependent variables and the groups.

Table 3

Covariance Analysis Results for the Effectiveness of Life Skills and Mindfulness Skills Training on Risky Behaviors in Adolescent Girls

Source of Variance	Dependent Variable	Sum of Squares	df	Mean Squares	F	P	Eta Squared	Power
Life Skills Group	Risky Behaviors	100.552	1	100.552	15.907	0.001	0.380	0.970
Mindfulness Group	Risky Behaviors	79.632	1	79.632	11.796	0.002	0.312	0.911

As shown in Table 3, after controlling for the pretest scores, there was a significant difference in risky behaviors between the life skills group ($P < 0.001$, $F = 15.907$, and effect size = 0.380) and the mindfulness group ($P < 0.002$, $F = 11.796$, and effect size = 0.312) compared to the control group. Life skills training reduced risky behaviors in the

posttest for the experimental group, explaining 38% of the variance in the first experimental group and 31% in the second. Thus, life skills and mindfulness skills training had a significant effect on reducing risky behaviors in adolescent girls.

Table 4

Covariance Analysis Results for the Effectiveness of Life Skills and Mindfulness Skills Training on Psychopathological Symptoms in Adolescent Girls

Source of Variance	Dependent Variable	Sum of Squares	df	Mean Squares	F	P	Eta Squared	Power
Life Skills Group	Psychopathological Symptoms	234.055	1	234.055	23.147	0.001	0.471	0.996
Mindfulness Group	Psychopathological Symptoms	157.918	1	157.918	20.181	0.001	0.437	0.991

As shown in Table 4, after controlling for pretest scores, there was a significant difference in psychopathological symptoms between the life skills group ($P < 0.001$, $F = 23.147$, and effect size = 0.471) and the mindfulness group ($P < 0.001$, $F = 20.181$, and effect size = 0.437) compared to

the control group. Life skills and mindfulness training reduced psychopathological symptoms in the posttest for the experimental groups, explaining 47% of the variance in the first group and 43% in the second. Thus, life skills and

mindfulness skills training significantly reduced psychopathological symptoms in adolescent girls.

4. Discussion and Conclusion

Research that has indirectly addressed this issue has emphasized the relationship between risky behaviors and psychopathological symptoms, noting that individuals who engage in risky behaviors often use unhealthy coping strategies, particularly in stressful situations. Based on the results of this study and previous research, it can be stated that there is a direct relationship between the tendency toward risky behaviors and psychopathological symptoms. The more individuals engage in risky behaviors, the higher the likelihood of experiencing psychopathological symptoms. In fact, life skills training and mindfulness skills, especially those related to managing emotions, stress, social, and communication skills, provide a foundation for enhancing both mental and physical health. In this study, life skills training and mindfulness skills training reduced the prevalence of risky behaviors and psychopathological symptoms in adolescents. These findings are consistent with the results of prior studies (Arshad et al., 2017; Deng et al., 2020; Frostadottir & Dorjee, 2019; Herscu et al., 2023; Joghatai et al., 2023; Lahak & Asadi, 2020; Mousavi et al., 2019; Narimani et al., 2012; Torabi Sa'in et al., 2022).

Based on the previous findings which examined the effectiveness of life skills training based on mindfulness skills on physical aggression in adolescent boys in Tehran, it can be inferred that mindfulness-based life skills training effectively reduces physical aggression in adolescent boys (Arshad et al., 2017). Moreover, the results of another study showed that life skills and mindfulness training had a significant effect on the sense of coherence in female high school students. Mindfulness-based life skills can be used as an effective therapeutic technique to reduce physical aggression in adolescents, especially boys (Torabi Sa'in et al., 2022). The results of another study which examined the relationship between mindfulness and mental health and emotional intelligence, showed no significant relationship between mindfulness and mental health (such as abnormal thoughts and feelings) or emotional intelligence (Narimani et al., 2012).

Additionally, the findings of the study by Lee et al. (2020) indicated that mindfulness training was more effective than life skills training in improving resilience and addressing emotional and behavioral problems in low-income gifted adolescents in China. This study aligns with these findings.

Mindfulness practice also improves attention, with its positive effects arising when individuals use enhanced focused attention to deliberately direct their awareness to sensory experiences in the present moment. Thus, negative self-assessment, often linked to internalized negative behaviors, can be mediated through this momentary, non-judgmental awareness. Mindfulness practice also increases distress tolerance, consistent with the present study's results. Individuals with mindfulness skills tend to experience fewer negative psychological symptoms and are more likely to observe and describe events as they happen (Lee et al., 2020). These individuals are less judgmental and conduct their daily activities with insight and reflection.

Mindfulness and life skills training also provide individuals with the ability to recognize and regulate emotions. Emotional regulation is a crucial component of both mental and physical health. Recent models linking emotional regulation to health emphasize that maladaptive emotion regulation strategies negatively impact health, while adaptive strategies play a protective role in maintaining health (Siafi et al., 2020). Based on the findings of this study, it can be concluded that understanding risky behaviors in adolescents is essential for two reasons: First, recognizing the causes and various underlying factors of these behaviors allows for the development of practical and effective strategies for preventing and reducing such behaviors. Second, risky behaviors are significant obstacles in the educational process because they lead to a lack of adherence to educational norms and social and cultural values in the school environment. In such an environment, education and learning are likely to face challenges. Furthermore, violent and risky behaviors tend to spread to other adolescents, as behaviors are generally learned. Lastly, the study of risky behaviors is also important from a family perspective, as adolescents engaging in such behaviors often lack strong attachment and commitment to family values and norms (Rajabi Dehki et al., 2020). Therefore, considering the effectiveness of life skills training and mindfulness therapy in reducing adolescents' tendency toward risky behaviors, it can be inferred that these interventions effectively mitigate risky behaviors. Life skills, in fact, represent a set of abilities that enhance adaptability and promote positive and effective behavior, allowing individuals to accept their social roles and face life challenges and problems with healthy choices and behaviors without harming themselves or others (Rajabi Dehki et al., 2020).

In another interpretation of this study's findings, it can be stated that risky behaviors are an inherent part of

adolescence. However, the level of awareness and ability to implement these skills in everyday life varies among individuals. Factors such as family environment, genetics, social environments, particularly adolescent friendships, and peer pressure, play a critical role in both the emergence of risky behaviors and individuals' ability to apply life skills. Thus, educational programs and curricula for adolescents should prioritize all teachings related to adolescent friendships and relationships.

5. Limitations & Suggestions

One of the limitations of this study was the reliance on self-report questionnaires, which may introduce biases such as social desirability or inaccurate recall, potentially affecting the validity of the results. Additionally, the sample was limited to female adolescents in a specific region (Varamin), making it difficult to generalize the findings to other populations or age groups. The relatively short intervention period may also limit the ability to observe long-term effects of life skills and mindfulness training on risky behaviors and psychopathological symptoms.

Future research should consider using more diverse samples, including participants from different regions, age groups, and genders, to improve the generalizability of the findings. Longitudinal studies could be conducted to assess the long-term impact of life skills and mindfulness training on risky behaviors and mental health. Additionally, using mixed-method approaches, such as incorporating interviews or behavioral observations alongside self-report questionnaires, could provide a more comprehensive understanding of the effectiveness of these interventions.

The findings of this study suggest that incorporating life skills and mindfulness training into school curricula could be an effective approach to reduce risky behaviors and improve mental health in adolescents. Educators and policymakers should consider integrating these programs into educational settings to equip students with the tools needed for better emotional regulation, decision-making, and stress management. Moreover, training parents and school staff to recognize and address risky behaviors early could enhance the effectiveness of these interventions and create a supportive environment for adolescents.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This research adhered to the ethical requirements of the Alzahra University Research Ethics Committee and was approved under the code IR.ALZAHRA.REC.2022.093.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors equally contributed to this article.

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