




Comparison of the Effectiveness of Responsible Adolescent Psychoeducational Training and Narrative Therapy on Self-Regulation and Family Affection in Adolescents

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of the Responsible Adolescent Psychoeducational Training Package and Narrative Therapy on self-regulation and family affection among male adolescents.

Methods and Materials: This quasi-experimental research employed a pretest–posttest–follow-up design with two experimental groups and one control group. The statistical population included high school boys in Isfahan, Iran, from which 60 students were selected via purposive sampling based on inclusion and exclusion criteria. Participants were randomly assigned into three groups (two intervention groups and one control group). The Responsible Adolescent group received an eight-session training focused on behavioral responsibility, adaptive thinking, planning, self-control, and social empathy. The Narrative Therapy group underwent eight sessions based on poststructuralist therapeutic principles, including externalization, re-authoring, and preferred narrative construction. The control group remained on a waitlist. All participants were assessed at three time points using the Adolescent Self-Regulatory Inventory and the Family Affection Questionnaire. Data were analyzed using repeated measures ANOVA and Bonferroni post hoc tests after checking assumptions.

Findings: The results indicated significant improvements in both self-regulation and family affection for the intervention groups compared to the control group across posttest and follow-up phases ($p < .001$). Although both intervention methods were effective, no statistically significant difference was observed between the two experimental groups. Time and group \times time interaction effects were significant for both variables, with large effect sizes (η^2 ranging from .24 to .76), indicating that changes were both statistically and practically meaningful.

Conclusion: Both narrative therapy and responsible adolescent psychoeducation are effective interventions for enhancing self-regulation and family affection in adolescents. Given their comparable efficacy, implementation may be based on context, accessibility, and practitioner training. These findings support the use of integrative and developmentally sensitive approaches in adolescent intervention programs.

Keywords: responsible adolescent, self-regulation, family affection, narrative therapy.

1. Introduction

Adolescence represents a critical developmental stage marked by profound biological, psychological, and social transformations. During this period, adolescents are challenged to establish autonomy, develop a coherent identity, and acquire the skills necessary for responsible social functioning (Zimmer-Gembeck & Collins, 2006). However, the turbulence of these transitions may often result in emotional dysregulation, interpersonal conflicts, and reduced prosocial behavior—outcomes which necessitate targeted psychological interventions. Within this framework, two approaches have gained increasing attention for enhancing adolescents' psychosocial competencies: psychoeducation for responsibility training and narrative therapy. Each offers a distinct mechanism for promoting self-regulation and strengthening familial bonds.

Self-regulation, broadly defined as the ability to control emotions, thoughts, and behaviors in pursuit of long-term goals, is foundational to adolescent adjustment and well-being (Inzlicht et al., 2021). Numerous studies have underscored its predictive role in academic achievement, social functioning, and emotional resilience (Fahimi et al., 2020; Fomina et al., 2020). Moilanen's (2007) seminal work on the Adolescent Self-Regulatory Inventory established a validated model of short-term and long-term self-regulation as distinct but interrelated capacities (Moilanen, 2007). During adolescence, self-regulation becomes increasingly influenced by cognitive, emotional, and environmental factors, and deficits in this domain have been associated with a variety of behavioral and psychological issues (Yang et al., 2020).

Family affiliation, or family affection, represents another pivotal construct in adolescent development. Close, emotionally supportive family relationships have been consistently linked to enhanced emotional security, better self-esteem, and reduced engagement in risky behaviors (Huang et al., 2023; Mahmoodzadeh et al., 2019). In particular, adolescents who report high levels of family connectedness show greater resilience when facing stress and are more likely to engage in prosocial behavior (Van der Graaff et al., 2018). Conversely, disruptions in familial relationships during this formative stage may contribute to emotional detachment, defiance, and a sense of alienation (Haefner, 2014).

To address these challenges, structured psychological training programs designed to enhance adolescents' sense of personal responsibility and emotional regulation have shown

promise. The Responsible Adolescent Training Package, recently developed by Mirzakhmaloo et al. (2024), integrates cognitive-behavioral principles with socio-emotional learning to foster accountability and self-directed behavior (Mirzakhmaloo et al., 2024). Drawing from developmental psychology and educational frameworks, this intervention emphasizes the internalization of norms, moral reasoning, and self-awareness, aligning with theoretical models of adolescent autonomy (Lyons, 2010; Steinberg & Scott, 2003). The implementation of such interventions in school settings has been encouraged by scholars who recognize the role of contextual fit in adolescent development (Eccles et al., 1993).

Narrative therapy, in contrast, draws on poststructuralist and social constructionist foundations, positing that individuals derive meaning through the stories they tell about themselves and their relationships (Combs & Freedman, 2012). Within the context of adolescence, narrative therapy allows young people to re-author problem-saturated narratives, thereby promoting identity coherence and emotional empowerment (Dafeian & Yousefi, 2024). This approach has shown effectiveness in enhancing reflective functioning, improving emotional articulation, and transforming internalized negative self-schemas (Dafeian & Yousefi, 2024; Zuhri, 2022). As a non-pathologizing method, narrative therapy also reinforces familial narratives and belonging, which may be instrumental in restoring strained parent-child dynamics (Baramake et al., 2024).

The intersection of self-regulation and familial relationships provides a fertile ground for integrative interventions. Karimi et al. (2022) demonstrated that psychological enrichment programs targeting soldiers' emotional-social competencies significantly improved family bonding, highlighting the generalizability of such approaches to structured populations (Karimi et al., 2022). Furthermore, training packages that combine elements of emotional regulation, mindfulness, and responsibility have been empirically shown to foster cognitive flexibility and behavioral control in adolescent populations (Fakhari Nejad et al., 2021; Osareh et al., 2024). These findings underscore the potential value of combining skills-based psychoeducation with narrative reconstruction for a more holistic developmental impact.

At the theoretical level, responsibility is not merely a behavioral trait but a multidimensional construct shaped by personal, cultural, and social contexts (Mergler & Shield, 2016). Mergler and Patton (2007) argued that adolescents interpret responsibility through the lens of autonomy and

moral agency, emphasizing the need for interventions that resonate with their lived experiences (Mergler & Patton, 2007). McNeil and Helwig (2015) also emphasized that adolescents balance community obligations with personal freedom, suggesting that fostering responsibility must be developmentally sensitive and grounded in ethical reasoning (McNeil & Helwig, 2015). These insights are particularly relevant when designing educational content for adolescent psychoeducation.

Recent research by Yekanizad and Suleimannejad (2023) highlights the role of problem-solving training in enhancing cognitive emotion regulation and behavioral self-regulation among students, further supporting the use of structured and reflective educational formats (Yekanizad & Suleimannejad, 2023). Similarly, Saberi and Taj Aldini Rabery (2018) found that academic self-regulation programs enhanced mindfulness and scholastic outcomes in students, reinforcing the adaptability of self-regulatory training across contexts (Saberi & Taj Aldini Rabery, 2018). Importantly, these programs appear to complement narrative methods by providing adolescents with tools for both interpreting and managing emotional experiences.

From a cross-cultural standpoint, interventions grounded in moral and familial constructs also resonate strongly with value-oriented educational systems. Fahimi et al. (2020) and Mahmoodzadeh et al. (2019) have emphasized that culturally sensitive programs incorporating family values and psychological flexibility promote deeper and more sustainable behavioral change (Fahimi et al., 2020; Mahmoodzadeh et al., 2019). These approaches align with the spiritual and collectivist ethos of many non-Western societies, where family remains a core pillar of adolescent identity formation.

Zielińska et al. (2022) provided a cognitive lens on adolescent self-regulation by examining how creativity and idea implementation are governed by executive control and motivational systems (Zielińska et al., 2022). Their findings reinforce Inzlicht et al.'s (2021) integrative model of self-regulation, which synthesizes cognitive control, emotional valuation, and goal-directed behavior as interdependent systems (Inzlicht et al., 2021). The present study builds on this framework by investigating how narrative and responsibility-based interventions may jointly influence both intrapersonal regulation and interpersonal closeness.

While both narrative therapy and responsibility-based psychoeducation have demonstrated efficacy in previous literature, comparative studies assessing their relative impact on adolescent psychosocial development remain scarce.

Therefore, this study seeks to fill this gap by comparing the effectiveness of the Responsible Adolescent Psychoeducational Package and Narrative Therapy on self-regulation and family affection in male adolescents.

2. Methods and Materials

2.1. Study Design and Participants

This study employed an experimental research method (a pretest–posttest design with a control group), including a 45-day follow-up phase.

The statistical population consisted of all high school students in the city of Isfahan. In experimental and quasi-experimental research, a sample size of 15 participants per group is considered sufficient, but this number was increased to 20. The sample for this phase of the study was selected from among male high schools in Isfahan through convenience sampling and based on a list of students willing to participate. After obtaining the necessary permissions from the university and the Department of Education, participants were selected based on inclusion and exclusion criteria. Then, 20 individuals were randomly assigned to each of the two experimental groups and one control group.

The inclusion and exclusion criteria were as follows:

Inclusion criteria: being male, at least 14 years of age, written parental consent for participation, no physical disability or mental health condition as verified through medical records, and a below-average score on the responsibility subscale of the Emotional-Social Development Questionnaire.

Exclusion criteria: unwillingness to continue sessions on the part of any participant; disruptions or disorderly conduct during sessions (such as lack of discipline, deviation from the topic, aggressive behavior, or insulting others); concurrent participation in other psychoeducational programs; and being over 18 years old.

To conduct the study, necessary permissions were first obtained from the university and the Provincial Department of Education. One of the more populous middle schools (lower secondary level) was selected via convenience sampling. After consultations with the school counselor and principal regarding the target population (boys meeting the inclusion and exclusion criteria), 60 students were selected and randomly assigned to two experimental groups and one control group, with 20 students in each. While the control group was placed on a waiting list, the experimental groups received their respective interventions. Training sessions were held once per week over eight sessions, each lasting 90

minutes, and were delivered by a trained instructor and a co-facilitator (not the researcher). The narrative therapy training package is presented in the following section.

2.2. Measures

2.2.1. Self-Regulation

To assess self-management, the Adolescent Self-Regulation Questionnaire by Mullinans (2007) was used, which contains 25 items. Each item is rated on a 5-point Likert scale ranging from “strongly agree” to “strongly disagree,” with higher scores indicating higher self-management. Mullinans demonstrated convergent validity through a strong positive correlation with adaptability and a significant negative correlation with internalizing disorders. Confirmatory factor analysis indicated acceptable model fit indices, supporting the construct validity of the tool. This questionnaire includes two subscales: short-term self-management and long-term self-management. Internal consistency for both subscales and the total score was reported above 0.80 using Cronbach’s alpha. In the present study, the recalculated internal consistency coefficient was 0.90.

2.2.2. Family Affection

To assess family affection, the Family Affection Questionnaire (2022) was employed, consisting of 13 items. Its content validity was reviewed by family studies experts, resulting in the removal of redundant items and the final version with 13 items. Subsequently, its face validity was confirmed by 10 adolescents. Scoring is based on a 5-point Likert scale from “strongly disagree” (score = 1) to “strongly agree” (score = 5). The scale includes two subscales: family attachment and family detachment. Karimi et al. (2023) reported an internal consistency coefficient of 0.80. In this study, the internal consistency was found to be 0.94.

2.3. Interventions

The narrative therapy intervention consisted of eight structured 90-minute group sessions. The first session focused on building rapport, introducing the therapeutic framework, and encouraging participants to reflect on significant life events. In session two, adolescents explored problem-saturated narratives and identified recurring metaphors, externalizing the problem through collaborative naming. Session three helped participants identify their dominant narrative by deepening their storytelling and

separating the problem from their identity. In session four, participants were guided to challenge their existing narratives by exploring underlying beliefs and assumptions and identifying exceptions to the dominant problem story. Session five emphasized deconstructing problematic narratives and constructing alternative preferred stories, promoting agency through re-authoring techniques. In session six, unique outcomes and preferred identities were reinforced, using future-oriented reflections on goals, relationships, and priorities. Session seven concentrated on integrating new narratives into participants' self-concept by linking strengths and past successes to current experiences and rewriting their original story with new insights. Finally, session eight focused on consolidating the newly formed narrative, reviewing previous sessions, and deepening the emotional commitment to the preferred story. The session concluded with the writing of a therapeutic letter by the counselor and, optionally, a meeting with selected supportive witnesses to strengthen identity transformation.

The responsible adolescent training program was also delivered in eight weekly 90-minute sessions. Session one introduced the concept and importance of responsibility in familial and social contexts, emphasizing adaptive thinking and planning. In session two, adolescents learned how to set goals and prioritize tasks through structured planning strategies. Session three focused on self-organization and self-monitoring, encouraging students to draw upon past experiences for effective responsibility-taking. The fourth session addressed impulse control and self-regulation, teaching techniques to manage urges and maintain attention on responsibilities. In session five, participants explored how initiating tasks and demonstrating empathy contribute to responsible behavior. Session six expanded the concept to social responsibility, helping adolescents understand how empathy influences their roles in the community. In session seven, the focus shifted to values clarification and the development of pro-social attitudes, with attention to emotional desires and interpersonal goals. Finally, session eight differentiated between judgmental and learning-oriented mindsets, guiding adolescents to adopt a growth perspective and complete a comprehensive self-monitoring worksheet for continued reflection over two months.

2.4. Data Analysis

Before conducting the main analyses, the necessary statistical assumptions were examined and confirmed. The normality of the data distribution was assessed using the

Shapiro–Wilk test and examination of skewness and kurtosis values, all of which fell within acceptable ranges. Homogeneity of variances was tested via Levene’s test and found to be non-significant, indicating equality of variances across groups. Additionally, the assumption of sphericity, critical for repeated measures ANOVA, was assessed using Mauchly’s test; due to its violation, the Greenhouse–Geisser correction was applied to adjust the degrees of freedom.

Overall, the data met the required assumptions for conducting repeated measures ANOVA.

3. Findings and Results

Table 1 presents the means and standard deviations for the pretest, posttest, and follow-up stages of both variables—self-regulation and family affection—across the study groups.

Table 1

Means and Standard Deviations for Self-Regulation and Family Affection Across Research Groups at Three Time Points

Variable	Time	Responsible Adolescent Counseling Group		Narrative Therapy Group		Control Group	
		Mean	SD	Mean	SD	Mean	SD
Self-Regulation	Pretest	43.30	7.69	43.90	6.08	41.40	3.90
	Posttest	52.45	7.06	54.05	5.29	42.00	4.17
	Follow-up	58.55	7.82	59.80	5.98	41.05	3.83
Family Affection	Pretest	26.30	3.21	28.65	3.25	26.75	3.31
	Posttest	32.75	3.31	34.40	3.22	27.00	3.63
	Follow-up	36.20	3.35	34.55	4.11	26.90	3.70

As seen in Table 1, both the Responsible Adolescent Counseling Group and the Narrative Therapy Group showed more pronounced improvements in both variables during the posttest and follow-up phases compared to the control group. The results of the repeated measures ANOVA for self-regulation and family affection are presented in Table 2.

Due to violation of the sphericity assumption (Table 2), Greenhouse-Geisser correction values were reported. For self-regulation, the within-subject effects show that the time effect was significant ($F = 45.43$, $df = 1.001$, $p < .01$), as was

the time \times group interaction ($F = 59.22$, $df = 2.01$, $p < .01$). This indicates a statistically significant difference in self-regulation over time and in the interaction between time and group. The partial eta squared for the time effect was .38 with a power of 1.00, and for the interaction, it was .45 with a power of 1.00. These results suggest that 38% and 45% of the variance in self-regulation, respectively, were due to the independent variables (responsible adolescent psychoeducation or narrative therapy), confirmed with 100% statistical power.

Table 2

Repeated Measures ANOVA Results for Self-Regulation and Family Affection

Variable	Source	SS	df	MS	F	p	η^2	Power
Self-Regulation	Within-Subjects	Time	8377.91	1.004	8346.01	45.43	.001	.38
	Time \times Group		6802.59	2.01	3388.34	59.22	.001	1.00
	Error (Time)		10510.83	57.22	183.69	-	-	-
	Between-Groups	Group	8304.48	2	4152.24	26.57	.001	.24
	Error		8906.97	57	156.26	-	-	-
Family Affection	Within-Subjects	Time	937.01	1.52	617.34	176.87	.001	.76
	Time \times Group		526.36	3.04	173.39	49.68	.001	1.00
	Error (Time)		301.97	86.51	3.49	-	-	-
	Between-Groups	Group	1124.41	2	562.21	18.30	.000	.39
	Error		1751.03	57	30.72	-	-	-

As shown in Table 2, for the between-group effect on self-regulation, a statistically significant difference was observed ($p < .01$), with an eta squared of .24 and a statistical power of .92. This indicates that the analysis could detect, with 92% power, that 24% of the variance in self-regulation

is attributable to differences between at least one of the experimental groups (responsible adolescent counseling or narrative therapy) and the control group. Regarding family affection, within-subject effects also revealed significant differences for time ($F = 176.87$, $df = 1.52$, $p < .01$) and the

time \times group interaction ($F = 49.68$, $df = 3.04$, $p < .01$). Partial eta squared for time was .76 (power = 1.00) and for the interaction was .63 (power = 1.00), meaning that 76% and 63% of the variance in family affection were due to the independent interventions. Furthermore, between-group effects were also significant ($p < .01$) for the family affection variable, with an eta squared of .39 and full power,

indicating that 39% of the variance was attributed to differences among groups.

Table 3 presents the results of the Bonferroni post hoc test, comparing pairwise differences between the two intervention groups and the control group for both self-regulation and family affection.

Table 3

Bonferroni Post Hoc Test for Pairwise Comparisons Across Time and Group (Self-Regulation and Family Affection)

Variable	Row	Reference Group	Comparison Group	Mean Difference	SE	p
Time	1	Pretest	Posttest	6.63	0.35	.001
	2		Follow-up	8.32	2.14	.001
	3		Follow-up	9.97	2.31	.001
Group	4	Responsible Adolescent Program	Narrative Therapy	2.18	2.35	.84
	5		Control Group	16.28	2.35	.001
	6		Control Group	14.10	2.35	.001

As shown in Table 3, for both family affection and self-regulation, significant differences were found between the pretest and both the posttest and follow-up, as well as between posttest and follow-up stages. This means that self-regulation and family affection increased from pretest to posttest and follow-up, and also from posttest to follow-up. At the group level, significant differences were found between both intervention groups (responsible adolescent counseling and narrative therapy) and the control group ($p < .01$); however, no significant difference was found between the two intervention methods in terms of effectiveness on self-regulation.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of the Responsible Adolescent Psychoeducational Training Package and Narrative Therapy on two key developmental outcomes: self-regulation and family affection in male adolescents. The findings revealed that both intervention groups showed statistically significant improvements in self-regulation and family affection across posttest and follow-up phases, compared to the control group. Moreover, although both interventions were effective, no significant difference was found between them in terms of efficacy, suggesting that both methods are comparably beneficial in enhancing adolescents' intrapersonal and relational functioning.

In terms of self-regulation, both interventions led to a marked improvement from pretest to posttest and sustained these gains at follow-up. This finding aligns with the

theoretical underpinnings of self-regulation as a malleable competency, particularly sensitive to structured, skill-based, and cognitively engaging interventions during adolescence (Inzlicht et al., 2021). The Responsible Adolescent Psychoeducation Package appears to enhance regulatory behaviors by fostering cognitive reflection, personal accountability, and emotional awareness (Mirzakhmaloo et al., 2024). These findings are consistent with previous research demonstrating that structured training in responsibility, problem-solving, and executive function can significantly elevate adolescents' capacity to self-monitor and manage behavior (Karimi et al., 2022; Yekanizad & Suleimannejad, 2023).

Similarly, the improvement observed in the Narrative Therapy group supports the therapeutic premise that constructing and re-authoring personal narratives allows adolescents to redefine themselves as agents of change in their own lives (Combs & Freedman, 2012). By deconstructing dominant, problem-saturated narratives and rearticulating their experiences with emotional clarity, participants were able to enhance their self-regulatory capacity. This finding corroborates with prior studies demonstrating the effectiveness of narrative therapy in cultivating reflective functioning and emotional modulation among adolescents (Dafeian & Yousefi, 2024; Zuhri, 2022).

The between-group comparison further revealed that although the Narrative Therapy group slightly outperformed the Psychoeducation group in mean posttest and follow-up scores for both variables, the difference was not statistically significant. This outcome indicates that both interventions, despite differing in theoretical orientation and delivery

format, target overlapping psychological mechanisms such as cognitive reappraisal, emotional articulation, and behavioral intentionality (Fahimi et al., 2020; Fomina et al., 2020). These results reflect the integrative models of self-regulation, which conceptualize it as an emergent system shaped by cognitive control, emotional valuation, and motivational systems (Inzlicht et al., 2021; Zielińska et al., 2022).

The findings concerning family affection were also notable. Both intervention groups demonstrated significant gains over time, with the Psychoeducation group achieving slightly higher—but statistically equivalent—scores compared to the Narrative Therapy group. This suggests that both approaches can effectively foster emotional bonding and prosocial communication within the family system. The Responsible Adolescent Training Package likely achieved this by emphasizing the moral and behavioral dimensions of familial responsibility, promoting greater sensitivity to family dynamics and expectations (Mahmoodzadeh et al., 2019; Mirzakhmaloo et al., 2024). This is in line with studies that affirm the role of structured responsibility training in improving empathy, accountability, and communication among adolescents (McNeil & Helwig, 2015; Mergler & Shield, 2016).

Narrative Therapy, on the other hand, appears to have impacted family affection by enabling adolescents to reconstruct their personal and relational narratives in ways that reestablished familial ties and emotional security (Combs & Freedman, 2012; Dafeian & Yousefi, 2024). Through therapeutic storytelling, adolescents may be able to reinterpret misunderstandings, resolve latent emotional conflicts, and reframe their role within the family system—processes that are central to systemic narrative approaches (Haefner, 2014). These mechanisms are especially relevant in cultures where family loyalty and emotional closeness remain foundational to personal identity (Baramake et al., 2024).

Furthermore, the temporal stability of intervention effects observed in the follow-up stage reinforces the notion that both psychoeducational and narrative-based interventions can produce sustainable changes in adolescent behavior and emotion. Such findings are echoed in longitudinal research that suggests self-regulation and family cohesion are susceptible to durable enhancement when targeted through emotionally resonant and cognitively challenging interventions (Fomina et al., 2020; Hadian & Manavipour, 2022). The maintenance of gains may also reflect the developmental readiness of adolescents to internalize and

implement new behavioral scripts and relational attitudes when interventions are perceived as meaningful and identity-relevant (Steinberg & Scott, 2003; Zimmer-Gembeck & Collins, 2006).

It is also important to contextualize these findings within broader educational and developmental frameworks. Research by Eccles et al. (1993) emphasized the significance of stage-environment fit, suggesting that interventions are more successful when they align with adolescents' psychological needs for autonomy, competence, and relatedness (Eccles et al., 1993). Both interventions in the current study appear to satisfy these needs—psychoeducation by promoting competence and accountability, and narrative therapy by fostering autonomy and emotional expression. Additionally, the emotional safety of the intervention space and the supportive role of facilitators likely contributed to the observed outcomes, consistent with findings from school-based social-emotional learning programs (Yang et al., 2020).

The absence of a statistically significant difference in effectiveness between the two interventions also raises intriguing implications for program selection and implementation. It suggests that educators, clinicians, and school counselors have flexibility in choosing approaches based on logistical feasibility, practitioner training, and the cultural-psychological fit of the method. For instance, while psychoeducation may be more structured and curriculum-driven—suitable for classroom or group guidance settings—narrative therapy might be better suited to therapeutic environments requiring more individualized exploration and emotional depth (Combs & Freedman, 2012; Mergler & Patton, 2007).

Another noteworthy implication is the mutual reinforcement of self-regulation and family affection. These constructs, though distinct, appear to be dynamically linked. Adolescents who are better able to regulate their emotions and behaviors are more likely to engage in respectful, empathic interactions with family members, and vice versa. This bidirectional relationship is supported by research showing that family climate influences emotional development and that regulatory competence, in turn, improves relational quality (Karimi et al., 2022; Van der Graaff et al., 2018).

Finally, the findings support emerging conceptualizations of responsibility as a developmental construct rather than a fixed trait. Adolescents can learn to be responsible when given opportunities to reflect on their actions, consider the consequences of their behaviors, and experience success in

self-directed decision-making (Lyons, 2010; Mergler & Shield, 2016). These processes are at the heart of both interventions and reflect a contemporary shift toward viewing adolescents not as deficient or impulsive but as capable of growth and self-organization under the right conditions (Madigan et al., 2018; Osareh et al., 2024).

5. Limitations & Suggestions

This study, while methodologically robust, has several limitations. First, the sample consisted exclusively of male adolescents in a specific geographic region, which may limit the generalizability of the findings to other populations, including females and youth in different sociocultural contexts. Second, the reliance on self-report questionnaires, though validated, may be subject to response bias or social desirability effects. Third, while a 45-day follow-up period demonstrates some degree of stability, longer-term follow-up would be necessary to assess the enduring impact of these interventions. Finally, the fidelity of implementation, although standardized through manuals and facilitators, was not systematically evaluated through observational methods.

Future studies should aim to replicate the findings using more diverse and larger samples, including mixed-gender cohorts and adolescents from various socio-economic and cultural backgrounds. Longitudinal research with extended follow-up periods would be valuable in understanding the lasting impact and developmental trajectory of self-regulation and family affection following intervention. Additionally, integrating multi-informant assessment—such as parent, teacher, or peer reports—would provide a more comprehensive picture of behavioral changes. Comparative studies between narrative therapy and other evidence-based modalities such as mindfulness, cognitive-behavioral therapy, or art therapy could further illuminate differential mechanisms of change. Finally, qualitative or mixed-methods approaches could capture the nuanced experiences of participants and the subjective meaning they ascribe to the interventions.

Practitioners working with adolescents should consider integrating both responsibility-oriented psychoeducation and narrative techniques into school-based or clinical programs to holistically address self-regulatory and relational challenges. Flexibility in implementation—tailoring methods to the specific needs, cultural values, and cognitive profiles of adolescents—may enhance engagement and outcomes. Training facilitators in both structured instruction and narrative dialogue could expand the

versatility of interventions. Moreover, involving families in the intervention process through parallel workshops or family sessions may further strengthen outcomes by aligning the adolescent's internal development with external support systems. Ultimately, investing in early interventions that promote responsibility and emotional connectedness may have ripple effects on academic success, social harmony, and long-term psychological resilience.

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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.

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

All authors equally contributed to this article.

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