

Designing an integrated educational protocol based on Islamic religious-psychological teachings and evaluating its effectiveness on resilience of adolescents with tendencies to high-risk behaviors

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Abstract

The aim of this study was to design and develop an integrated educational protocol based on Islamic religious-psychological teachings and evaluate its effectiveness on the resilience of adolescents with a tendency to high-risk behaviors. The present study was a pre-test-post-test design with a control group. The population of the present study included all male high school students who were studying in Ardabil in the 2017-2018 academic year. For sampling, first 200 students were randomly selected through multi-stage sampling. After identifying students with high-risk behaviors using the Iranian Adolescents Risk Scale, the sample was finally randomly selected from 30 students with a tendency to high-risk behaviors based on entry and exit criteria. 15 participants were assigned to the experimental group and 15 to the control group. The Connor and Davidson Resilience Questionnaire and the Iranian Adolescent Risk Scale (IARS) were used to collect the data. For the experimental group, 8 educational programs designed based on religious-psychological teachings were held for 10 sessions of 60 minutes. The control group did not receive any intervention. One week after the intervention, both experimental and control groups were post-tested. Analysis of covariance was used to test the hypotheses. The results of data analysis showed that education based on religious-psychological teachings increases the resilience of adolescents with tendencies to high-risk behaviors. According to the results of the present study, it can be said that integrated psychotherapy based on religious-psychological teachings with an Islamic approach is an effective and efficient intervention in increasing resilience and reducing adolescents' tendency to high-risk behaviors.

Keywords

Religious-psychological Teaching
Islamic approach
Resilience
High-risk behaviors

Introduction

Changes in biological, cognitive, and social systems during adolescence provide emotional situations that can lead to increased perception of stress, increased negative emotional experiences, and emotional instability in adolescents (McLaughlin, Hutzenbühler, & Dieglass & Nolan, 2011). During this period, adolescents may resort to risky behaviors in order to prove themselves and their

place in society and the family. They do these behaviors to prove themselves and not to be ignored and be the center of attention. Hence, adolescence is referred to as a period of trial, danger and opportunity (Crocetti, 2017). High-risk behaviors are behaviors that have adverse effects on the overall growth and health of individuals that can impede success and good growth. These behaviors (such as fighting) can lead to physical injuries or behaviors that have increasingly negative effects (such as

substance abuse) are included behaviors.

High-risk can have adverse effects on individuals by interrupting growth or hindering peer group experiences (Farid, Yahya, & Sadat, 2017). High-risk behaviors are behaviors that increase the likelihood of negative and destructive physical, psychological and social outcomes for the individual (Zadeh Mohammadi & Ahmadabadi, 2009). Smoking, alcohol, unhealthy eating habits, sedentary lifestyle, high-risk sexual behaviors are behaviors that are contrary to health and are considered high-risk behaviors (Brown et al, 2015). Studies have also shown that many high-risk behaviors, such as smoking, drugs, and unsafe sex, occur before the age of 18 (Layne et al, 2014; Bergman & Scott, 2001; Johnston, O'Malley & Bachman, 2003). There are different findings about the prevalence of high-risk behaviors; Kloop, Guncey & Cok (2009) believe that the most important high-risk behaviors are alcohol consumption, tobacco, drugs, unsafe sex, conflict and violence, respectively; research by Zadeh Mohammadi (2008) shows that high-risk behaviors known among Iranian adolescents and young people include violence, suicide, driving negligence, smoking, alcohol and substance abuse, high-risk sexual behaviors, and nutritional behaviors unhealthy. Also, Rashid (2015) findings showed that the experience of smoking hookah with 51.5%, the experience of smoking with 35.2%, the experience of sexual intercourse with desire with 30.4%, beating outside the home with 28.1% and the experience Alcohol consumption with 28.4% were the most common high-risk behaviors among adolescents, respectively. In the field of etiology of high-risk behaviors, psychological variables are of particular importance because the impact of biological and social factors must go through the lens of a person's psychological tendencies to high-risk behaviors (Lowe, Esvedo, Griffin, & Gilbert, 2013).

Studies also show that students' lack of psychological capacity, tendency to high-risk behaviors or identity pressures, create many problems in their daily lives and affect not only the adolescent himself, but also home, school and society. Therefore, improving their mental health indicators is a sensitive and important issue (Tavakolizadeh, Ebrahimi Ghavam, Farrokhi & Golzari, 2011).

One of the factors and indicators of mental health that play a controlling role in adolescents is resilience. Resilience is the ability to be flexible, responsible and persistent in the face of difficulties, problems and even positive life events (Joseph and Saunders, 2012), which increase a person's capacity to respond and even thrive in positive or negative stressful situations Gives (Lawrence, Thomas & Campenella, 2008).

Resilience is the opposite of vulnerability and is to some extent a personality trait and is influenced by environmental factors (Carlton, Geobert, Miyamoto, Anders & Hishinoma et al, 2006). Therefore, it can be promoted through education and help people to deal with unpleasant events and realities of life in a positive and efficient way (Oconnor & Bechler, 2015). Numerous studies show that resilience is an important factor in a number of high-risk groups and plays a very important mediating role in the development of many mental disorders (Mylant, Teddy, Coase & Mihan, 2002). The results of studies also show that there is a significant relationship between different dimensions of psychological capacities such as resilience with a decrease in tendency to different, dimensions of high-risk behaviors (Hodder et al, 2016; Krasikova, Lester & Harms, 2015).

Liu, Chu, Wu, Yang & Wang, 2015; Embry, 2015; Dolan, Rosemary, Martin & Roseno, 2008; Fredrickson, Tugade, Waugh & Larkhein (2003) Studies suggest that psychological therapies are influenced by the cultural contexts, beliefs, and intracultural values of clients, and their effectiveness depends on their degree of coordination with the cultural and belief contexts of the patients (Hofmann, 2006). Accordingly, in recent decades, researchers have addressed the role of religion as a method and multidimensional therapeutic and educational intervention. Religion plays an effective role in the occurrence or prevention of social and moral problems, physical health, and even mental health issues by establishing a moral order, providing opportunities to acquire learned competencies, and making social laws (Vachon, 2008; Rasic, Blake, Katz & Sarin, 2009; Burg, Mayers & Miller, 2011). Numerous studies have supported the relationship between spirituality and mental health indicators as well as the effect of intervention programs based on religious-psychological teachings on various dimensions of mental health. For example, studies show that religious beliefs give people a sense of indirect control over events, which ultimately reduces isolation and a sense of anonymity and ultimately increases happiness and vitality in people's lives (Ganga & Guti, 2013; Shah, Kulhara, Grover, Kumar, malhotra, & Tyagi 2011; Lim & Putnam, 2010). Also, one of the functions of religion is to provide people with the means through which to experience a purposeful life (Amons & Palutzian, 2003). As the main benefit of religious experience may be, religion gives people a sense of meaning and connection to ultimate truths (Exline, 2002). Some studies have also confirmed the connection between religion and spirituality with the identity of adolescents. Religious and moral values have a great impact on the formation of personality and force the adolescent to

consider his existence as a part and function of the big world (Maclean, Walker & Matsuba, 2004; Watson & Morris, 2005).

Findings of researchers such as Crassie, Loronson, Pargament & Hill (2017), Tisman et al (2017); Phenlon & Danlison (2017), Furnham & Cheng (2015), Stone, Becker, Hoyer & Catanalo (2012), Drerup, Johnson & Bindel (2011), Gupta (2012), Taliaferro, Rinzo, Pig, Miller & Dad (2009), Lim & Putnam (2010), Asghari, Kordmirza & Ahmadi (2013), Sharifinia (2008), Narimani, Porzoor, Atadokht & Abbasi (2015), Atadokht & Porzoor (2015), Porzoor, Mikaeli, Moazedi & Ebrahimi (2015), Porzoor, Narimani, Shojaei & Ebrahimi (2015), Shojaei & Porzoor (2017), Porzoor, Abbasi & Shojaei (2018), Mikaeili & Porzoor (2019), Khaleghipour (2016) Ghasemi Jobneh, Zahrakar, Hamdami & Karimi (2016), Khaledian & Karami Baghtifoni (2016) also indicate that religious people are physically and psychologically healthier, have healthier lifestyles, have higher life satisfaction and psychological well-being, examples of high-risk behaviors And antisocial, social harms, suicide and addiction are less in them, they feel less weakness and hopelessness and have a better meaning of life, social activities and interpersonal relationships and have a more positive relationship with parents and peers. they experience. In fact, religion has a protective effect against the psychological pressures of adolescence, physical problems and psychological health, and by reducing behaviors such as smoking, alcohol, increasing physical activity and having a purpose and meaning in life, hope, optimism and mental improvement. Individual cognition helps people (Jafari et al, 2010).

The model of psychotherapy based on the Islamic approach, in addition to creating cohesion and integration in biological, psychological and social dimensions, also emphasizes the spiritual dimension of individuals. A study of Islamic texts shows that in the heart of Islamic beliefs, there are several cognitions, principles and strategies that can be used in working with different clients (Maqsood, 2002). Considering the results of the integrated approaches and considering that in the current era where the revival of Islamic thought is rapidly spreading and developing all over the world, and the fact has become clear that Islam is very It goes beyond a set of religious rites and practices. However, educational programs based on religious-psychological teachings for adolescents in order to strengthen the beliefs, social and research development in this area seems to be very useful and beneficial. Teaching these basics helps teens to be less prone to slipping and risky behaviors, not to despair, to live with more hope and vivacity, and to help strengthen their mental capacity. Therefore, according to

the above, this study intends to review and develop the characteristics, goals, stages, methods and techniques of educational programs based on religious-psychological teachings with an Islamic approach and to give a scientific answer to this question. Is an intervention based on religious-psychological teachings with an Islamic approach effective in increasing the resilience of adolescents with a tendency to risky?

Method

Participants

The present study was a pre-test-post-test design with a control group. The population of the present study includes all male high school students who were studying in Ardabil in the 97-96 academic year. For sampling, first 200 students were randomly selected in a multi-stage. After identifying students with high-risk behaviors using the Iranian Adolescents Risk Scale, the research sample was finally randomly selected from 30 students with a tendency to high-risk behaviors based on entry and exit criteria. One person was assigned to the experimental group and 15 to the control group.

Instrument

The present study was a pre-test-post-test design with a control group. The population of the present study includes all male high school students who were studying in Ardabil in the 97-96 academic year. For sampling, first 200 students were randomly selected in a multi-stage. After identifying students with high-risk behaviors using the Iranian Adolescents Risk Scale, the research sample was finally randomly selected from 30 students with a tendency to high-risk behaviors based on entry and exit criteria. One person was assigned to the experimental group and 15 to the control group so the instrument that used for this essay including pre-test and post-test also questionnaire

Procedure

The Connor and Davidson Resilience Questionnaire and the Iranian Adolescent Risk Scale (IARS) were used to collect data. For the experimental group, 8 educational programs designed based on religious-psychological teachings were held for 10 sessions of 60 minutes. The control group did not receive any intervention. One week after the intervention, both experimental and control groups were post-tested. Analysis of covariance was used to test the hypotheses.

Results

The results of data analysis showed that education based on religious-psychological teachings increases the

resilience of adolescents with tendencies to high-risk behaviors. According to the results of the present study, it can be said that integrated psychotherapy based on religious-psychological teachings with an Islamic approach is an effective and efficient intervention in increasing resilience and reducing adolescents' tendency to high-risk behaviors. Among the students in the experimental group, 46.7% (7 people) in the age range of 16 years and 40% (6 people) in the age range of 17 years and 13.3% (2 people) in the age range of 18 years old. Also, among the students of the control group, 40% (6 people) in the age range of 16 years and 33.3% (5 people) in the age range of 17 years and 26.7% (4 people) in the age range of 18 years old. Also, the mean and standard deviation of the age of the students of the experimental and control groups was 16.66 (and 0.732) and the mean and standard deviation of the age of the students of the control group was 16.86 (and 0.833). As can be seen in the table, descriptive findings including mean, standard deviation, minimum and maximum are given. According to the results of the mean table 1 (and standard deviation), the resilience of the experimental group in the pre-test is 74.69 (and 8.54) and in the post-test is 85.14 (and 8.43). Also, the mean (and standard deviation) of the control group in the total resilience score in the pre-test stage was 75.51 (and 8.34) and in the post-test stage was 76.23 (8.11). In other words, the experimental group had more resilience after receiving an integrated educational program based on religious-psychological teachings with an Islamic approach. The results of Levin test in two positions of pre-test, post-test of resilience are shown in Table 2. Before using the parametric test of univariate analysis of covariance to observe the hypothesis of homogeneity of variance / covariance matrices, Levin test was used. Based on Levin test and its non-significance for the resilience variable in both pre-test and post-test situations, the condition of equality of intergroup variances in both pre-test and post-test stages has been observed. The following are the results of univariate analysis of covariance on the total resilience score in Table 3. The above table shows that the main effect of the group (post-test) on the resilience score ($P \geq 0.01$ and $F = 8.36$ (27 & 1) is significant. Thus, the means of post-test are different between the two groups of integrated educational program based on religious-psychological teachings with Islamic approach and control group. In other words, according to the statistical power 1, the higher it is, the higher the sample represents the society, and the magnitude of the effect of an integrated educational program based on religious-psychological teachings with an Islamic approach can be 95% certain. He said that an integrated educational program based on religious-psychological teachings with an Islamic approach is effective in increasing the resilience of adolescents with a tendency to high-risk behavior. According to Eta squared, this effect is 51%, which

indicates changes in the post-test stage of the experimental group compared to the control group. The table below is the summary of the result.

Educational content titles	Session
I	Familiarity with the general educational program and the importance of the first adolescence
II	Maintaining and promoting physical health and mental health (psychological and religious)
III	Effective communication skills and social relations management (psychological and religious)
IV	Correcting and managing self-relationship and recognizing individual characteristics (psychological and religious)
V	Improving and managing a relationship with God and a positive attitude towards him (psychological and religious)
VI	Improving and managing relationships with others and paying attention to their human dignity (psychological and religious)
VII	Reforming and managing the relationship with existence and believing in ontological foundations (psychological and religious)
VIII	Positive Thinking Skills (Psychological and Religious)
IX	Teaching moral virtues and strengthening psychological capacities (psychological and religious)
X	Goal setting and purposefulness in life and time management skills (psychological and religious)

Table 1. Mean (and standard deviation), minimum and maximum resilience variables in two pre-test-post-test positions in experimental and control groups

Location	Variable	Witness				Trial			
		Maximum	Minimum	SD	M	Maximum	Minimum	SD	M
Pre-test	Resilience	84	30	8.34	75.51	80	32	8.54	74.69
Post-test		85	31	8.11	76.23	89	35	8.43	85.14

Table 2. Levin test results to observe the assumptions of univariate analysis of covariance on resilience score

situation	Variable	Evidence				Trial			
		Maximum	Minimum	SD	M	Maximum	Minimum	SD	M
pretest	Resilience	84	30	8.34	75.51	80	32	8.54	74.69
posttest		85	31	8.11	76.23	89	35	8.43	85.14

Table 3. Results of Univariate Analysis of Covariance (ANCOVA) for resilience scores in experimental and control groups

Statistical power	Eta	P	F	MS	DF	SS	Variable
1	0.656	0.001	32.431	3230.63	1	3230.63	Pretest
1	0.514	0.001	8.36	882.82	1	882.82	Error group
-	-	-	-	99.64	27	1693.98	
-	-	-	-	-	30	99534.000	

Discussion

The aim of this study was to design an integrated educational-therapeutic protocol based on Islamic religious-psychological teachings and evaluate its effectiveness on resilience of adolescents with tendencies to high-risk behaviours. The results of this study showed that an integrated educational program based on religious-

psychological teachings with an Islamic approach has a significant effect on promoting resilience in adolescents with a tendency to high-risk behaviours. This finding of the present study is based on the results of studies by Charles and Damietti (2018), Ramos, Erkanli & Koenig (2018), Gonçalves, Lucchetti, Menezes & Vallada (2017), Churakova, Burlaka, & Wright-Parker (2017), Ozawa et al. (2017), Brown, Hansen, Schmetzer & Webb (2014) and Khalili Sadrabad, Sohrabi, Saadipour, Delavar & Khoshnevisan (2017) has a direct match. In explaining these findings, it can be said that religious teachings, as an underlying part of beliefs, play an important role in the actions of individuals and give human beings the ability to change and transform, and their capacity and resilience to face It raises difficulties and hardships and overcomes them (Brown, Hansen, Schmetzer & Webb, 2014). Resilient people, on the other hand, have the ability to regulate dynamic and appropriate emotions, and this leads to successful adaptation to important life events and traumatic experiences, including high-risk behaviors. Adolescents with low resilience, on the other hand, regulate their emotions more or less (Pinquart, 2009). Meanwhile, according to the intervention approach of the present study, the purpose of life is clear and comforting for the person in painful and threatening situations and makes the person evaluate unexpected events as less threatening events and is able to accept unchangeable events. From this perspective, the individual will have higher resilience and better performance when associated with a larger force and with higher goals and values (Adkiubla, 2011). Also, spiritual beliefs clarify the purpose of life for a person and comfort him in painful and threatening situations and make him evaluate unexpected events as fewer threatening events and be able to accept and change unchangeable events. Increase the individual as the ability to be flexible, responsible and persistent in the face of difficulties, problems and even positive life events (Joseph & Saunders, 2012). Spiritual beliefs protect the resilient person against physical, mental, social, etc. problems and increase positive life functions. From this point of view, the individual has better performance and higher self-efficacy when he is associated with a larger force and has higher goals and values. In this case, it is natural that any event, however exhausting (such as personality changes or severe pressures of adolescence) finds meaning in this direction (Ghadmpour, Rahimpour & Salimi, 2015).

Conclusion

Social harms and high-risk behaviours Lack of direct training also reduces the resistance of people in the group and this is one of the positive effects of being in the

group. On the other hand, in the Islamic view, because human nature is based on goodness and virtue, if the healing process is prepared in such a way that a person approaches the divine nature and the inner core of his existence, there is no doubt that the desire for desirable behaviour will increase and reduction of risky behaviours in him will follow (Omidian, Ali Akbar Dehkordi, PoorNikdast & Mohtashami, 2014). Based on the results, it can be acknowledged that if a person can communicate with others in his affairs by relying on God and focusing on His commands, and by helping to acquire effective communication skills and manage social relationships, he can help others in any situation. Tavan witnessed a pious, God-fearing and God-fearing man. In fact, doing so is pleasing to God and the people, therefore, strengthening Islamic skills and teachings, which is obedience to God, improves social behaviour, respect for the rights of others, respect for emotions and feelings, in other words, it reduces risky behaviours. Adolescents' awareness of the divine nature and the inner core of their existence also restores their desire for goodness and desirable behaviour. Paying attention to human capacity and ability to perform good and good behaviours and positive human existence, causes adolescents to become familiar with the positive dimension of their existence and try to emerge it. On the other hand, one of the functions of spiritual beliefs and spirituality is to help people in times of crisis. Faith and spirituality are among the factors affecting adaptation to reduce stressful conditions and have a greater ability to overcome difficult and unwanted environmental conditions (Khalili Afsarabad et al, 2017). A person's spiritual and religious beliefs affect how he or she interprets events and facilitates the process of adaptation and acceptance of events, and this is effective in reducing the tendency to risky behaviours.

Due to the limitations of the researcher sampling, the use of sample groups of male students was one of the limitations of the present study, which limits the possibility of generalizability of the results to female students and other statistical population. In the present study, due to urgency and time constraints and the achievement of treatment results, it was not possible to perform a follow-up period. Also, the lack of control over some disturbing variables such as socio-economic and family status and the lack of sample size in this study, prevented the exclusion of people who had low scores, was one of the limitations of this study. It is suggested that in future research, an intervention based on religious-psychological teachings with an Islamic approach be performed on female adolescents with a tendency to high-risk behaviours. It is also suggested that an integrated curriculum based on religious-psychological teachings with an Islamic approach to reduce high-risk behaviours in students, with emphasis on relevant and effective content in adolescence, be designed and developed and evaluate its effectiveness. According to the results of the

present study and the significant effectiveness of this intervention method on adolescents with high-risk behaviours, intervention programs should be designed based on these approaches and used in clinical clinics. Due to the effectiveness of the intervention based on religious-psychological teachings, it is recommended for clinicians, counsellors and teachers, workshops aimed at teaching this intervention method for use in counselling and psychotherapy centers, schools and correctional centers should be held.

Disclosure statement

The authors of this article declare that there was no conflict of interest.

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