IPA
International Journal of Psychology
Vol. 12, No. 2, Summer & Fall 2018
PP. 24-45

Iranian **P**sychological
Association

The Effectiveness of Impulsive Control Training on Quality of Life in Bully Students

Esmaiel Soleimani, PhD
Department of General Psychology
Urmia University, Iran

Mohammad Hassani, PhD
Department of Educational Management
Urmia University, Iran

Masoumeh Talebi, PhD Student *
in Educational Management
Urmia University, Iran
laya_talebi@yahoo.com

Received: 5/ 6/ 2016 Revised: 7/ 3/ 2017 Accepted: 14/ 5/ 2017
Doi: 10.24200/ijpb.2018.60302

This study was designed to assess the effectiveness of impulsive control training on quality of life in bullying (bully) student. This study was a semi-experimental study with pretest-posttest control group design. The studied population included all non-disciplined bullying male students of grade 7 and 8, from the city of Ardabil in the academic year of 2015-2016. The sample consisted of 34 male bullying students that through multi-stage cluster sampling, 8 schools and 18 bully students from each school were selected, then 36 bullying students were selected out of them and randomly assigned into two experimental and control groups. Finally, the sample population at the end of the training sessions dropped to 34 participants. The experimental group was under impulsive control training for 8 sessions (one session per week). The control group did not receive any training. Data collection was carried out using Olweus's bullying revised scale and quality of life questionnaire (36 - SF). Multivariate analysis of covariance indicated that impulsive control training is effective in enhancing the quality of life of bully students. According to the findings of the present study, it can be concluded that impulsive control training as a psychological intervention can play an a vital role in improving the quality of life of bully students.

***Keywords**:* bullying, impulsive control training, quality of life

[Downloaded from bijp.ir on 2026-11-20]
[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

One of the phenomena of behavior is bullying which is a repeated aggressive behavior towards another student or group. Aggressive behaviors include a wide variety of non-verbal behaviors such as gaze, pulling hair, entitle on others, ridicule, harassment and physical attacks (Olweus & Limber, 2010). Bullying in schools is a complex phenomenon that in spite of the short-term and long-term consequences for both the bullies and bullied student has not received much attention so far in schools. Bullying has negative impact on everyone involved, the target, the bully and the bystanders, which has also increased the importance of the issue (Dupper, Meyer & Adams, 2002; Hanish, Ryan, Martin & Fabes, 2005; Kochenderfer, Ladd & Pelletier, 2008). According to Olweus and other theorists in the field, bullying behavior (bullying) contains a wide variety of regularly occurring malicious behavior in an extensive period of time that causes the bullied to be a victim in the three forms of physical, verbal and emotional or psychological (Brit & Oliverira, 2013). The bullying as a form of violence and aggressive behavior is defined as intentional and repetitive behavior which involves imbalance of power between the bully and the victim (Wang, Ianotti & Luk, 2013). A 2010 study by the Josephson Institute found that 33% of all high school students said that violence is a big problem in their school and 24 % said they do not feel safe at school. “Every child is entitled to feel safe in the classroom” (Josephson Institute, 2010). Atik (2006) in his study of predicting bullying among middle school students showed that the most common type of bullying is verbal bullying. Also Kartal (2009) has shown that the most common way of bullying is verbal bullying (to entitle, ridicule and insult). Overall, he reported that 66% of boys and 44/3% of girls claimed that they have been verbally bullied. He also stated that the physical bullying (beaten,

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

pushed and kicked) is placed after the verbal bullying, as 57% of boys and 40.4% of girls have reported that they have been attacked by physical violence.

Bullying is one of the most common problems in today's schools and also is a topic of major concern throughout the nation that can be seen in every school, not restricted to a particular society, institution, urban or rural areas. Though safe education, and away from danger and anxiety is the natural right of all persons (Orpinas & Horne, 2009; according to Cheraghi & Peskin, 2011). School violence is a continuum of anti-social behaviors and bullying is a part of this continuum (Urbanski & Permuth, 2009). Because of the increasing media attention on violence and bullying among adolescents in schools, this issue has attracted the public attention during the past several years. If bullying is not stopped, school performance and relationships with friends will be disrupted and will have a negative impact on a person's mental health. Being a victim of bullying is often associated with an increased risk of depression (Simon, & James, 1988). And attempted suicide and withdrawal behaviors are part of these cases (Nansel et al., 2001). Also, anger, poor health, depression, low self-esteem and isolation from the community are the other consequences of bullying (Nansel et al., 2001; according to Poor Seyed et al., 2010). Allowing bullying behaviors negatively affects the academic learning environment that is essential for academic success (Urbanski & Permuth, 2009). As bullying problems have increased, school officials have had to focus on the handling and prevention of these problems. Prevention of bullying often begins with an anti-bullying policy, which may have guidelines, procedures, and actions for prevention and intervention of the problem (Smith, 2004). One of the variables that is influenced by bullying behavior is the quality

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

of life. Bullying seriously affects quality of life and the education of students. Every culture based on its own criteria tries to provide mental health in the community which includes children, youths and adults. The purpose of the society is to create conditions that will guarantee the health of community members (Milani Far, 2002). Bullying behaviors affect quality of life of students. Quality of life approach increases happiness and is one of the interceptive approaches in positive psychology (Seligman, 2002). Some researchers defined the quality of life with an objective approach and equated it to standards' clearly related to living including health, personal circumstances (wealth, living conditions), social relationships, employment or other social and economic measures (Liu, 1976, according to Rostami, 2013). From the perspective of World Health Organization, quality of life is a universal concept of physical health, personal growth, psychological state, level of independence, social relationships and relationships which are affected by salient environmental institutions and is based on individual's perception. In fact, quality of life is a range of objective and subjective aspects interacting with each other (Ghafari & Omidi, 2009).

Measures of psychosocial treatment is one of the therapies that can be used for this disorder behavior (bullying). In this type of measures to treat bullying, essential skills such as attention, self-control, social skills, and reducing or setting the social activities are being emphasized. The purpose of these methods is to improve the environment and provide opportunities for people to learn self-controlling skills which can be utilized in new situations. Psychosocial treatments typically teach behavior management and possibly parents' training, organized class schedules, and cognitive and social skills may play an important role in them (Kendal, 2005; translated by Najarian & Davoudi,

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

2005). In fact, the goal of treatment programs is to create changes which are to be continued and persist in different positions, but it does not always occur in this way.

Several therapeutic approaches have been widely used in the treatment and improving the mental health of people. One of these approaches is impulsive control training. Impulse control training is one of the cognitive-behavioral intervention methods. Impulsivity's complexity begins when children enter school and face the demands of society and educational environment. The reason for this is that their impulsive behavior leads to more incorrect reactions and therefore they require more concentration and better organizing methods. Studies also indicate correlation, and lack of correlation between bullying and impulsive control at the same time. For example, Moradi, Hashemi, Frazad, Keramati, Bayrami & Kavousiyan (2009), in their study on a group of students showed that training of self-regulating motivational behavior and verbal self- learning are two strategies of cognitive-behavioral interventions which are affecting students' self-efficacy perceptions. Research shows that people with no communication skills (in general, life skills including self-control) will have problems in different situations. The problems of these people are mainly in two areas: external control strategies and problem solving strategies. If these people are trained properly and in an optimum way on communication and other life skills, they will be significantly improved in resolving these two types of problems (Oreilly et al., 2005).

Considering that, this disorder among Iranian adolescent's ages who are at risk has been neglected, on the other hand, due to Iran young population with about 12.5 million students, focusing on this disorder and diagnosing, controlling and treating it is of great importance. Furthermore, most of the disordered student's

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

problems following social norms are anger management, and establishment of proper communication (Culatta, Tompkins & Wert, 2003), and thus far, limited research has been done on Iranian population with respect to the impact of impulsive control training on the prevention and treatment of the impaired. Such study seemed to be required and the current study is targeted at evaluating the effectiveness of impulsive control training on bullying students' quality of life. Therefore, the question of whether impulsive control training is effective in increasing the quality of life of bullying students was the focus of this study.

Method

This study is a semi-experimental study with pretest-posttest control group design. In this study, impulsive control training and non-intervening approach are independent variables and quality of life is considered as a dependent variable.

The studied population included all non-disciplined male students (bullies) of grade 7 and 8, in the city of Ardabil, in academic year of 2015-2016. The sample consisted of 36 bullying students, which were selected from the statistical population. At first, 8 schools and 18 bullying students from each school were selected. The selection was based on bullyiness scale and also according to deputies, teachers and counselors opinion, then 36 bullying students were selected among them and randomly allocated into two experimental and control groups. Given that the experimental studies consist of a minimum of 15 people (Delaware, 2002), however, to increase external validity and generalizability of the results, 18 persons were chosen for each group (n=36). The sample population at the end of 8 training sessions dropped to 34 participants (16 participants in impulsive control training group and 18 subjects in the control group). Entry

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

criteria: Absence of mental disorder, full consent to participate in research, being male and earned a score of 30 of 45 in nine questions relating to Olweus bully/victim revised questionnaire. Exit criteria: Failure to earn cut-off score in order to recognize bullying and lack of cooperation until the last session. The following tools were used to collect the necessary information:

The Olweus Bully/Victim Revised Questionnaire (OB/VQ-R)

The first version of the Olweus Bully/Victim Questionnaire was developed by the second author in connection with a nationwide campaign against bullying in Norway in 1983. A revised and shortened version of this questionnaire was used in the present study (Olweus, 1998). The revised and shortened Olweus Bully/Victim Questionnaire contains 18 main questions with three graded categories on various aspects of bully/victim problems. This measure asks students if they had been bullied or bullying others in the past few months. Olweus questionnaire (Olweus, 2002) is the most important and most usable bullying survey in the world. Rezapour, Souri & Khodakarim (2014), in their study of psychometrics of the Persian version of bullying and victimization committing, Olweus bullying questionnaire in the middle schools showed that this questionnaire has an acceptable specification of validation. In another study (Lee & Dewey, 2009; according to Soroush zadeh, 2013), the validity and reliability of revised bully/victim questionnaire were approved. Soroush zadeh (2013), using test-retest method and Cronbach's alpha coefficient, obtained the reliability of this questionnaire to be equal to .82. Also in this study, Cronbach's alpha coefficient was obtained to be .79, which indicated favorable and acceptable reliability of questionnaire to evaluate bullying in the studied sample. In the present study, 9 questions of bullying questionnaire

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

were used to identify the bully students and cut-off point score of 30 of 45 was taken for bullying diagnosis.

Quality of Life Questionnaire (SF-36)

The SF-36 was designed for use in clinical practice and research, health policy evaluations, and general population surveys. This questionnaire is a suitable tool for individuals' perception of their health. The SF-36 includes one multi-item scale that assesses eight health concepts: 1) limitations in physical activities due to health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities due to physical health problems; 4) bodily pain; 5) general mental health (psychological distress and well-being); 6) limitations in usual role activities because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions (Ware & Sherbourne, 1999). Thus, we used the mentioned questionnaire which included 36 questions, and eight subscales of health measures: physical functioning, physical role, body pain, social functioning, emotional role, general health, vitality and mental health in our study. Research on quality of life questionnaire shows that the questionnaire has high reliability and validity (Mac Horney, Ware & Raczek, 1993; Garratt, 1997). The reliability and validity of the questionnaire were assessed by Montazeri, Gashtasbi, Vahedi Nia & Gandek (2005) on 4163 persons aged between 15 years and older in Iran. Reliability coefficient of all eight dimensions was .77 - .95, except the dimension of vitality that was about .65. The overall findings revealed that the Iranian version of the questionnaire, with a high validity and reliability is a useful and effective tool for measuring the quality of life among the general population**.**

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

Intervention Methods: Impulsive Control Training

The training program was developed in 1999 and has been described by Spray. Impulsive control training is an intervention program that aims to identify motivated impulsive, delay them and ultimately reduce strong tendency and involuntary action. This intervention program has eight meetings or stages:

Table 1
The Intervention Sessions, Goals and Intervention Time

Session	The Goal of Training Sessions	Intervention time
1	Familiarizing students with situation and introductory session: This session was carried out with the aim of familiarizing students to researcher, providing mutual understanding of context and expressing the researcher's expectations of students.	One hour
2	Assessment and recognition of students' thoughts and feelings which lead to impulsive behavior and self-destroyed actions	One hour
3	Examining the thoughts and feelings of students and declaring coping responses that are internal or external, at this stage, the students were asked to note all thoughts and feelings that may lead to their incompatibility.	One hour
4	Delaying and confronting the impulsive responses. In this session, students were trained to confront with answers that lead them to impulsive behaviors.	One hour
5	Practice and feedback; to help students to control their impulsive behaviors and provide feedback to a reasonable level of mastery and control over their own behaviors.	One hour

[Downloaded from bijp.ir on 2026-11-20]
[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

6	Therapist awareness of the students' motivation regarding their impulsive behavior; if self-destructive behaviors incentives are specified, less dangerous/safe behavior may be replaced with the old behavior, and very likely to be compatible replacement behaviors.	One hour
7	Consolidation; At this stage, the real situations which students have been exposed in the class, were discussed and explained. Also at this phase, group feedback and reinforcement techniques were used and the students were asked to extend the pattern of impulsive control at all stages of their life.	One hour
8	Conclusion, practicing the training of sixth and seventh session and the implementation of post-test	One hour

After coordination and approval, moral considerations and stated objectives of the research, by the permission of their parents' notification, consent to participate in this research was attracted by the students. Then, after reviewing the student's disciplinary record and collecting consultant, teacher and schoolmaster's feedback, bullying detection test sample was completed by students. Then subjects with a higher score cut of the bullying questionnaire were interviewed by researchers and students with high bullying were appointed randomly into two experimental and control groups. After justification of subjects and explanation about the objectives of the study, both groups were pre-tested and asked to complete the intended questionnaires. Long training sessions in each of the training methods were 8 sessions of 1 hour and run as a group twice a week. During these sessions, the control group was not given any training. After completing the course, the training and control groups performed post-test and the data were analyzed by using

[Downloaded from bijp.ir on 2026-11-20]
[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

the SPSS. Also, for analyzing the data and test hypotheses, descriptive test means and standard deviations, multivariate analysis of covariance (MANCOVA), box test and Levine test were used. Meanwhile, a significance level of .05 was chosen for this study.

Results

Results revealed that the mean and standard deviation of the participant's age in the present study were 13.68 (1.68), respectively. Means and standard deviations for all component of life quality are presented in Table 2.

The mean and standard deviation of bullying students in impulse control group in post-test are as follows: physical function 16.65 (1.71), physical role 16.62 (1.36), bodily pain 17.26 (1.62), social performance 19.50 (1.50), emotional role 20.31 (1.81), public health 20.06 (1.48), vitality 20.68 (1.44) and mental health 21.12 (1.40) (Table 2).

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Table 2
Descriptive Statistics of the Variables

Life quality		Control group		Impulse control group	
		SD	M	**SD**	M
Pretest	Physical function	1.69	6.41	1.40	6.87
Posttest		1.58	6.58	1.71	16.65
Pretest	Physical role	1.93	6.11	1.74	6.31
Posttest		1.90	6.52	1.36	16.62
Pretest	Bodily pain	1.59	6.05	1.64	6.18
Posttest		1.78	5.94	1.62	17.26
Pretest	Social performance	1.29	5.94	1.57	6.31
Posttest		1.74	6.82	1.50	19.50
Pretest	Emotional role	2.30	8.05	1.89	8.00
Posttest		1.64	8.23	1.81	20.31
Pretest	Public health	1.69	7.58	2.89	8.43
Posttest		1.87	8.17	1.48	20.06
Pretest	Vitality	1.77	7.82	2.33	8.12
Posttest		2.45	7.82	1.44	20.68
Pretest	Mental health	1.83	8.58	1.36	8.50
Posttest		2.54	8.40	1.40	21.12

In this study, the factor covariance analysis (MANCOVA) with an independent variable of group membership (experimental and control groups) and pre-test auxiliary variable and subscale post-test dependent variable were used. To examine the presuppositions of linear relation between the dependent variable and auxiliary variable, variance diagram and to examine homogeneity of regression coefficients, regression analysis with

[Downloaded from bijp.ir on 2026-11-20]
[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

one coded independent variable were used. Accordingly, both assumptions were confirmed, and then, covariance analysis was done to compare the effect of the independent variable (group membership) on the dependent variable (quality of life) (Senn, 1994; Bonate, 2000). Shapiro-Wilk test was used to examine the normality of data (for samples less than 50) and the results revealed the normality of the data. In the results of tests for consistency, Levin variances were used between the components of quality of life and the results showed that the level statics (F) for quality of life is not significant (P> .05), and this indicates that the variance of these variables between subjects (impulse control group and the control group) did not differ and variances are equal. Also to examine the assumption of homogeneity of variance, box test was used and the results showed that the box test was not significant (P=.444 and F=1.01 and BOX=50.91), and therefore, the presuppositions of difference between the covariance are established

Table 3

The Indicators Validity Results of Factor Covariance Analysis Significance Test on the Components of Quality of Life

Source	Test Name	Value	F	Hypoth DF	Error. DF	P	Eta
Group	Pillai ’s effect	1.12	5.25	16.00	66.00	.00	.56
	Wilks’Lambda	.020	24.52	16.00	64.00	.00	.86
	Hotelling ’s trace	42.74	82.81	16.00	62.00	.00	.955
	Roys	42.57	175.63	8.00	33.00	.00	.977

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Results of Table 3 show that the significant levels of all tests allows the multivariate analysis of covariance. The results indicate that there is a significant difference between the two groups of impulse control and the control group, at least in terms one of the dependent variables.

The results of Table 4 show that there is a significant difference on the quality of life component (P<.001) between the students in the experimental group and the control group,). In other words, the average of post-test in physical function, physical role, bodily pain, social functioning, emotional role, general health, vitality and mental health groups after training, was significantly different from pre-test.

Table 4

The Results of Multivariate Analysis of Covariance (MANCOVA) on the Components of Life Quality in Experimental and Control Groups

Source	Dependent variable	SS	Df	MS	F	p	Eta
Group	Physical performance	916.39	1	458.19	172.54	.00	.898
	Physical role	951.62	1	475.81	1412.62	.00	.879
	Physical pain	1019.67	1	509.83	196.51	.00	.910
	Social Performance	955.28	1	477.64	198.04	.00	.910
	Emotional role	14170.32	1	735.16	176.17	.00	.900
	Public health	1323.20	1	661.60	289.44	.00	.937
	Vitality	1550.82	1	775.41	203.60	.00	.913
	Mental health	1498.25	1	749.12	197.01	.00	.910

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

Discussion

This study has examined the effectiveness of impulsive control training to improve the quality of life of bully students (non-disciplinary). The results of multivariate covariance analysis showed that impulsive control training in comparison with the control group significantly affect the quality of life of bullying students. This result is in line with the research findings of Wells & et al. (2006) about the effect of impulsive control training as a cognitive-behavioral intervention in increasing quality of life. In explaining the effectiveness of impulsive control training on social and psychological dimensions of quality of life, it should be said that the bullying students due to lack of learning in the correct way behave undesirably. Therefore, the main problem with such students is related to their inability to evaluate and control their behavior, which makes them to lack the ability to be patient. And without considering the possible consequences, offer to do anything which ultimately can cause them to be an isolated and vulnerable person from social and psychological viewpoints. But, impulsive control skills that ensure self-assessment and self-reinforcement of individuals make them to strengthen the mentioned skills in their behavior and to do their homework without the need of others' help. Finally, they can afford the psycho-social responsibilities of life (Metson & Olendik, 1988).

Therefore, based on the results of studies, one of the best methods to modify the behavior of children and adolescents is the training of impulsive control techniques (Murray, 2002; Altun, 2003). Since this training enables the students learn to monitor their behavior internally, evaluate their behavior and consider its consequences, therefore they will be able to improve their self-reinforcing and self-punishment skills. Self-controlling due to enabling children to manage their own behavior in the absence of

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

support and supervision of their parents is very effective and teaches them to behave responsibly and therefore, the sense of responsibility makes them recover psychologically. Therefore, by training impulsive control techniques to bully students, we can increase the level of student self-control and as a result, many problems such as difficulty in communication skills and the annoying behavior will be reduced and social skills and their mental health will increase. Consistent with these findings, the results of several studies show that people who show resistance against impulses, have the power of self-expression, socially are more acceptable, more efficient and better able to face setbacks in their lives. Barkley (1990) also explained that the result of two decades of research has shown that the level of better control is associated with economic development, academic achievement, social skills and coping with stress and frustration. It can also be noted that with increasing awareness and understanding of the individual, they would achieve a better understanding of themselves and their behavior. This increased awareness naturally causes an increase in the incidence rate of behavior if it is appropriate and decrease if it is inappropriate. In fact, this education makes the individual understand the relationship between the behavior and the possible consequences of that behavior and thus, select and perform behaviors that have a positive outcome. In bully people, due to weakness attention factor that is the key element of cognition; awareness and understanding of behaviors and their consequences are low, so the ability to diagnose and carryout appropriate behaviors in different situations is difficult for this subject.

One of the limitations of this study was limited sample size of bully male students of grade 7 and 8 from the city of Ardabil in the academic year of 2015-2016, that this issue in turn is affective

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

on the generalizability of the findings. Another limitation was lack of follow up on the obtained results in the long run and also, the sample being exclusive to male students was the other limitation of this study that makes it difficult to generalize the results to bully girls and does not provide comparisons. It is recommended that for the generalizability of the findings, this research should be done in other cities and with subcultures and minorities in Iranian society and be repeated on females; it is suggested that longitudinal studies are necessary; as well as training courses on how to deal with bullying troubled students to be held for their parents and relatives and considering the effectiveness of social problem solving in raising the quality of life, psychology and counseling service centers along with other interventions can use the findings of this research and offer suitable solutions to clients.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

References

Altun, I. (2003). The perceived problem solving ability and values of student nurses and midwives. *Journal of Nurse Education Today, 23*, 575-58.

Atik, G. (2006). *The of locus of control, self-esteem, parenting styles, loneliness and academic achievement in predicting bullying among middle school students*. Unpublished M. A. thesis, Middle East technical university, turkey.

Barkley, R. A., Fischer, M., Edelbrock, C., & Smallish, L. (1990). The adolescent outcome of hyperactive children diagnosed by research criteria I: An 8 year prospective allow study. *Journal of Infant, Child and Adolescent Psychiatry, 29*, 456-557.

Brit, C. C., & Olivira, T. M. (2013). Bullying and self- esteem in adolescents from public schools. *Journal of Pediatria, 86(6),* 601-607.

Bonate, P. L. (2000). *Analysis of pretest-posttest designs*: CRC Press.

Cheraghi, A., & Piskin, M. (2011). A comparison of peer bullying among high school students in Iran and Turkey. *Procedia Social and Behavioral Science*, (15), 2510-2520.

Culatta, R. A., Tompkins, J. R., & Wert, M. G. (2003). *Fundamentals of special education: what every teacher needs to know*. (2 ed). New Jersey: Merrill/ prentice Hall.

Delawar, A. (2002). *Theoretical and practical research in the humanities and social sciences*. Tehran: Roshd publications ; Second edition.

Dupper, D. R., & Meyer-Adams, N. (2002). Low-level violence: A neglected aspect of school culture. *Journal of Urban Education, 37*, 350−364.

Ghafari, Gh., & Omidi, R. (2009). *Quality of Life*: Social Development Index. Tehran, Shirazeh Publishing House.

Garratt, A. M. (1997). SF36 health survey questionnaire: an outcome measuring suitable for routine use within the NHS. *British Medical Journal, 4(1),* 25-35.

Goldstein, J. H. (1998). *Why we watch. In J. H. Goldstein (Ed.), Why we watch: the attractions of violent entertainment* (pp. 212 – 226). New York: Oxford.

Hanish, L. D., Ryan, P., Martin, C. L., & Fabes, R. A. (2005). The social context of young children's peer victimization. *Journal of Social Development, 14*, 2−19.

Josephson Institute of Ethics (2010). Josephson Institute's Report card on the Ethics of American Youth, *Bullying and Other At-Risk Behavior*.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Kartal, H. (2009). The ratio of bullying and victimization among Turkish elementary school students and its relationship to gender and grade level. *Journal of Social Sciences, 20(2),* 109-119.

Kochenderfer-Ladd, B., & Pelletier, M. E. (2008). Teachers' views and beliefs about bullying: Influences on classroom management strategies and students' coping with peer victimization. *Journal of School Psychology*, *46*, 431–453.

Kandal, F. (2005). *Child Symptom psychology of childhood disorders*. Translator: Bahman.

Lee, T., & Cornell, D. (2009). Concurrent validity of the Olweus bully/victim questionnaire, *Journal of School Violence, 9(1),* 56-73.

Mac Horney, C. A., Ware, J. E. (Jr) & Raczek, A. E. (1993). The MOS 36-Item short form health survey (SF-36): II. Psychometric and clinical tests of validity in measuring physical and mental health constructs. *Medical Care, 31*, 3, 247-263.

Metson, J., & Olendik, T. (1988). *Improving social skills in children: Evaluation and training*. Translator: Ahmad Beh pazhouh (2005), Tehran, Etelaat publications.

Milanifar, B. (2002). *Mental Health*. Tehran: Gomes publications. Fifth Edition.

Moradi, A. S., Hashemi, T., Farzad, V., Keramati, H., Bayrami, M., & Kavousiyan, J. (2009). *A comparison of the effectiveness of self-regulation manners, self-motivational behavior, verbal self-instruction on mathematics performance and educational self-efficacy of hyperactive children with attention deficit disorder, Journal of Research in Psychological Health , 2(1),* 5-15.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Montazeri, A., Goshtasebi, A., Vahdaninya, & Gandek, B. (2005). The short form of health survey (SF36): Translation and validation study of Iranian version, *Quality of Life Research, 14(3*), 875-882.

Murray, L. K. (2002). Self-control training in young children. Dissertation Abstracts International Section B: *Sciences & Engineering*, *63*, 3017.

Najarian, B., & Davoudi, I. (2005). *Child Symptom psychology of childhood disorders,* Tehran, Roshd publications, First Edition.

Nansel, T. R., Overpeek, M., Pilla, R. S., Ruam, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of American Medical Association*, *285*, 2094-2100.

OReilly, D. (2005). *Conduct disorder and behavioural parent training*. London and Philadelphia: Jessica Kingsley Publishers.

Orpinas, P., & Horne, A. (2009). *Creating a positive school climate and developing social competence*, Handbook of bullying in schools: An international perspective, p: 49-59.

Olweus, D. (1998). *The revised Olweus bully/victim questionnaire*. Research Center for Health Promotion (HIMIL), University of Bergen. Bergen, Norway. Patent. N-5015 1996.

Olweus, D. (2002). Mobbning i skolan: Grundla ggande fakta, ett effektivt a tgardsprogram ochen ny nationell storsatsningi Norge [Bullying in school: Basic facts, an effective intervention program, and a new national initiative in Norway]. In I. E. Menckel (Ed.), *Vanskap vinner: Om*

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

mobbning och kra nkande behandling i skolan (pp. 27-59). Halmstad, Sverige: Ho gskolan i Halmstad.

Olweus, D., & Limber, S. P. (2010). *The Olweus Bullying Prevention Program: Implementation and evaluation over two decades*. In S. R. Jimerson, S. M. Swearer, & D. L. Espelage (Eds.), The handbook of school bullying: An international perspective (pp. 377-402). New York, NY: Routledge.

Poorseyed, S. R., Amiri, SH., & Molavi, H. (2010). The effectiveness of training programs to reduce bullying in school Fifth grade, *Research on Exceptional Children, 10(2),* 113-121

Rostami, M. (2013). *Examine the effects of marital satisfaction and psychological well-being based on the quality of life of incompatible couples*. Master's thesis. Mohaghegh Ardabily University.

Rezapour, M., Souri, H., & Khodakarim, S. (2014). Persian version of the commission to psychometric questionnaire bullying and victimization Olweus bullying in schools. *Magazine to Promote Safety and Prevent Injuries, 1(4),* 212-221.

Seligman, M. E. P. (2002). *Positive psychology, positive prevention, and positive therapy*: Handbook of positive psychology, 2, 3-12

Senn, S. (1994). Testing for baseline balance in clinical trials. *Statistics in Medicine, 13(17),* 1715-1726.

Smith, P., Pepler, D., & Rigby, K. (2004). *Bullying in schools: How successful can interventions be?* Cambridge, United Kingdom: Cambridge University Press.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Simon, C. H., & James, M. E. (1998). Appraisal and coping strategy use in victim of school bullying. *British Journal of Educational psychology*, *74*, 83-84.

Soroushzadeh, S. H. (2013). *The Effectiveness of Olweus's bullying prevention program on students ś social skills and self-esteem in elementary schools in Isfahan city*. Psychology master's thesis. Mohaghegh Ardabili University.

Urbanski, J., & Permuth, S. (2009). *The truth about bullying: What educators and parents must know and do*. Lanham, MD.: Rowman & Littlefield Publishers, Inc.

Wang, J., Ianotti, R., & Luk, J. W. (2013). Patterns of adolescent bullying behaviors: Physical, Verbal, Exclusion, Rumor & Cyber. *Journal of School Psychology*, *50*, 521-534.

Ware, Jr., & Sherbourne, C. D. (1999). The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection, *Medical Care,* 473-483.

Wells, K. C., Chi, T., Hinshaw, S., Epstein, J., Pfiffner, L., & Nebel-Schwa in, M. (2006). Treatment-related Changes in Objectively Measured Parenting Behaviors in the Multimodal Treatment Study of Children with Attention-Deficit/Hyperactivity Disorder. *Journal of Consulting and Clinical Psychology*, *74*, 649-65.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

IPA
International Journal of Psychology
Vol. 12, No. 2, Summer & Fall 2018
PP. 46-72

Iranian **P**sychological
Association

Effectiveness of the Unified Transdiagnostic Treatment on Brain-Behavioral Systems and Anxiety Sensitivity in Female Students with Social Anxiety Symptoms

Khadijeh Roushani, PhD Student
Department of Psychology
Shahid Chamran University of Ahvaz, Ahvaz, Iran

Soodabeh Bassak Nejad, PhD*
Department of Psychology
Shahid Chamran University of Ahvaz, Ahvaz, Iran
Soodabeh_Bassak@yahoo.com

Nasrin Arshadi, PhD
Department of Psychology
Shahid Chamran University of Ahvaz, Ahvaz, Iran

Mahnaz Mehrabizadeh Honarmand, PhD
Department of Psychology Shahid Chamran University of Ahvaz, Ahvaz, Iran

Ahmad Fakhri, MD
Department of Psychiatric
Ahvaz Jundishapur University of Medical Sciences
Ahvaz, Iran

Received: 10/ 7/ 2016 Revised: 7/ 5/ 2017 Accepted: 15/10/ 2017
Doi: 10.24200/ijpb.2018.60313

The present research was conducted to study effectiveness of the unified transdiagnostic treatment on brain-behavioral systems and anxiety sensitivity in female students with social anxiety symptoms. The statistical population of this study included all undergraduate female students of Ahvaz Jundishapur University of medical sciences. In a pre-posttest experimental design with control group, 32 female students with the diagnosis of social anxiety disorder were selected by random cluster sampling. Then, all of the subjects were randomly allocated into two groups: experimental and control groups (16 students each). Research tools used in this study were Social Phobia Inventory (SPIN), Behavioral Activation/Behavioral Inhibition Scales (BIS/BIS) and Anxiety Sensitivity Inventory (ASI-

[Downloaded from bijp.ir on 2026-11-20]
[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]

R). Prior to commencement of the intervention, a pretest was performed on each group; then, the experimental group was exposed to transdiagnostic intervention, while the control group received no intervention. At the end of the intervention, a post-test was administrated to each group. The result of covariance analysis showed that the unified transdiagnostic intervention decreased behavioral inhibition and anxiety sensitivity, and increased behavioral activity. With regards to effectiveness of the unified transdiagnostic intervention on social anxiety symptoms, utilization of this therapeutic method is suggested to psychologists and advisors.

Keywords*:* transdiagnostic treatment, brain-behavioral systems, anxiety sensitivity, social anxiety

This article has adapted from PhD dissertation of khadijeh Roushani.

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]

[DOI: 10.24200/ijpb.2018.60302]

Social anxiety, also known as social phobia, is the most prevalent and chronic type of anxiety disorder around the world (Mekuria et al., 2017). The main feature of this disorder is tangible or fierce fear or anxiety about social situations where an individual is carefully assessed by others (American Psychiatric Association, 2013). The social anxiety starts in 13-19 ages, but it can happen in the early childhood (Damercheli, Kakavand & Jalali, 2017) and has large adverse effects on quality of social interactions, educational achievement, and welfare (Haller, Kadosh, Scerif, & Lau, 2015). It is one of the most common anxiety disorders with 6.1% prevalence in advanced countries and 2.1% in advancing countries (Howells et al., 2015). More than 90% of individuals with social anxiety disorder (SAD) report considerable impairment in one or more occupational functions (Himle et al., 2014) and around 70-80 percent of them receive secondary diagnoses of congruence disorders such as specific phobia, agoraphobia, major depression, and drug abuse (Barlow, 2008).Various studies conducted in Iran imply a high degree of prevalence of this disorder, especially among women (Talepasand & Nokani, 2010; Mohammadi et al., 2008). Also,

Epidemiologic studies among students indicate the frequent occurrence of this disorder among students (Bella & Omigbodun, 2009; Salina et al., 2008). Social anxiety seems to be related to the unique models of the brain-behavioral systems activity. Gray's theory was mentioned in examining the relation between anxiety and its neurobiological structures (Asghari, Mashhadi, & Sepehri Shamloo, 2015) where a model is provided for mammal's brain, which explains the fundamental emotional systems at behavioral, cognitive, and neural levels (Cui & Cui, 2011). According to Gray, these brain-behavioral systems are the basis of individual differences and the activities of each one of them would lead to the recalling of various emotional reactions such as phobia and anxiety (Gray & McNaughton, 2000).

Another factor that makes an individual vulnerable to anxiety and anxiety disorders, which have attracted a great deal of scientific attention, is anxiety sensitivity (AS). This increases the possibility of developing morbid anxiety, which is considered as a risk factor in this field. AS is a cognitive variable of individual differences, which is defined as the fear of anxiety-related bodily sensations and symptoms, indicating tendency to catastrophize about consequences of such sensations (Reiss & McNally, 1985; Reiss, 1991; Martin, Kidd, & Seedat, 2016). Some studies have shown that people with SAD suffer higher levels of AS and psychological arousal as compared to their normal counterparts (Anderson & Hope, 2009; Deacon & Abramowitz, 2006). They also show higher scores of fear about being observed by others as compared to the rest of the groups under study (Deacon & Abramowitz, 2006).

Among the different methods proposed by mental health experts for the treatment of social anxiety, the most useful are cognitive-behavioral treatments. They have exclusively

[Downloaded from bijp.ir on 2026-11-20]

[DOR: 20.1001.1.20081251.2018.12.2.3.3]
[DOI: 10.24200/ijpb.2018.60302]