THE EFFECT OF FAMILY TRAINING PROGRAM IN IMPROVING STUDENTS' LIFE SKILLS

by

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ABSTRAK

Kajian ini bertujuan menentukan keberkesanan program latihan keluarga terhadap kemahiran hidup pelajar. Ia adalah satu penyelidikan kuasi-eksperimen dengan praujian, pascaujian dan kumpulan kawalan. Populasi kajian ini termasuk semua pelajar sekolah menengah rendah di Tabriz, Iran dengan tahap pendidikan terendah ibu bapa masing-masing adalah sekolah menengah rendah. Berdasarkan praujian, 219 orang pelajar dikategorikan dalam tiga kumpulan a) bersemuka, b) koresponden dan c) kawalan. Ibu bapa pelajar kumpulan bersemuka dilibatkan dalam 8 sesi pertemuan secara bersemuka. Sementara itu, ibu bapa pelajar kumpulan koresponden diberikan bahan bacaan. Sebaliknya, ibu bapa pelajar kumpulan kawalan tidak diberikan sebarang intervensi. Selepas 8 sesi pertemuan serta mentelaah bahan bacaan dijalankan dengan kumpulan berkenaan, maka dijalankan praujian setiap bulan, pascaujian, ujian *posthoc* 1 dan ujian *posthoc* 2. Skala Kumpulan Kawalan Diri digunakan dalam usaha mengumpul data soal selidik bagi IRI (*Interpersonal Reactivity Index*), ADMQ (*Adolescent Decision Making Questionnaire*), CSES (*Coping Self-Efficiency*), Hasil yang diperoleh dianalisis menggunakan perisian SPSS. Keputusan menunjukkan bahawa latihan secara bersemuka mempunyai kesan positif terhadap kemahiran hidup (kawalan-diri, kecekapan diri, empati) dan kemahiran dalam pembuatan keputusan semasa panik, pengelakan, keyakinan diri ($0.05 > P$). Sebaliknya, kaedah ini tidak mempunyai kesan terhadap pemikiran impulsif. Latihan koresponden mempunyai kesan positif terhadap empati dan kemahiran kawalan diri ($P < 0/05$). Namun demikian, latihan ibu

bapa koresponden tidak mempunyai kesan kemahiran dalam pembuatan keputusan dan kawalan diri. Berdasarkan dapatan penyelidikan, latihan keluarga bersemuka mempunyai kesan positif dalam meningkatkan kemahiran hidup pelajar. Walau bagaimanapun, kesan daripada laithan koresponden adalah tidak signifikan.

THE EFFECT OF FAMILY TRAINING PROGRAM IN IMPROVING STUDENTS' LIFE SKILLS

ABSTRACT

The aim of this study was to determine the effectiveness of family training program on the life skills of high risk students. This study is a quasi-experimental research with pretest, posttest and control groups. The population of this study includes all students of junior high schools in Tabriz, Iran with parents who had finished at least junior high school. By pretest, 219 students have been categorized in three groups: a) Face to Face b) Correspondence group and c) control group. Parents of face to face group have been entered in 8 sessions. Parents of correspondence group have been received reading materials and no intervention applied for control group. After 8 sessions for face to face group and studying the reading materials by correspondence group, Pretest have been taken. 1 month by 1 month, posttest, post hoc test 1 and post hoc test 2 have been taken. In order to collect date Questionnaire on Interpersonal Reactivity Index (IRI), Adolescent Decision Making Questionnaire (ADMQ), Coping Self-Efficiency Criteria (CSES), Self-Control group Scale have been used. The obtained results have been analyzed by using SPSS software. The result showed that the face to face training had a positive effect on life skills (self-control , self-efficacy , empathy) and decision-making skills of children in Panic, Avoidance, Self-Confidence (05/0> P). But this method had no effect on the Impulsive Thought. Correspondence training had positive effect on empathy and self-control skills (P<0 /05)but correspondence training of parents had no effect decision-making skills and self-control skills. Based on findings of this research, face to face family training has had a positive effect on increasing life skills of students. However, the effect of correspondence training is not significant.

CHAPTER ONE

INTRODUCTION

1   Introduction

Family is the smallest and most fundamental social unit in any society. Each member of the society is born and brought up there. It is regarded as the principal unit for social education of children and a support in this modern age of culture (Gladding, 2002). The concept of family in Iran, is more private than in many other cultures. Female relatives must be protected from outside influences and are taken care of at all times. It is inappropriate to ask questions about an Iranian's wife or other female relatives. Iranians take their responsibilities to their family quite seriously. Families tend to be small, only one (1) or two (2) children, but the extended family is quite close. The individual derives a social network and assistance in times of need from the family. Elderly relatives are kept at home, not placed in a nursing home. Loyalty to the family comes before other social relationship, even business.

Therefore, it has the first priority in fostering human character, paving the way for flourishing the children's talents and their physical, behavioral, social and rational growth. It is also considered as an effective factor in creating human culture. Meanwhile, parents have important and determining roles in training children since they shape their children's character. Basically, consultants and psychologists consider the role of parents to be most effective in informal training. They are regarded as the most successful agents in creating appropriate and inappropriate habits (Mosavi, 2004).

Family has a key role in solving most of mental and spiritual problems and has fundamental importance in emotional tranquility and consolidation of

relationships. Family, as a social organization, protects children against social and cultural damages. Parents' behavior towards their children creates an appropriate context for observational learning which can affect their ability to be consistent and develop positive behavior in interpersonal relations. Considering these conditions, the results of some researches (Hoseini Heydari, Nasrin. Tabe Jamat, Mohammad Reza, 2006) in Iran demonstrates that parents are not well informed about their children's characteristics during their different stages of growth. Findings indicate that 52% of mothers and 66% of fathers have little information about their children's characteristics during different stages of growth.

1.2   Background of the Study

Life skills refer to a large set of social-mental and interpersonal skills which help individuals in conscious decision-making, effective communication, development of control over skills and self-management, and they help them maintain a healthy and prolific life (Kordnogai & Pashasharifi, 2006). In other words, life skills include creating effective and appropriate interpersonal relationships, performing social responsibilities, correct decision-making and settling conflicts and struggles (Klinke, 2003). Basically, these skills can guide personal acts, the acts of other people as well as environmental effects that create greater physical, mental and social health (Kordnogai & Pashasharifi, 2006).

World Health Organization (WHO) has presented ten main skills out of all life skills that are classified in pairs because there is a natural relationship between each pair, and in fact they are regarded as two sides of a single coin. Main life skills are as follows (a) Self-awareness/empathy (being aware of one's own excitements and others' as well or capability for self-awareness (b) Critical thinking/creative thinking (c) Decision-making/problem solving (d) Interpersonal relationship (capability for

creating interpersonal relations)/effective communication (e) Coping with stress/emotions (WHO, 1999). Life skills promote an individual's consistency with himself/herself, other people and the environment in which he/she lives. These skills result in rational and correct behavior during life and especially in dangerous situations. In other words, learning life skills does not only mean mere acquiring or increasing of knowledge but also creating skills and changes in personal values and attitudes.

Eisenberg (2002) notes that empathy is an emotional response resulting from understanding other people's excitement and is similar to what the other person feels or expects to feel. Different studies on empathy demonstrate that the rate of female' empathy has direct relation with their mothers' empathy and empathy in both of them is related to the female' behavioral disorders. In addition empathy has a meaningful effect on matrimony satisfaction (Forganiraeesi, 1994). It has a reverse relationship with altercation. Basically, direct altercation is associated with low level of empathy (Crick & Grotpeter, 1995). Another view regarded as the most important element of empathy can create a healthy pattern for understanding the opinions of others (Davis, Luce and Kraus. 1994), and can be an effective factor in controlling anger in interpersonal relations (Mehrabian, 1997). Therefore fundamentally social behavior requires communication with others, and a definite communication requires understanding the opinions of other people (Abdi, 2008).

Capability for creating interpersonal relations is a dynamic, continuous, irrevocable and contextual process that leads to sharing and transferring thoughts and results promoting effective and positive interpersonal relations with others. One of the abilities is sociability and development of cordial family relations (WHO, 1999). Research shows that cordial relations with children increase the desired control and

supervision. In this regard, several studies indicate that control and knowledge by parents result in reducing the risk of consuming alcohol and additives, lowering sexual activities, delaying the age of unlawful pregnancy, lowering depression rate, reducing school related problems, reducing victimization and the rate of crime and lowering the negative effects of the peers (Barber, Stolz, Olsen, 2005; Greenfield, Keller, Fuligani, Meynard, 2003; Kagitcibasi 2005; Lansford, 2005; Wight, Williamson, Henderson, 2006; Upchurch, 2001; Vazsonyi, Trejos-Castillo, Huang, 2006).

Problem solving enables individuals to present better solutions in solving problems. The skill of problem solving is a regular and logical process that aids people in looking for several alternative solutions for a single problem and selecting the best way (Hadadi, 2008). Problem solving skills include information gathering skills, assessment of the consequences of their actions and the actions of others, and finding alternative solutions for problems. It also includes analytical skills in relation with the effect of their own values and attitudes as well as the others' (UNICEF 2003). Research has indicated that the style of problem solving has a key role in promoting mental health (Babapour, 2003; Mohammadi, 2004).

Decision-making means recognizing, defining, imagining the problem, applying the existing knowledge, selecting a solution, developing guidelines for performance and evaluating the consequences. This capability enables the person to effectively decide on problems. Adolescents, who are active in decision-making, select priorities, have appropriate choices and accept the responsibility for their own decision-making (WHO, 1999). Studies show that effective decision-making skill is simple rationalization of affairs. Dealing with difficult choices especially in stressful conditions requires both thinking and recognition skills (recognizing a problem,

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determining the aims and compiling various solutions with an eye on the possible consequences) and excitement control skills (controlling oneself in stressful conditions, careful listening and determining the best choice) (Abdi, 2008).

Critical thinking means thoughtful and logical thinking focused on decision-making, doing something or believing it (Ennis, 2002). Critical thinking is not merely criticizing something (Winningham & Preusser, 2001), and it includes the analysis of the effects of media and peers, analysis of attitudes, values, social norms, beliefs and factors affecting them and the recognition of related information and information sources (UNICEF, 2003). Critical thinking enables a person to look for reality among a mass of events and the information surrounding the aforementioned issues every day and reaching his/her goal or achieving the most perfect level of understanding (Johnson, 2002). Critical thinking skills include interpretation implying the necessity of understanding and stating concepts in relation to various experiences, the analysis of meanings that identify the aims of the materials and finding the relationships among them. Evaluation also implies determining the validity of the materials and the relationships among them; deduction means the ability to reach conclusions from materials; description means executing and stating the results of a person's reasoning and, finally self-adjustment implies reforming and reviewing one's thoughts on the basis of the materials under study. These skills were usually classified under the titles of inductive and deductive reasoning in the past (Carlo & Leppe 1997; Marsh, 1996).

The skills for controlling excitements and stress constitute an important aspect of one's' life skills (Deffenbacher, Oetting, Huff, Thwaites, 1999), which empower the people against negative excitements (Gross & John, 2003). According to Dimatteo (1991) defines control skills including practical and inter-mental endeavors

for controlling (control, tolerate, reduce or minimize) mental and environmental requirements and conflicts among them. Interpersonal differences in adjusting excitement (Gross & John, 2003) lead to different emotional, recognition and social consequences which can result from family system.

Excitement adjustment is studied from two important aspects:

i.   Guidelines for excitement adjustment which are acted before an event occurs i.e. before excitement or at the beginning of it and prevention of intensive excitements.

ii.   Guidelines for excitement adjustment which are acted after an event occurs. These guidelines cannot prevent intensive excitements (Gross, 1998). The preventative function of excitement control skills is because of its activation before the excitement requiring control skill.

A study by Hill (1993) demonstrated that good relationship between parents and children, and shared problem solving skills makes it easy to discuss the changes in the relationship between parents and children and increase the adolescents' independence. Insufficient skills in this regard may lead parents to adopt family therapy procedures (Hill, 1993). Sabeti (1995) believes that parents' behavioral training could be successfully used for improving anti-social behaviors. The results of a study by Botvin, Bouker, Botvin during 1980-1984 demonstrated that life skills including effective communication skill, decision-making and stress management skill were effective in reducing the consumption of alcohol and drugs (Botvin, Bouker, Botvin, 1984). Errecart, Walberg & Ross (1991) carried out a research on two groups of students that proved the fact that higher communication, decision-making and problem solving skills were more effective in reducing the use of alcohol and other addictives in tentative groups compared with the control group. Life skills

are effective in preventing violence and crime (Gainer, Webster, Champion, 1993) and in improving mental health and preventing suicide (Laformebise, Howard, 1994).

Regarding the educational success of children and adolescents, it has become evident that there is a meaningful relationship between some behaviors, parents᾽ attitudes and students' educational outcomes (Seginer, 1983). According to these studies, successful students at schools are those whose parents have more realistic expectations than their children's actual capabilities. They attend to their children and what they do and support their children through controlling their homework, providing enough time, place and facilities and helping in adjusting study and rest times. These kinds of researches demonstrate the reality that successful students have parents who pose necessary capabilities and skills for playing the role of parents in addition to attending their children. The mothers of these students are emotionally stable, more patient, and they let the child experience failure and solve the problem by himself /her self and do not compare their children with others. These studies indicate the importance of emotional space in the family, the effects of parents' educational behavior on children's educational consistency and the creation of positive habits and characteristics in children and adolescents' behavior which result in a feel for the necessity of strengthening relationship between parents and instructors as well as the necessity of taking advantage of the family's massive facilities and capabilities.

1.3   Application of Theory

According to the study and its elements, the following theories would be appropriate for this study:

  i.   Family systems theory (FST)

ii.   Social learning theory (SLT)

1.3.1 Family Systems Theory

Educational psychologists believe that family is an important factor in solving most of mental and spiritual problems of individuals and has a key role in emotional tranquility and consolidation of relationships. Family, as a social organization, protects children against social and cultural damages and indirectly trains children in the life skills they require. Basically, communication patterns among family members reflect previous stabilized patterns. These patterns regulate and organize the features in the subsets with rather stable relationships .This also help them adjust their daily performance in the family (Umbarger, 1983).

In a systemic approach to family, in line with general theory of systems, systemic attitude towards people's actions is regarded as an effective way of knowing family members and studying their actions. The main hypothesis in this approach is that favorable personal behaviors or mental and behavioral disorders of family members are attempts for consistency with family system (Hadadi, 2008). According to systemic approach, family members have cordial relations with each other and communicate in predicted ways. The performance of parents and other family members affects all members somewhere in the system (Mosavi, 2004). In systemic approach to family, a change in a part of the family affects other parts too. Therefore, an individual's evolution will be impossible without considering their relationships. Since people grow and face problems in a family their problems should be solved inside the family too. (Khodayarifard, 2008). Bowen, the first person who systematically worked with family, believes that a theory remedying family system will be effective in solving the problems (Bowen, 1976). A family that fails in the

growth of family members and does not have a satisfactory performance will be called ineffective (Colapinto, 1991).

According to systemic view of family, it seems that family training can be regarded as an effective way for improving children's life skills and especially adolescents who are in a risky period of their growth (Hill, 1993). There are many opportunities for developing some kinds of mental problems in this period. In family training approach the main partners of which are parents, it is expected of parents to possess the requisite knowledge and skills.

1.3.2 Social Learning Theory (SLT)

This theory, which is also known as the Cognitive-Social Learning Model, is largely based upon the work of Albert Bandura (Bandura, 1977). Bandura's research led him to conclude that children learn to behave through both instruction (i.e. how parents, teachers and other authorities and role models tell them to behave) and observation (i.e. how they actually see adults and peers while behaving). Their behavior is reinforced, or modified, by the consequences of their actions and others' responses to their behaviors. Therefore, children learn to behave through observation and social interaction rather than through merely verbal instruction. Similarly, children should be taught skills through a process of instruction, rehearsal, and feedback rather than mere instruction.

Bandura also stressed that self-efficacy, defined as confidence in one's abilities to perform appropriate behaviors, is important in learning and maintaining behaviors especially in the face of socialpressure to behave differently. Thus, skills development not only becomes a question of outward behavior but also of internal qualities (such as self-efficacy) that support those behaviors (Bandura, 1977).

Social Learning Theory had two profound influences on the development of life skills and social skills programs. One was the necessity of providing children with methods or skills for coping with internal aspects of their social lives, including stress reduction, self-control and decision-making. Most life and social skills programs address these skills. The second wasthe need to replicate the natural processes by which children learn behavior in order to develop a program of effective social skills in their lives. Thus, most life and social skills programs include observation, role-play and peer education in addition to direct instruction.

Figure 1.2 shows that according to the Systemic Family Theory and also Social Learning Theory, the behavior of the each of the family members affects each other's. Along with these two basic theories, the Family Training Plan can also be obtained in a way that by training the family and parents, we can directly increase the parents' skills, and parents can indirectly increase their children's life skills by interaction with them and social learning.
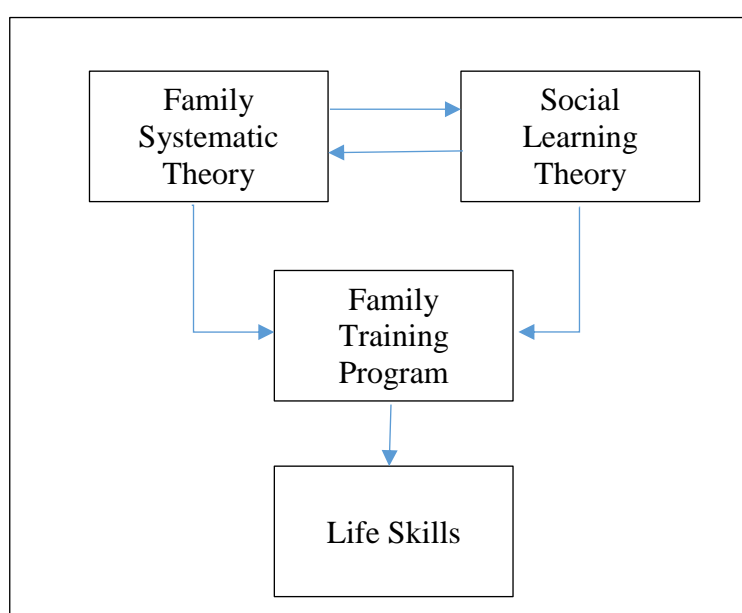
Figure 1.1: Theoritical Framework of Study

1.4   Statement of the Problem

Students' disorderliness and behavioral disorders are among the major issues the schools all over the world are faced with (Abdi, 2012). Aggression and aggressive students is one of the growing concerns. Deadly violence at schools is a dramatic issue affecting not only the students and their families but also the societies in which they occur (Zolfi, Maleki and Moghaddamzadeh, 2009). Various studies show that, due to high prevalence of behavioral disorders in adolescence, many teens, when dealing with the difficulties and the crisis of adolescence, Resort to behaviors that threaten their health in the present and the future (Merikangas, He, Burstein , Swanson and Avenevoli et al., 2010). Drug abuse, violence and unsafe sexual behavior, are the causes of many deaths in teens (Lindberg,   Boggest, Williams, 2000).

On the other hand, the models-prone nature of adolescence increases the probability of different kinds of social misbehavior like addiction to drugs and alcohol, robbery, bullying and smoking. (Ziaii, Hatamizadeh, Vameghi and Dolat Abadi, 2002). According to available statistics, the behavioral disorders of adolescents are increasing at the global scale. Every year 800,000 people all over the world join the permanent smoking population of the world. For example, in Seri Lanka (12%), China (33%) and Russia   &0%) respectively of adolescents try smoking before they are ten years old (Corbett, 2001). In the United State, 3,000 adolescents get into the habit of smoking on a daily basis, and 90% of the smokers start smoking before the age of 19. Smoking has also been associated with social disorders or drug abuse like cocaine, heroin, hashish or alcohol (Hyde & Boland, 2001).

The Iranian students suffer from different misbehavior and disorderliness problems. As the research by Ziaii, Vameghi and Dolatabadi (2002) in Tehran indicates, 7.2% of the female students and one % of the male students under study were addicted to smoking. Thirty five percent of the boys, and 26.9% of the female had experienced smoking. The average starting age for the smoker female was 14.29 and 13.97 for the female who had just experienced smoking. Out of the female students who had experienced smoking or were permanent smokers, 23.7% had started smoking before primary school (before the age of 11), and 40.5% had experienced smoking for the first time before junior high school (14 years old). Nine percent (9%) of the female have reported their experience before entering school at the age of six (6). The average age for starting to smoke for permanent male smokers was 14.36, and for the male who had experienced smoking, the average age was 13.7. Out of the male students who had experienced smoking, 4.5% reported that their first experience was before entering primary school before the age of six (6). Out of the total population of male students who were either permanent smokers or had only experienced smoking, 22.7% reported experiencing smoking at primary school (up to 11 years old), and totally 49.5% reported experiencing smoking up to the end of junior high school (up to 14 years old) indicating that the probability of getting addicted to smoking for the total population of the students who had experienced smoking was 20% for male students and three percent (3%) for female students.

Another study on social misbehaviors among the Iranian students indicated that 55% of the students had observed other people using alcoholic drinks at the parties and other occasions. Generally five percent (5%) of the populations were addicted to drugs. Fourteen percent (14%) of the students had hit other people, and 11% had

argued with their teachers at least once or two times. Fifteen percent (15%) of the students had reported the unpermitted use of the properties belonging to their friends like cars and motorcycles, 10% reported stealing their friends belongings, two percent (2%) reported shoplifting, 10% of vandalism like damaging public telephone booths, tearing bus seats or breaking window glasses, 20% had a sexual relationship with the opposite sex and 17% reported having sexual relationship with the members of the same sex (Serajzadeh, 2004).

Research carried out in Iran also emphasize on dangerous behaviors and behavioral problems among students. As Hasan doost (2013) reported, illicit sexual relations (30.9%) and smoking (26.2%) among a sample of adolescent students were the most common high-risk behaviors and suicide attempts (10/6%) was the least common high-risk behavior among them. There is a significant negative correlation (ranging from -0/19 to -0/34) between Family functioning factors (behavioral control, emotional blending, emotional response, roles, communication, problem solving) and high-risk behavior. There is also a significant positive correlation (0/42) between impulsivity and high risk behavior and a significant negative correlation (0/16) between academic achievement and high risk behavior.

The results of a study carried out by Shiri et al., (2013) on the male students in Zanjan showed that the prevalence of introversion and extroversion problems among these students is 3% and 4.5% respectively (based on the clinical classification in DSM scale), and 6.4% and 8% (based on border classification). And that in clinical classification of introversion problems, the highest prevalence rate goes for domatization disorder (8.2%) and in the clinical classification of extroversion problems, the highest prevalence rate goes for conduct disorder (9.2%). In the

border classification, the highest rate of prevalence in extroversion and introversion problems goes for depression and externalization defiant disorder respectively.

The results of the study carried out by Ashkan (2013) in Kish Island showed that the most common behavioral disorders are aggressive behavior 18/8%, attention problems 18/3%, and anxiety/depression 17/6 % respectively. The least common disorder was violation behavior 13/5. Therefore, the life skills training approach indicates the need of young people to enhance self-control and reduce high-risk behaviors and behavioral disorders.

The above information suggest that regular and robust monitoring programs are needed in schools and at homes (Henry-Reid, O'Connor, Klein, Cooper, Flynn et al., 2010). The statistics above indicates the unfavorable social condition among the Iranian adolescent students necessitating some measures by those in charge in order to remove or minimize the mentioned misbehaviors. If the mentioned problems are not resolved, an unclear future is awaiting the Iranian society. According to the statistics from Iran Statistics Center, Iran is among the youngest populations in the world, and children, adolescents and the youth comprise 50% of the Iranian nation which can be regarded as a potential wealth for the country. Meanwhile, if proper attention is not given to their education and increasing their health, they would be a threat for the country since their unfulfilled needs would manifest themselves in the form of abnormal and delinquent behavior (Abdollahi, 2007).

According to different theories including Systemic Theory of Family, children's psychological and behavioral problems can be a function of biological, individual and social factors (Evans, Simons and Simons, 2012; Crouch and Behl, 2001 and Van Roekle, Goossens, & Scholte, 2011). Systemic approach to family, having a systemic attitude towards a person's activities is considered as an effective

way in clear understanding of the family members. The basic assumption in this approach is the fact that individual favorable activities or psychological and behavioral disorders are in fact attempts by family members for adaptation to family system (Hadadi, 2008). According to the systemic approach, family members have an intimate relationship with each other and interact with each other in a predictable manner. The functioning of the parents and other family members affect all family members in cases of an event in one part of the system (Mosavi, 2004). Due to the close relationship between family and the children, family can be considered as one of the most important factors in solving children's psychological and behavioral problems. Therefore, the main reason behind the students' behavioral problems is the type of relationship between the parents and their children (Alizadeh & Coolidge, 2007). The stronger the family relationships between the parents and the children, the more adaptive the children would be (Qin, Rak, Rana and Donnellan, 2012). Therefore, in a systemic approach, family as a basic unit (father, mother and the children) can deeply affect the children's primary behaviors.

Basically the quality of relationship between the parents and the children has a strong correlation with children's psychological and behavioral growth. In other words, in families lacking warm relationship among the members, the probability of misbehavior of the children is high; on the contrary, in families with better relationships and mutual understanding among the members, the probability of misbehavior among the family members is lower (Khanjani, 2006). The research by Van Aken, Junger, Verhoeven (2007) indicated that stable anxiety level of mothers is indirectly related to children's' aggressive behavior because of maternal support. The stability of anxiety in fathers also directly affects the children's aggressive behavior. Moreover, it was clarified that, stable anxiety level of parents is directly related to

attention-related problems in children. Mohseni Tabrizi and Sattar (2010) reported that robbery in adolescence is related to family problems, social-economic situation, the strength of social links, the rate of relative deprivation and association with law offenders. Generally studies indicate that parents who have positive and open relationships with their children, while giving enough independence and freedom to children, have less problems. It is also clear that the rate of empathy in mothers is directly related to the amount of empathy in their daughters, and mother-daughter empathy is related to the girl's misbehaviors. Therefore, the parents psychological skills especially their life skills have an important role in the formation of misbehaviors in children and affects their life skills and mental health; parents' inadequacy in mental health may cause numerous problems for the children. Therefore, if we promote the life skills of the parents, the children would be affected and would show better psychological performance. Basically in systemic approach to family, a change in a single part of the family would affect the other parts as well. (Khodayari fard, 2002).

Although children are affected by parents, modernization has imposed numerous problems to the families. With greater economic and social developments, family problems have increased too, leading to lower match between the values of the parents and the children. To counteract this issue, training the parents in life skills, besides consolidating the family relationships, adaptation to modernization, fighting against misbehaviors and the security for children should increase as well. Unless the parents are equipped with life skills, some problems like mismanagement of time and inefficiency in parental conduct, children's behavioral problems (Khazaii, Khazaii, Khazaii, 2005, Van Aken, Junger, & Verhoeven, 2007), anxiety and depression in children (Koroshnia & Latifian 2007), and greater tendency for

aggression among the children (Golchin, 2002) would not be solved. On the other hand, modernization, students' behavioral and disciplinary problems, and their readiness for being affected by their parents has made it possible for counselors to train parents using effective scientific approaches in order to aid families in solving family-related persistent problems. Therefore, the present study will be conducted based on the skills framework of World Health Organization (WHO, 1999) because of the great need of the Iranian society in order to determine the effectiveness of parents training program on life skills in increasing the students' life skills and their general health.

1.5 Significance of the Study

This study is important in theoretical, practical and administrative aspects. In this respect, the following issues can be stated.

1.5.1 The Importance of Family Training (FT)

Because of great technological and industrial developments, every parent may have professional information in one or another field and may acquire the experience and knowledge for making family relationships in their paternal home, but it is obvious that the life today is not similar to the life style of the past generation because the conditions of the society today is not similar to those of the previous generations, and this issue has changed the life style of the families in comparison to the past obliging parents to learn the life skills once again (Abbasinia, 2004). On the other hand, rapid and various forms of communication in the life today have affected all parts of the world; this has caused the infusion of different cultures from different parts of the world into families and has affected family values and discipline as well as the relationships among family members. The result is some

problems and difficulties in making proper family relationships which would not simply be removed. From this view, instructing parents on correct training methods is a way of overcoming these problems and preventing the outburst of new difficulties (Hassanbaglu, 1992). In other words, it becomes clear that parents should be equipped with life skills in order to have appropriate reactions matching the needs of adolescence in order to facilitate the transitional changes during this period.

1.5.2   The Importance of Life Skills for Adolescents

In the field of life skills, researchers have shown that teaching life skills plays a significant role in improving one's situation in life and releasing him from mental problems (Botvin, & Botvin1984; Errecart, Walberg, Ross, 1991). As the framework of world Health Organization in 10 articles covers psychological and skill requirements completely, it is important to investigate if the life skills are effective in the mental health of the adolescents.

Family training (FT) is a major and important issue (Teimori, 1998) because family as a group or social unit includes the highest and deepest human properties, and for a child, it is the first setting in which human characteristics manifest themselves. Parents are the first and the most familiar people they meet, so to develop a healthy society in which family is a basic unit, the importance and necessity of family training becomes clear (Fathabad and Amoii, 2002). Therefore, training parents is a basic requirement; its aim is to update the parents' information according to the results of educational researchers as well as exchanging their educational experiences with consultants.

On the other hand, previous researches about family training were mostly based on teaching some programs that did not cover all life skills completely. This research aims to present an innovative program for family training based on life

skills conditions of world Health Organization in 10 articles, so it is important for family consultants to investigate its impact on us.

There are indications that the Iranian population is one of the youngest populations in the world (Mozafarizadeh, Vahdaninia, 2007). So presenting practical and applicable patterns to increase the mental health of the youth in accordance with the social and cultural situations of Iran is essential. Therefore, the results of the present study on the impact of family training on the mental health of adolescents would create a general training model in this field. As such, the discussion on the patterns that increase the adolescents' mental health would be followed by practical policies for family training.

Studies about life skills of adolescents and family training are some priorities of the Ministry of Education in Islamic republic of Iran. So the research unit of Educational Administration of East Azerbaijan asked the present researcher officially to benefit of the ideas of professors at University Sains Malaysia to complete this study. The English version of the official letter from the Head Office of Education Office of East Azerbaijan, Iran is given in Appendix A.

The result would be used in compiling the program related to life skills and training for parents.

1.6 Research Objectives

For this research the following objectives have been constructed.

i.   To investigate the main effect of treatment groups (G1, G2 and G3) on children's self-control skills, empathy skills, coping skills and decision-making skills.

ii.   To investigate the main effect of time series (pretest, posttest1, posttest 2 and posttest 3) on children's self-control skills, empathy skills, coping skills and decision-making skills.

iii.   To investigate the interaction effect of groups (G1, G2 and G3) and test time (pretest, posttest1, posttest 2 and posttest 3) on the children's self-control skills, empathy skills, coping skills and decision-making skills.

1.7 Research Questions

The following questions have been constructed regarding research variables.

1.7.1 Self- control skills

Is there any significant difference on group of children whose parent in G1, G2 and G3 on the pretest, posttest1, posttest 2 and posttest 3 on self-control skills after the effect of pretest is controlled?

1.7.2   Empathy skills

Is there any significant difference on group of children whose parent in G1, G2 and G3 on the pretest, posttest1, posttest 2 and posttest 3 on empathy skill after the effect of pretest is controlled?

1.7.3 Coping skills

Is there any significant difference on group of children whose parent in G1, G2 and G3 on the posttest pretest, posttest1, posttest 2 and posttest 3 on coping skills after the effect of pretest is controlled?

1.74   Decision-making skills

Is there any significant difference on group of children whose parent in G1, G2 and G3 on the pretest, posttest1, posttest 2 and posttest 3 on decision-making skills after the effect of pretest is controlled?

1.8 Research Hypothesis

For this research the following hypothesis have been constructed:

1.8.1 Self-Control Skills

Ho^1: There is no significant difference main effect between treatment groups (G1, G2 & G3) on the children's self-control skills score.

Ho^2: There is no significant difference main effect between time series (pretest, posttest1, posttest 2 and posttest 3) on the children's self-control skills score.

Ho^3: There is no interaction effect between treatment groups (G1, G2 & G3) and time series (pretest, posttest1, posttest 2 and posttest 3) on the children's self-control skills score.

1.8.2 Empathy Skills

Ho^4: There is no significant difference main effect between treatment groups (G1, G2 & G3) on the children's empathy skills score.

Ho^5: There is no significant difference main effect between time series (pretest, posttest1, posttest 2 and posttest 3) on the children's empathy skills score.

Ho^6: There is no interaction effect between treatment groups (G1, G2 & G3) and time series (pretest, posttest1, posttest 2 and posttest 3) on the children's empathy skills score.

1.8.3 Decision-making Skills

Ho^7: There is no significant difference main effect between treatment groups (G1, G2 & G3) on the children's decision-making skills score.

Ho^8: There is no significant difference main effect between time series (pretest, posttest1, posttest 2 and posttest 3) on the children's decision-making skills score.

Ho[9]: There is no interaction effect between treatment groups (G1, G2 & G3) and time series (pretest, posttest1, posttest 2 and posttest 3) on the children's decision-making skills score.

1.8.4 Coping Skills

Ho[10]: There is no significant difference main effect between treatment groups (G1, G2 & G3) on the children's coping skills score.

Ho[11]: There is no significant difference main effect between time series (pretest, posttest1, posttest 2 and posttest 3) on the children's coping skills score.

Ho[12]: There is no interaction effect between treatment groups (G1, G2 & G3) and time series (pretest, posttest1, posttest 2 and posttest 3) on the children's coping skills score.
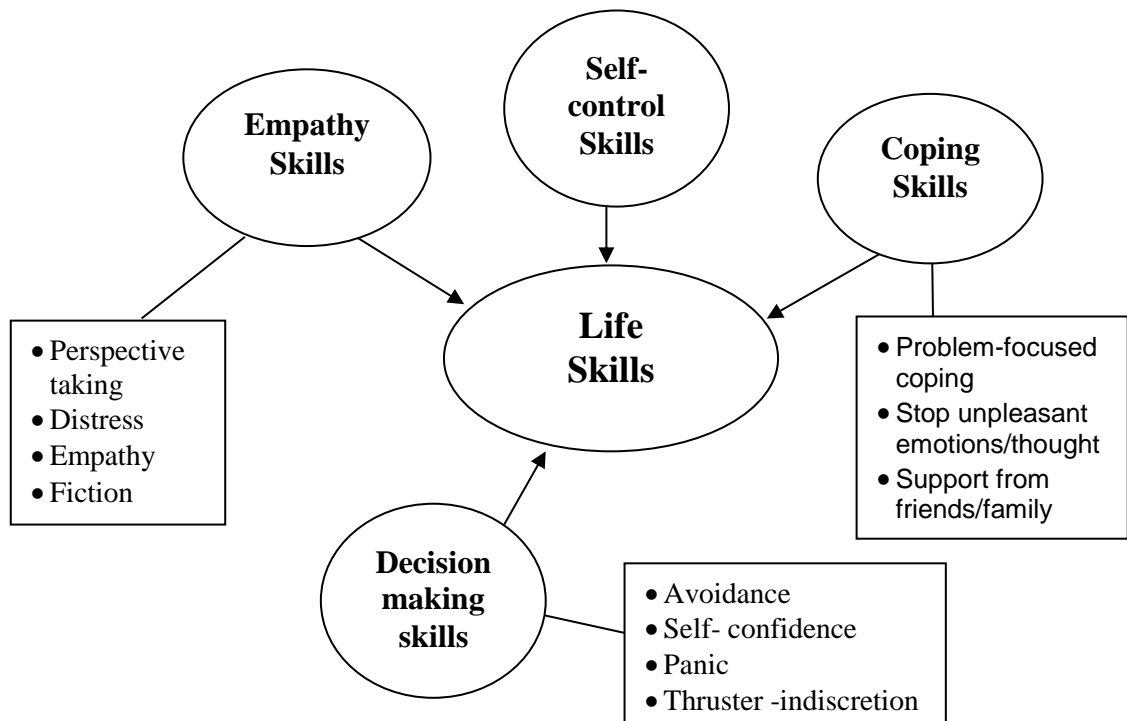

Figure 1.3: Conceptual model of the life skills and its elements

Figure 1.3 illustrates the life skills studied in the present research, which consists of four skills of Empathy Skills, Self-control Skills, Coping Skills, and Decision-making Skills. According to this Figure, each of these skills is composed of several sub-skills

Empathy Skills: Perspective taking, Distress, Empathy, Fiction

- **Coping Skills:** Problem-focused coping, Stop unpleasant emotions/thought, Support from friends/family

- **Decision making skills:** Avoidance, Self- confidence, Panic, Thruster –indiscretion

- **Self-control Skills**: general Self-control Skills

Therefore, any change in each of these sub-skills can be considered along with the changes in the relevant skills.
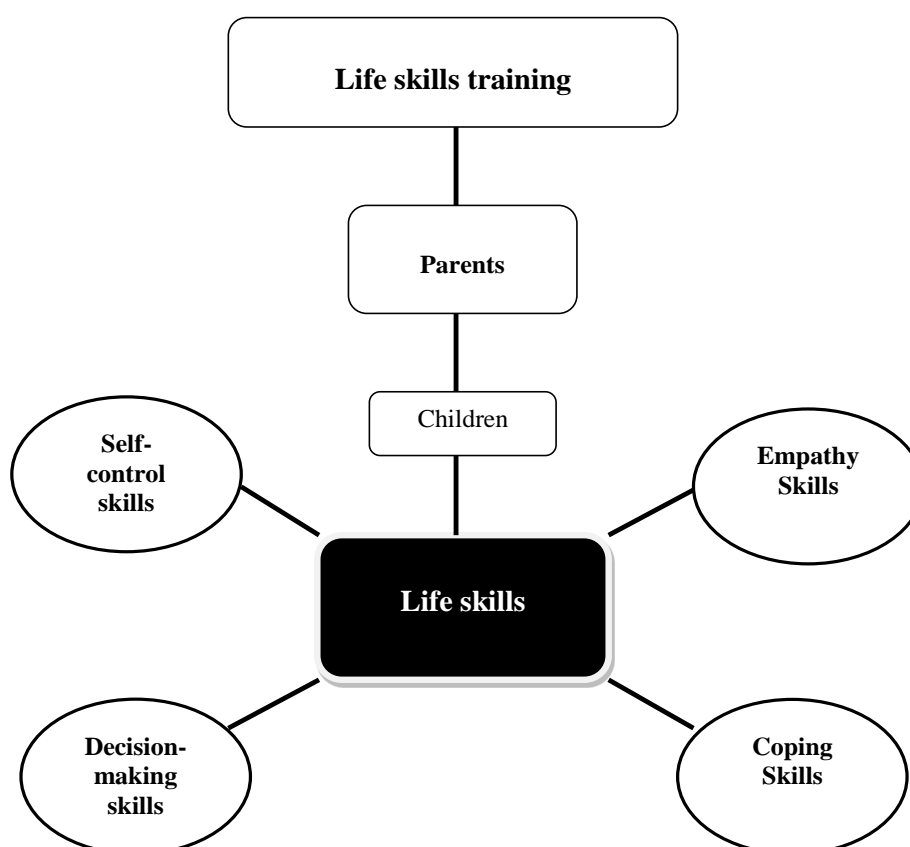

Figure 1.4: Conceptual model of life skills training

Figure 1.4 shows a Conceptual Model of the Life Skills Training. In the present study, the life skills of the children are studied in four fields of Empathy Skills, Self-control Skills, Coping Skills, and Decision-making Skill in a way that life skills of the children are changeable in interaction with the parents' behavior. As a result, children's life skills can be promoted indirectly by training the parents.

1.9 Conceptual and Operational Definition of Terms

Conceptual definition of Life skills

Life skills (LS) refer to a large group of social-mental and interpersonal skills which help individuals in conscious decision-making, effective communication, development of control skills and self-management, and they have a healthy and prolific life (Kordnogai, & Pashasharifi, 2005).This research defines life skills as it includes the following skills classified in pairs because there is a natural relationship between each pair. Self-awareness/ empathy; Communication/ interpersonal relations; Decision-making/ problem solving Creative thinking/ critical thinking; Excitements control/ stress control (WHO, 1999).

Operational definition of Life skills

In the present study, the operational definition of the life skills are based on the scores which each student gains in the four indices of life skills (empathy, decision-making, coping skills, and self-control). Accordingly, the Interpersonal Reactivity Index (IRI) is used for measuring the Empathy Skill, Adolescent Decision-making Questionnaire (ADMQ) for measuring the Decision-making Skill, Coping Self Efficacy Scale (CSES) for measuring the Coping Skills and Self-control Scale for the Self-control Skills. These questionnaires contain sub-scales which yield