

Effectiveness of Solution Focused Therapy on Identity of High School Students

Amin Najafi¹, Fatemeh Rahnama^{1*}, Fatemeh Poodineh Sabor², Fatemeh Sepehr², Azadeh Zaker¹

1 Department of Psychology, Islamic Azad University, Torbat-e Jam, Iran.;

2 Department of Psychology, Islamic Azad University, Iran.

*Corresponding author. Tel: 989015121920; E-mail: rahnamarahnama.500@yahoo.com

Citation: Najafi A, Rahnama F, Sabor FP, et al. Effectiveness of Solution Focused Therapy on Identity of High School Students. Electronic J Biol, 12:4

Received: June 20, 2016; **Accepted:** July 12, 2016; **Published:** July 19, 2016

Research Article

Abstract

The aim of this study the effectiveness of the treatment solution based on the identity of high school students. The research method was experimental research with pretest-posttest control group. The population consisted of secondary school students living in Saleh Abad in 2015 that number of 40, experimental group (n=20) and control (n=20) were selected by convenience sampling method and group received 6 sessions of 60 min under treatment based solutions. A research tool was Identity Styles Inventory (1992). The results showed that treatment solutions based on identity styles of high school students and the greatest impact on normative identity confusion.

Keywords: Solution-focused therapy; Unity; Identity; Normative identity; Diffuse style.

1. Introduction

Short-term solution-focused therapy is one of effective therapeutic approaches to help people who face marital stress. This approach is classified as post-modern approach (postmodern) to the extent to which cooperation between therapist and client behavioral interventions for treatment. Solution-focused therapy is non-pathogenic perspective and knowledge of authorities to help clients find solutions to their current problems [1]. In this contrary view of problem-oriented approach rather than focusing on difficulties emphasis will be on finding solutions [2,3].

Therefore, solution-focused therapy is based on solution, not focusing on problem and forces current through discovery of bodies and hope for future is driven by not discussing issues and its causes in past. This approach, rather than focusing on defects and disabilities highlight abilities and accomplishments of people and build relationships focused support during healing process.

This therapy believes that clients deserve and need to change within their own creations [4]. According

solution-focused change was inevitable, and in particular constructive change is possible. In this type of treatment are hard and unchanging areas focusing instead on issues where there is the possibility of change. That is reason that solution-focused therapy has been known to consult hope [5,6]. Adolescence is complex of human growth regardless of infancy, in any period of change as teenager in person's life does not happen. The adolescent identity crisis issues and emotional problems they are experiencing.

Identification of adolescence and parallel to physical, cognitive, social and emotional crucial importance and is ongoing process of trying to achieve identity [7]. Adolescence and youth period is which crisis of identity, psychological organization prevails. In search of different and sometimes conflicting values and pays them evaluate, and ultimately for fundamental identity.

As teenager and young high school students are trying to earn individuality that distinguishes the individuality and pose their parents questions such as who am I? Will I be successful? And whether I would be accepted?

The students in their quest for personal identity behaviors are tested. They believe world will show their independence and try to be leader of their environment and at same time are desperately looking for evidence that they recognize as independent people.

The identity play important role in individual and perception of it. Among these theories, theory of Ericsson and Marcia are of particular importance and seem to enjoy Ericsson identity differentiation and puts person between himself and others. He points out that identity is social psychological construct that includes mindset, and how person views relationship with others. Personal identity as well as aspects of one's identity that helps separate himself from the others and includes set of values, beliefs and goals that the person is no longer hidden from view.

According to Marcia is organizing inner identity, including their construction, system of beliefs, desires, ideas, skills and history of person who is in fact result of crisis. Inspired by Ericsson theory in study of identity formation in social life began to distinguish four distinct components is achieved, acquired or managed identity (through crisis of maturity and commitment to certain goals), precocious identity (commitment to specific goals without experiencing crisis), vagueness of identity (identity crisis is not over and not committed to specific objectives) and identity of suspension (Trying to obtain identity but still have not won commitment to specific goals) [6].

The following studies demonstrate effectiveness of solution-focused therapy: Dawoodi et al. reduces tendency for divorce; Bakhshipour et al. reducing behavioral problems (externalized); Etemadi et al., develop skills of argument and aggression, verbal and physical, Amir et al., public health; Lamber et al. mood disorders, anxiety, adjustment disorders and substance abuse; Dylman and Franklin, hyperactivity, Mudd communication skills; Conoley et al. behavioral problems in children, Newsom students' performance; Franklin et al., Problems student behavior; student emotional problems; Kyarmy et al. self-efficacy [7-21]. According to what was said this study is the question of whether treatment solutions based on source control identity of high school students is effective?

2. Methods

The research method was experimental research with pretest-posttest control group.

The population consisted of secondary school students living in Saleh Abad in 2015 that number of 40, experimental group (n=20) and control (n=20) were selected by convenience sampling method and groups for 6 sessions of 60 min under treatment based solutions.

A research tool was Identity Styles Inventory in 1992. It used was designed to measure cognitive processes - social adolescents and young adults dealing with issues of identity. According Berzonsky, individuals in all three different orientations or three different identity processing style they choose. The questionnaire included three styles of identity evaluate informative, norms and confused - avoid styles. Scale has 40 questions, 11 questions on scale of intelligence, nine questions on scale normative, 10 questions on scale Srdrgm- avoidance and 10 other questions about scale of commitment that for secondary analysis used and style identity is not considered [7]. Reliability of scale was 0.62 normative 0.66 and confusion - Avoid 0.73 was reported.

Shokri et al. [7] in another study achieved Cronbach's alpha for informational identity styles; normative and confused and avoidance 0.71, 0.53 and 0.65 respectively. For data analysis, descriptive statistics

of mean and standard deviation and graphs were used.

3. Results

According to Table 1 significance level for all tests was higher than 0.05 and post-test and pre-test is normally distributed and therefore parametric statistics are used.

In addition to checking assumption of homogeneity of variance test was used f Levin. Table 2 shows level of significance in all variables is greater than 0.05 so it can be concluded that assumption of homogeneity of variance of experimental and control groups is also observed no significant difference between the variances of the two groups.

To check assumption of homogeneity of regression coefficients f-test is used. According to results presented in Table 3, f-test for homogeneity of regression coefficients in all styles of identity is not meaningful. Therefore, coefficients covariance analysis was done to assume homogeneity of regression. For peer review in both groups at baseline independent t-test was used. According to results presented in Table 4, t independent for all styles of identity is not meaningful. The two groups were matched at baseline.

Table 5 showed mean scores of identity styles in post-test and pre-test they differ, and the difference between mean pre-test and post-test control group no significant differences whatsoever that the health effects of solutions based on identity styles of knowledge there are high school students.

Table 6 showed there is no significant difference between experimental and control results in identity styles between two groups. Because significantly is greater than 0.05. But there is significant difference between test and control groups between two groups in identity styles. So research hypothesis is confirmed

Table 1. Test data normality (Kolmogorov-Smirnov).

Variable	Pre-test		Post-test	
	Kolmogorov-Smirnov	Sig.	Kolmogorov-Smirnov	Sig.
Informative	0.49	0.97	1.12	0.17
Confused	0.57	0.90	0.97	0.30
Normative	0.73	0.66	0.73	0.66
Commitment	0.55	0.92	0.67	0.77

Table 2. Test levin (homogeneity of variances).

	Sig.	Df2	Df	F
Informative	0.511	38	1	0.440
Confused	0.076	38	1	3.319
Normative	0.238	38	1	1.440
Commitment	0.216	38	1	1.580

Table 3: Test homogeneity of regression coefficients.

Variable	F	Sig.
Informative	1.322	0.258
Confused	0.240	0.627
Normative	0.431	0.516
Commitment	0.065	0.800

Table 4. Independent t test.

Variable	T	Df	Sig.
Informative	0.145	38	0.886
Confused	-0.026	38	0.979
Normative	0.019	38	0.985
Commitment	0.194	38	0.847

Table 5. Results mean and standard deviation scores in the experimental group and the control group identity styles in pre-test and post-test.

Variable	group	Experimental		Control	
		Test	Mean	SD	Mean
Informative	Pre-test		22.05	6.53	21.70
	Post-test		25.05	6.73	21.05
Confused	Pre-test		18.50	4.66	18.55
	Post-test		17.50	3.24	19.45
Normative	Pre-test		21.20	10.08	21.15
	Post-test		26.75	6.93	21.25
Commitment	Pre-test		28.05	9.48	27.55
	Post-test		30.90	4.42	27.25

Table 6. Results of analysis of variance to the mean of the experimental group and control identity style.

	Variable	Sum of square	df	Mean of square	F	Sig.	Size effect	Power of test
Informative	Pre-test	96.879	1	96.879	2.709	0.108	0.068	0.361
	Group Memberships	154.113	1	154.113	4.310	0.045	0.104	0.525
Confused	Pre-test	17.374	1	17.374	0.521	0.475	0.014	0.108
	Group Memberships	37.805	1	37.805	1.133	0.294	0.030	0.179
Normative	Pre-test	26.852	1	26.852	0.416	0.523	0.011	0.096
	Group Memberships	301.932	1	301.932	4.673	0.037	0.112	0.558
Commitment	Pre-test	4.158	1	4.158	0.145	0.706	0.004	0.066
	Group Memberships	134.575	1	134.575	4.682	0.037	0.112	0.559

and concludes that treatment solutions based on identity styles of high school students and the greatest impact on normative effect in treatment of diffuse light solution focused on high school students has no effect, because significant level is greater than 0.05.

4. Discussion and Conclusion

The aim of this study effectiveness of treatment solution based on identity of source control high school students. As you can see result showed that treatment solutions based on identity styles of high school students and the impact is greatest impact

on normative identity. Results also showed that treatment based on solution therapy was effect.

Researches of Amir et al.; Etemadi et al.; Bakhshipour et al.; Davoodi et al.; Kvarme et al., Franklin et al., Cheung; Newsom and Mudd reflects effectiveness of treatment solution on different variables [8-21].

It seems to focus on process of identity management solutions have helped participants to reduce their problems. In general, this study suggests effects of treatment solution are based on identity of high school students. Effectiveness of course mainly rational and realistic aspects of identity, identity information, norms and commitment but irrational and emotional aspects of identity or senses of confusion significant effect of solution-focused therapy reject. Solution-focused therapy to help people become aware of previous problems and their behavior, needs behind their behavior and find two basic needs. The need to love and be loved and to satisfy their need to feel valuable, need to feel loved and be loved, including all forms of love, of friendship and love of parents.

References

[1] Nazari A, Goli M. (2007). The effects of solution-focused psychiatry on marriage satisfaction of couples who both work. *Danesh Tandorost J.* **4**: 36-40.

[2] Brzezowski KM. (2012). A solution-focused grouped treatment approach for individuals maladaptively expressing anger. Ohio: Wright State University.

[3] Wand T. (2010). Mental health nursing from a solution focused perspective. *Int J Ment Health Nurs.* **19**: 210-219.

[4] Cheung S. (2005). Strategic and solution focused therapy. Handbook of couple therapy. New Jersey: John Wiley: 259.

[5] Ghamri, M. (2009). Comparing the effectiveness of psychological & educational strategies and group counseling to reduce marital conflict resolution approach based on dual-career couples. *Research and Development.* **31**: 45-63

[6] Ahadi H, Jomehri F. (2007). Rvanshnasy Rshdnvjavany, adults (young, middle age, old age). Tehran: Pardis.

[7] Shokri O, Tajik Ismaili D, Ghanei Z. (2007). Individual differences in identity styles and psychological well-being: The role of commitment. *Fresh Cognitive Science.* 46-33.

[8] Amiri F, Kareshki H, Asgahri Nekah M. (2014). Solution focused counseling, general health of high school students in single-parent boys. *Quarterly Psychological Methods and Models dvrh.* **15**: 37-56.

[9] Davoodi Z, Etemadi O, Bahrami F. (2010). Brrsy effect solution focused on reducing the tendency of divorced men and women prone to divorce. *fslnamh -Research social welfare.* **11**: 121-134.

[10] Etemadi A, Gitipasand Z, Moradi M. (2012). Solution-focused therapy to reduce mother-daughter conflicts Drmadran mental health counseling family. *fslnamh.* **3**: 555-589.

[11] Bakhshipour B, Aryan Kh, Karami A, Farokhi N. (2011). Solution-focused therapy in reducing behavioral problems in children and adolescents city of Surrey. *Research Consulting.* **10**: 7-23.

[12] Chou CF, Wen H. (2005). Study of solution focus brief group counseling for low self-concept vocational high school students. *British Journal.* **13**: 1-9.

[13] Daki J, Savage R. (2010). Solution-focused brief therapy: impacts on academic and emotional difficulties. *Journal of Education Research.* **103**: 309-326.

[14] Franklin C, Moore K, Hopson L. (2008). Effectiveness of solution-focused brief therapy in a school setting. *Children & Schools.* **30**: 15-26.

[15] Ghazanfar A. (2004). Validation and Standardization of Identity Style Inventory (ISI-6G). *Ferdowsi University of Psychology and Education Studies.* **5**: 81-94.

[16] Gong M. (2007). Does status in consistency matter for marital quality? *J Fam Issue.* **28**: 152-61.

[17] Lethem J. (2002). Brief solution focused therapy. *Child Adolesc Ment Health.* **7**: 189-92.

[18] Kvarme LG, Helseth S, Sqrum R, et al. (2010). The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial. *Int J Nurs Stud.* **47**: 1-5.

[19] Mudd J. (2000). Solution-focused therapy and communication skills training; An intergrated approach to couple therapy. Thesis submitted to the faculty of the Virginia Polytechhnic Institute and State University in partial fulfillment of the requirements of the degree of Master of Science.

[20] Lamber MJ, Okiisgi JC, Finch AE, et al. (1998). Outcome assessment: From conceptualization to implementation. *Prof Psychol.* **29**: 63-70.

[21] Newsom WS. (2004). The impact of solution focused brief therapy with AT-risk junior high school students. *Children and School.* **87**: 83-91.