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The Impact of Life Skills Training on Distress Tolerance, Psychological Adaptation, and High-Risk Behaviors in Incarcerated Women

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A B S T R A C T

Objective: The study aimed to evaluate the impact of life skills training on distress tolerance, psychological adaptation, and high-risk behaviors among incarcerated women.

Methods: This was an applied, experimental study. The study population consisted of incarcerated women in Kerman Central Prison in 2022. Sixty participants exhibiting high-risk behaviors were randomly assigned into an experimental group (30 women) and a control group (30 women). The experimental group received the World Health Organization's (WHO, 1998) ten-session life skills training program, each lasting 90 minutes, while the control group was placed on a waiting list. Both groups were assessed using the Simons and Gaher Distress Tolerance Scale (2005), the Derogatis Psychological Adaptation Scale (1986), and the Rajaee and Shafiei High-Risk Behavior Questionnaire (2011) before and after the intervention. Data were analyzed using multivariate analysis of covariance with SPSS software.

Findings: Results indicated that life skills training significantly impacted distress tolerance, psychological adaptation, and high-risk behaviors in incarcerated women ($p < .01$).

Conclusion: Life skills training can be effectively utilized to enhance distress tolerance and psychological adaptation, and to reduce high-risk behaviors.

Keywords: *Life skills training, distress tolerance, psychological adaptation, high-risk behaviors.*

1. Introduction

Life skills training began in 1979 through the initiatives of Dr. Gilbert Botvin. The goal of Botvin was to design a unified primary prevention program, and subsequent studies have shown that life skills training only leads to the desired outcomes if all skills are taught to the individual (Paz Castro et al., 2022). The term life skills refers to a broad group of psychosocial and interpersonal skills that help individuals make informed decisions, communicate effectively, develop coping and personal management skills, and lead healthy and productive lives (Cheung et al., 2022). The World Health Organization defines life skills as a set of abilities that learning them leads to adaptation and positive and constructive behaviors, and with their help, individuals can effectively confront the daily life challenges. Therefore, life skills have been identified with the ten titles (self-awareness skills, empathy skills, interpersonal relationship skills, effective communication skills, stress coping skills, emotion management skills, creative thinking and problem-solving skills, decision-making skills, and critical thinking skills). Theories related to life skills include the holistic development theory, which emphasizes four fundamental aspects of balanced development (physical, mental, emotional, social). Learning theories, such as Bandura's social learning theory and recent theories of emotional intelligence, form the theoretical basis of life skills (Ghadiri Niari & Moshkbid Haghighi, 2023).

The aforementioned skills impact distress tolerance. Individuals with low distress tolerance are aware that they cannot bear the feeling of discomfort and think that others have better means to cope with negative emotions, often feeling ashamed (Roohi et al., 2019). These individuals also strive hard to avoid experiencing negative emotional experiences. If avoidance is not possible, they turn to unhealthy ways to alleviate distressing emotional states; these unhealthy methods are likely to reduce their energy, ultimately impairing their physical, psychological, and social functions (Kozak & Fought, 2011). Distress tolerance is a commonly studied construct in the field of emotional dysregulation. It is defined as an individual's ability to experience and tolerate negative emotional states that may arise due to cognitive or physical processes, often associated with practical inclinations to reduce the negative effects of emotional experiences (Simons & Gaher, 2005). Theoretically, distress tolerance may affect or be affected by a number of self-regulation processes, including attention to cognitive assessments of emotional or stressful physical situations. Conversely, individuals with higher levels of distress tolerance may be more able to respond adaptively to distress and distress-inducing situations. Increasingly, distress tolerance is seen as an important construct in the new insights about the onset and persistence of psychological disorders, as well as prevention and treatment in individuals (Zvolensky et al., 2011).

Life skills impact social adaptation. Psychological adaptation has been a significant issue since the beginning of human creation, but it does not have a long scientific history. The scientific study of adaptation issues began in 1984, when Ratus and Nemrid developed a model for adaptation. In subsequent years, the relationship between adaptation and other variables was studied, including Spearman in 1990 and Ballard in 1992, who examined methods of increasing adaptation through behavioral-cognitive approaches (Feghhi et al., 2013). Adaptation, especially social adaptation, is a relative concept and varies under the influence of cultures and beliefs from one society to another. For example, a particular behavior may be considered adaptive in a Muslim country but may be deemed maladaptive in another country based on their beliefs. On the other hand, human behavior is influenced by various factors, including family, school, peer groups, and other social factors. Human personality reaches perfection when there is a proper balance and interaction between the individual and their surrounding environment. Social pressures clearly have a significant impact on individual behavior. Moreover, humans are adaptable creatures. Not only do they adapt to the environment, but they also modify it according to their desires. Thus, adapting and harmonizing with oneself and the surrounding environment is a vital necessity for every living being, with human efforts revolving around adaptation. Every human consciously or unconsciously strives to meet their diverse and sometimes conflicting needs in the environment in which they live (Feghhi et al., 2013).

Attention to high-risk behaviors among teenagers and efforts to recognize and prevent them began in the late 1980s in the United States and has been increasingly spreading among other societies. Since 1991, the United States has designed and implemented a national school-based program called (Monitoring System for High-Risk Teen Behaviors). High-risk behaviors have long-term effects on health and have psychological and social consequences. Many of these studies have focused on the negative outcomes of risk-taking behaviors, such as reckless behavior, unhealthy sexual behaviors, smoking, substance use, and drug abuse (Brooks et al., 2002). The problem behavior theory provides

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explanations for the causes of high-risk behaviors in young people, such as alcohol and substance use, and delinquent behaviors. Because if adults perform these acts, society somewhat accepts them, but at the same time, it does not accept these behaviors from young people; many young people may regard these behaviors as a rite of passage, symbolically expressing maturity and a symbolic transition to adulthood. Brook and colleagues (2002) describe a theory in which emotional attachment to parents, social learning, and individual characteristics of the youth directly affect high-risk behaviors (Brooks et al., 2002).

Women in today's world comprise more than half of the human population, yet they are still considered one of the most vulnerable groups in society. Social deviations, especially women's deviations, threaten the mental and social health and security of society. For its survival and stability, society must take appropriate measures to prevent women's criminal deviations and actions for their rehabilitation, and this requires understanding the factors that predispose and intensify the tendency toward deviations. Generally, when crime is studied, in fact, all economic, cultural, health, political, religious, familial, and similar phenomena in society are included (Darbani & Parsakia, 2022; Parsakia & Darbani, 2022). The main objective of the current study was the impact of life skills training on distress tolerance, psychological adaptation, and high-risk behaviors in incarcerated women, and the researcher was seeking an answer to this question:

Does life skills intervention reduce distress tolerance, psychological adaptation, and high-risk behaviors in the post-test phase?

2. Methods

2.1. Study design and Participant

The research method used in this study was a quasi-experimental design, consisting of pre-test and post-test with a control group. The population for this research included female prisoners from Kerman Central Prison in 2022. Sixty participants who had committed non-intentional crimes were selected and randomly assigned into two groups of 30. These groups were then randomly divided into a control group (15 women) and an experimental group (15 women). The control group did not receive any intervention, while the experimental group underwent the specified intervention. Initially, questionnaires measuring distress tolerance, psychological adaptation, and high-risk behaviors were distributed among subjects of both the control and experimental groups. Subsequently, participants were randomly divided into two groups. One group received life skills training in 10 sessions, each lasting 45 minutes. The control group remained without any intervention. Ultimately, the distress tolerance, psychological adaptation, and high-risk behaviors questionnaires were administered again to both groups, and the results were compared.

To gather information related to the literature and theoretical foundations, and to formulate hypotheses and present the initial model of the subject, library methods (studying books, articles, journals, research projects, and online databases) were used, which greatly facilitated the achievement of the research goal. However, the measurement tool in this research was field-based, using a questionnaire.

2.2. Measures

2.2.1. Distress Tolerance

The distress tolerance scale is a self-assessment index developed by Simons and Gaher in 2005, consisting of 15 items and four subscales as follows: Tolerance (measured by items 1, 3, and 5), Absorption (measured by items 2, 4, and 15), Appraisal (measured by items 6, 7, 9, 10, 11, and 12), and Regulation (measured by items 8, 13, and 14) (Simons & Gaher, 2005). Simons and Gaher (2005) reported Cronbach's alpha coefficients for this scale as 0.72, 0.82, and 0.70, respectively, for the subscales, and 0.82 for the overall scale. They also reported that this questionnaire has good criterion and convergent validity. Alavi (2009) used this tool in his thesis and implemented it on 48 students from Ferdowsi University and the Medical Sciences of Mashhad (31 women and 17 men), reporting that the overall scale had high internal consistency reliability ($\alpha = 0.71$) and the subscales had moderate reliability (tolerance 0.54, absorption 0.42, appraisal 0.56, regulation 0.58) (Alavi et al., 2011).

2.2.2. Psychological Adaptation

This questionnaire was developed by Derogatis in 1986 and consists of 45 questions, each with four statements. Each statement in a question reflects a state of the person. The respondent must carefully read the statements in each group and then select the one that best describes their current feelings. If more than one statement in a question describes you, try to choose the one that is most likely true for you. If you cannot make a choice among two or more relevant

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statements in a group, guess; however, do not leave any questions unanswered. This questionnaire uses a four-point Likert scale (ranging from "not at all" to "always"), with each question scored from 0 to 3, resulting in a total possible score range from 0 to 135. Classification of overall adaptation score is divided into three categories based on 33% logic: high adaptation (average score 1), medium adaptation (1-2), and low adaptation (more than 2). In the original study, reliability was measured using Cronbach's alpha for various scales, achieving scores ranging from 0.47 to 0.85 (Derogatis, 1986). The validity and reliability of this questionnaire were also established in Iran by Feghhi and colleagues (2013), who made cultural adaptations and removed a question related to work environment absenteeism. Faghihi and colleagues (2013) confirmed the face and content validity of the questionnaire and reported a Cronbach's alpha of 0.94 (Feghhi et al., 2013).

2.2.3. High-Risk Behavior

Developed by Dr. Alireza Rajaee and Ali Shafiei in 2011, this questionnaire consists of 61 questions assessing six high-risk behaviors in adolescents across various components. It uses a Likert scale for scoring (from "never" to "always"), and the Cronbach's alpha for the high-risk behavior questionnaire was 0.81. The validity was endorsed by a group of professors (Alahyari et al., 2021).

2.3. Intervention

2.3.1. Life Skills Training

In this research, the standardized training package from the World Health Organization (1998) was used. The program includes skills in self-awareness, empathy, effective communication, anger management, effective interpersonal relationships, assertive behavior, problem-solving, stress coping, decision-making, and creative thinking. Each of these skills was taught in a session lasting 90 minutes, totaling 10 sessions as described (Camiré et al., 2020; Ghadiri Niari & Moshkbid Haghighi, 2023; Jamali Paghale et al., 2015; Moshtaghi, 2018; Sarhangi et al., 2022; Sedighi Arfaee & Tabesh, 2021).

Session 1: Self-awareness

This initial session is focused on enhancing self-awareness among participants. It introduces the concept of self-awareness as a critical component of leading a healthy life. Participants explore their own abilities, weaknesses, and interests through various interactive activities. The session includes practical exercises that help the individuals recognize their personal traits, strengths, and areas for improvement. By encouraging reflective thinking and self-assessment, this session sets the groundwork for personal development throughout the subsequent sessions.

Session 2: Empathy

The second session aims to develop empathy, which involves understanding and sharing the feelings of others. Participants are taught to value other people's emotions and thoughts, and they discuss common barriers to expressing empathy, such as the tendency to give advice or to criticize. Through role-playing and group discussions, the session explores effective ways to express empathy in everyday interactions, helping participants improve their interpersonal relationships and emotional intelligence.

Session 3: Effective Communication

In this session, participants learn the fundamentals of effective communication. It covers the importance of clear and respectful expression and listening skills in various contexts. The session includes exercises on the rules of effective communication, such as maintaining eye contact and using open body language. Participants engage in activities that simulate real-life scenarios, enhancing their ability to communicate clearly and effectively in both personal and professional settings.

Session 4: Anger Management

This session addresses the recognition and management of anger. Participants identify triggers of anger and the role of thoughts in escalating or controlling anger. The session incorporates strategies for recognizing early signs of anger and techniques for calming down, such as deep breathing and counting to ten. Through interactive exercises, participants practice identifying irrational thoughts during anger episodes and learn to replace them with more rational, calming thoughts.

Session 5: Effective Interpersonal Relationships

Focusing on building and maintaining healthy interpersonal relationships, this session teaches the skills necessary for positive and effective interactions with others. Participants discuss different communication styles and the characteristics of healthy versus unhealthy relationships. Activities include role-playing scenarios that help participants practice conflict resolution and assertiveness, essential for nurturing positive relationships.

Session 6: Assertive Behavior

The sixth session is dedicated to teaching assertive behavior, which is crucial for expressing one's thoughts and feelings confidently and respectfully. Through role-playing

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and group activities, participants learn to distinguish between passive, aggressive, and assertive communication styles. They practice scenarios where assertive communication is necessary, learning how to state their needs and rights without infringing on the rights of others.

Session 7: Problem-Solving Skills

This session introduces problem-solving skills, emphasizing the importance of identifying achievable goals and exploring multiple solutions. Participants are engaged in brainstorming activities to generate multiple solutions for hypothetical problems. They learn about the stages of problem-solving, from identifying the problem to selecting and implementing the best solution. The session aims to enhance participants' critical thinking and decision-making skills in tackling everyday challenges.

Session 8: Stress Management

Participants learn about stress and its effects on the body and mind in this session. The focus is on identifying personal stressors and learning effective coping mechanisms. Techniques such as relaxation exercises, time management, and prioritization are discussed and practiced. Participants are taught to recognize signs of stress early and apply stress reduction strategies to prevent its negative impact on their health and well-being.

Session 9: Decision Making

The ninth session focuses on decision-making skills. Participants explore the role and importance of making informed decisions. They learn about common pitfalls in decision-making, such as biases and rushing to conclusions. The session includes exercises that help participants practice a step-by-step approach to making decisions, evaluating the pros and cons, and considering the consequences of their choices.

Session 10: Critical Thinking

The final session is dedicated to critical thinking. Participants are introduced to techniques for evaluating information critically and making reasoned judgments. This session encourages thinking beyond the obvious and questioning assumptions. Through discussions and problem-solving exercises, participants practice applying critical thinking skills to analyze situations and make well-informed decisions, preparing them for more thoughtful and reasoned approaches in their daily lives.

2.4. Data Analysis

Data analysis was conducted at both descriptive and inferential levels, using means, standard deviations, and variances. Hypotheses were tested using multivariate covariance analysis. Data were analyzed using SPSS software, version 26.

3. Findings and Results

In terms of demographic findings, in the experimental group, individuals under 20 years of age comprised 20.0% of the sample. Those aged 21 to 30 years constituted 26.7% of the sample, individuals aged 31 to 40 years also represented 26.7%, and finally, those older than 40 years accounted for another 26.7%. In the control group, individuals under 20 years of age comprised 20.0% of the sample. Those aged 21 to 30 years constituted 33.3%, individuals aged 31 to 40 years accounted for 23.3%, and those older than 40 years also represented 23.3%. Regarding the marital status of the incarcerated women in the control group, 46.7% were unmarried and 53.3% were married. In the experimental group, 40.0% were unmarried and 60.0% were married.

Table 1

Mean and Standard Deviation of Research Components by Group and Test Phase

Components	Test	Mean (Control)	SD (Control)	Mean (Experimental)	SD (Experimental)
Tolerance	Pre-test	37.9	0.890	23.9	0.858
	Post-test	10.9	0.923	87.13	1.252
Absorption	Pre-test	23.9	2.012	3.9	1.542
	Post-test	3.9	1.299	23.13	1.612
Appraisal	Pre-test	60.19	2.527	10.18	2.578
	Post-test	73.18	2.258	63.25	2.918
Regulation	Pre-test	27.9	2.180	33.9	1.668
	Post-test	7.9	1.964	50.12	1.815
Attitude toward Illness	Pre-test	43.15	3.329	57.15	2.373
	Post-test	60.15	2.268	20.20	1.937
Work Environment	Pre-test	30.9	2.103	7.9	1.660
	Post-test	8.83	1.663	37.12	1.712

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Family Environment	Pre-test	73.14	3.352	67.14	3.294
	Post-test	40.14	3.626	43.19	2.344
Sexual Relationships	Pre-test	80.9	2.497	77.9	2.315
	Post-test	53.9	1.833	17.13	2.135
Family Relationships Development	Pre-test	37.9	2.785	67.9	2.249
	Post-test	93.8	2.449	20.12	1.846
Social Environment	Pre-test	11.00	2.378	63.10	1.351
	Post-test	20.10	1.864	67.13	2.264
Psychological Disorders	Pre-test	10.13	2.310	57.13	2.359
	Post-test	7.14	1.780	33.18	2.279
Substance Abuse	Pre-test	80.24	4.475	3.23	3.567
	Post-test	53.23	3.288	0.19	3.151
AIDS	Pre-test	47.24	4.075	40.25	3.169
	Post-test	30.25	3.573	43.19	3.002
Tobacco	Pre-test	7.35	5.496	10.31	4.358
	Post-test	17.32	4.942	70.30	3.949
Violence	Pre-test	73.88	11.732	57.89	9.324
	Post-test	63.88	6.060	67.72	8.222
Alcohol	Pre-test	0.20	2.754	50.20	1.996
	Post-test	57.20	2.555	0.15	2.393
Unhealthy Dietary Patterns	Pre-test	13.40	4.939	20.40	3.800
	Post-test	73.37	4.291	23.31	2.861

To examine the effectiveness of life skills training on the research variables in incarcerated women, while accounting for pre-intervention differences, multivariate analysis of covariance (MANCOVA) was used, adhering to the assumptions of parametric statistics. The Shapiro-Wilk test was utilized to check the assumption of normal distribution for the components of psychological adaptation in incarcerated women. The results confirmed the normal distribution of the components of psychological adaptation in both pre-test and post-test conditions, thus parametric analysis was deemed appropriate. Additionally, the assumption of homogeneity of regression slopes for pre-test and post-test psychological adaptation in both the experimental and control groups was examined using the F-test. The Levene's test was also conducted to assess the homogeneity of variances between the experimental and control groups in the post-test of psychological adaptation. Given the non-significant results of Levene's statistic, the variances of the dependent variable were equal across the groups; hence, the assumption of homogeneity of variances was met, and there was no impediment to proceeding with the analysis. Finally, the homogeneity of the variance-covariance matrices needed for multivariate analysis of covariance was tested using Box's M test.

The differences between the experimental and control groups in each of the components of distress tolerance in incarcerated women are reported in Table 2, showing the results of the multivariate analysis of covariance.

Table 2

Results of Multivariate Analysis of Covariance (MANCOVA) for Distress Tolerance Components in Incarcerated Women

Source	Component	SS	df	MS	F	Sig.	Eta²
Intercept	Tolerance	1274.319	1	1274.319	146.1026	<.001	0.948
	Absorption	1086.880	1	1086.880	29.517	<.001	0.902
	Appraisal	4570.611	1	4570.611	127.653	<.001	0.921
	Regulation	1115.256	1	1115.256	303.337	<.001	0.844
Group	Tolerance	48.304	1	48.304	38.897	<.001	0.410
	Absorption	17.948	1	17.948	8.538	.005	0.132
	Appraisal	80.288	1	80.288	11.473	.001	0.170
	Regulation	18.085	1	18.085	4.919	.031	0.081
Error	Tolerance	69.544	56	1.242			
	Absorption	117.721	56	2.102			
	Appraisal	391.890	56	6.998			
	Regulation	205.891	56	3.677			

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As observed, there are differences between the experimental and control groups in the components of distress tolerance in incarcerated women. This suggests that the experimental conditions had a significant effect on increasing distress tolerance among these women. For comparison of differences between the experimental and control groups in each of the components of psychological adaptation in incarcerated women, Table 3 presents the results of the multivariate analysis of covariance.

Table 3

Results of Multivariate Analysis of Covariance (MANCOVA) for Psychological Adaptation Components in Incarcerated Women

Source	Component	SS	df	MS	F	Sig.	Eta²
Intercept	Attitude Toward Illness	6643.862	1	6643.862	1447.044	<.001	0.963
	Work Environment	2256.150	1	2256.150	771.717	<.001	0.932
	Family Environment	5809.076	1	5809.076	603.301	<.001	0.915
	Sexual Relationships	2521.167	1	2521.167	624.114	<.001	0.918
	Development of Family Relations	2153.845	1	2153.845	450.945	<.001	0.890
	Social Environment	2716.449	1	2716.449	630.064	<.001	0.918
	Psychological Disorders	5525.381	1	5525.381	1279.099	<.001	0.958
Group	Attitude Toward Illness	96.607	1	96.607	21.041	<.001	0.273
	Work Environment	51.105	1	51.105	17.481	<.001	0.238
	Family Environment	129.202	1	129.202	13.418	.001	0.193
	Sexual Relationships	53.574	1	53.574	13.262	.001	0.191
	Development of Family Relations	49.703	1	49.703	10.406	.002	0.157
	Social Environment	50.322	1	50.322	11.672	.001	0.172
	Psychological Disorders	106.044	1	106.044	24.549	<.001	0.305
Error	Attitude Toward Illness	6643.862	1	6643.862	1447.044	<.001	0.963
	Work Environment	2256.150	1	2256.150	771.717	<.001	0.932
	Family Environment	5809.076	1	5809.076	603.301	<.001	0.915
	Sexual Relationships	2521.167	1	2521.167	624.114	<.001	0.918
	Development of Family Relations	2153.845	1	2153.845	450.945	<.001	0.890
	Social Environment	2716.449	1	2716.449	630.064	<.001	0.918
	Psychological Disorders	5525.381	1	5525.381	1279.099	<.001	0.958

As can be seen, there are significant differences between the experimental and control groups regarding the psychological adaptation components of incarcerated women, indicating that the experimental conditions effectively improved the psychological adaptation of these women. The results for comparisons of differences between the experimental and control groups in each of the components of high-risk behaviors in incarcerated women are reported in Table 4.

Table 4

Results of Multivariate Analysis of Covariance (MANCOVA) for High-Risk Behavior Components in Incarcerated Women

Source	Component	SS	df	MS	F	Sig.	Eta²
Intercept	Substance Abuse	5760.309	1	5760.309	575.354	<.001	0.911
	AIDS	6369.165	1	6369.165	600.190	<.001	0.915
	Tobacco	13425.336	1	13425.336	650.851	<.001	0.921
	Violence	88493.215	1	88493.215	1702.948	<.001	0.968
	Alcohol	4144.395	1	4144.395	690.838	<.001	0.925
	Unhealthy Dietary Pattern	16186.172	1	16186.172	1232.965	<.001	0.957
Group	Substance Abuse	195.108	1	195.108	19.488	<.001	0.258
	AIDS	260.711	1	260.711	24.568	<.001	0.305
	Tobacco	1.580	1	1.580	0.077	0.783	0.001
	Violence	1498.489	1	1498.489	28.837	<.001	0.340
	Alcohol	201.298	1	201.298	33.555	<.001	0.375
	Unhealthy Dietary Pattern	291.470	1	291.470	22.202	<.001	0.284
Error	Substance Abuse	560.659	56	10.012			
	AIDS	594.267	56	10.612			

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Tobacco	1155.132	56	20.627
Violence	2910.025	56	51.965
Alcohol	335.949	56	5.999
Unhealthy Dietary Pattern	735.159	56	13.128

As can be seen, there are differences between the experimental and control groups in the components of high-risk behaviors in incarcerated women. This indicates that the experimental conditions were effective in reducing high-risk behaviors among these women.

4. Discussion and Conclusion

The aim of the current research was to explore the impact of life skills training on distress tolerance, psychological adaptation, and high-risk behaviors among incarcerated women. The results indicate that life skills training affects the distress tolerance of incarcerated women, aligning with prior findings (Camiré et al., 2020; Cheung et al., 2022; Ghadiri Niari & Moshkbid Haghighi, 2023; Jamali Paghale et al., 2015; Moshtaghi, 2018; Paz Castro et al., 2022; Sarhangi et al., 2022; Sedighi Arfaee & Tabesh, 2021). This finding suggests that while pain and suffering are inevitable, the use of distress tolerance skills can prevent prolonged and extreme suffering. One of the goals of these skills is to shift attention from a distressing issue to another subject, thereby maintaining composure and coping with the problem. Distraction should not be confused with avoidance; in avoidance, no solution-seeking occurs, whereas distraction allows for future problem-solving. Lower distress tolerance is often a precursor to aggression; individuals with higher tolerance are less likely to exhibit aggression compared to those with lesser ability, who may struggle more with understanding problems and may resort to antisocial or maladaptive behaviors. Individuals, both biologically and psychologically, differ in their vulnerability to stress. Additionally, an individual's distress tolerance may vary based on the intensity of arousal, available responses to situations, and perceived consequences of failing to alleviate arousing conditions, along with socialization processes (Cheung et al., 2022; Paz Castro et al., 2022).

Experts have identified various causes of distress and discomfort, including fear of success, fear of failure, self-defeating behaviors (conscious or unconscious actions that lead to personal failure), lack of motivation (reward), creating stress by procrastinating, difficulty of tasks, lack of necessary knowledge and skills. Other factors like perfectionism, low tolerance levels, and poor self-esteem are also considered root causes of distress. Moreover, many instances of distress are the result of seeking immediate pleasure, impatience, and preferring short-term over long-term reinforcements. It seems that an inability to delay gratification is an unsurprising human trait, leading to the avoidance of challenging situations because they are easily tempted by immediate pleasures. On the other hand, procrastinative behaviors are supported by thoughts and justifications such as: "I need to study this more before doing it," "I should rest my brain for a better start," "Last time I didn't spend much time on a similar task, so I still have time," "I won't do it now because I will do it better when I have more time" (Ghadiri Niari & Moshkbid Haghighi, 2023) Life skills are a set of abilities that facilitate adaptation and constructive behavior, enabling individuals to accept their social roles and responsibilities, and to effectively face desires, expectations, and daily problems, particularly in interpersonal relations, without harming themselves or others. The range and definitions of life skills vary according to cultures and situations. A fundamental analysis of these skills has shown that they can form the basis for enhancing the mental health of the youth. The positive impact of life skills in reducing substance abuse, utilizing intellectual capacities and actions, preventing violent behaviors, enhancing self-reliance, and self-belief has been validated (Jamali Paghale et al., 2015; Moshtaghi, 2018).

5. Suggestions and Limitations

Like all research, the present study faced limitations, including its sample solely consisting of incarcerated women in Kerman and not other provinces of the country; potential non-response due to cultural constraints and fears of judgment; and the possibility of response bias and sensitivity of subjects to the questions. Since life skills training has shown effectiveness in enhancing distress tolerance among incarcerated women, it is recommended to organize counseling and psychology classes and invite specialists to teach life skills, thereby increasing distress tolerance. Various studies have also been conducted on other individual and social damages and their improvement through life skills training, confirming its widespread impact. Life skills training affects the psychological adaptation of incarcerated women. Committing crimes and misconduct reflect a lack of knowledge and the presence of

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a flawed culture that is exacerbated by a lack of books in many lives. Last year, a judge in Iran, instead of sentencing a person to prison for reformation, sentenced them to buy and read books. This event led to a fundamental transformation in criminal sentences and the structure of the country's prisons. Although prison policies are established as places for educating individuals based on foundational teachings, education without books is meaningless. However, occasionally issuing sentences like these makes people aware of the educational and formative role of books. This trend has been revitalizing prison libraries for several years, with the organization of book-reading competitions, awarding prizes, and even reducing sentences as rewards for reading books becoming a regular practice in Iranian prisons. Life skills training has an impact on the high-risk behaviors of incarcerated women. Life skills training taught incarcerated women how to avoid violence and common offenses. There was no access to libraries for prisoners, and the amount of time spent reading among them is low. It is recommended to organize book-reading courses, competitions, and award prizes to enhance life skills among them.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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