



The effectiveness of the strength-based approach on coping strategies and emotion regulation of female high school students

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ABSTRACT

Background and Aim: The purpose of the current research was to investigate the effectiveness of the strength-based approach on coping strategies and emotional regulation of female students in the second year of high school. **Methods:** The present research was an applied study and its method was quasi-experimental with a pre-test and post-test design with an experimental group and a control group and a two-month follow-up period. The statistical population of the research included all the female students of high school who visited the private counseling clinic in the 5th district of Tehran in 2022 and 20 people were randomly selected in an experimental group (10 people) and a control group (10 people). Then, on the experimental group, a strength-based approach was performed on the group intervention based on the protocol prepared by Darbani and Parsakia (2022). In order to collect data, the research tools included Lazarus Coping Style Questionnaire (1988) and Garnefski et al.'s (2001) Cognitive Emotion Regulation Questionnaire. Also, for the statistical analysis of the data, SPSS-26 software and the method of variance analysis with three-step repeated measures were used. **Results:** Based on the findings, there was a significant difference between the scores of coping strategies and emotion regulation of the experimental and control groups in the pre-test and post-test stages. The results of the statistical analysis of the data indicate that the strength-based approach had a significant effect on the coping strategies and emotion regulation of the experimental group members, and the effectiveness of these interventions was stable in the follow-up phase according to Bonferroni's follow-up test. **Conclusion:** It can be concluded that the strength-based approach can be used to improve the coping strategies and emotion regulation of female students of the second year of high school. Therefore, it is suggested to use this method in centers of psychological clinics and child and adolescent counseling.



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Introduction

Marriage is the origin of creating a family life cycle (Waring, 2013) and healthy and lasting marital relationships indicate a directed system and a system of shared beliefs (Kang & Jawswal, 2019). While the spread of marital inststrength in today's society has caused many concerns (Amunii Oyafunek, Fala and Salav, 2014), high levels of marital conflicts have shown a direct relationship with marital tensions and inststrength (Frosakis, 2010). Marital ststrength is known as an indicator of the nature of mutual identity and the sharing of responsibilities and obligations of the spouses' past marital period. Therefore, marital ststrength is considered as a nuclear continuity and durstrength index of independence, mutual trust and friendship, and the factor of ststrength is considered as a predictor of marital happiness and happiness (Kang and Jaswal 2019). Marital ststrength is defined as the duration of each couple's marriage without divorce or separation (Mersado et al., 2018). Marital inststrength occurs when one or both members of a couple think about divorce or separation, or take actions that tend to end the marriage (Halog and Richer, 2020). Effective factors in marriage inststrength include: personal growth separated from each other and different interests, instrength to talk with each other, spouse's personal problems and insufficient attention (Hawkins, Willoughby, and Doherty, 2012); husband's irresponsibility, infidelity, violence, alcoholism, causal relatives, unemployment, age difference and polygamy (Musa, Kisui, and Otor, 2015); Social and cultural differences, psychological, economic, health, sexual and conflict factors (Asa & Nekan, 2017).

Inststrength of marriage originates from transitory intra-personal and interpersonal factors. In the meantime, one of the factors affecting marriage inststrength is attachment. Attachment is a stable emotional bond between two people, so that one of the parties tries to maintain proximity to the attachment concept and act in a way to make sure that the relationship continues (Flanagan, 1999, cited by Nazari et al., 2010). Attachment behavior is activated when a person has feelings such as fear, sadness, and illness, and makes a person seek or stay close to a familiar person (Zimmerman & Baker, 2010). In the attachment theory, it is emphasized that early childhood relationships shape attachment

styles and influence a person's view of himself, others, and the way interpersonal relationships are organized (Yarnouz-Yaben, 2010). Three attachment styles, secure, avoidant and ambivalent, have been described in childhood and have been confirmed in adulthood. People with a secure attachment style are comfortable in establishing intimate relationships, show a desire to receive support from others, have a positive image of themselves, and have positive expectations and expectations from others. People with avoidant attachment style are considered emotionally cold and suspicious. They find it difficult to trust others and feel worried when others get too close to them. People with an ambivalent attachment style see themselves as misunderstood and lacking in self-confidence, and worry about being abandoned or not truly loved by others. . (Marcus, 2013). Studies based on developmental pathology also emphasize the relationship between early negative educational and family experiences and the problems of adults in performing developmental tasks and psychological problems and defective marital networks (Yang, Klasko and Wishar, 2013). One of the methods of coping with stress that has been the focus of researchers in relation to the quality of marital relationship is coping styles (Pitt and Kaiser, 2016). Stress as a psychological phenomenon is one of the important factors in the occurrence of many mental disorders (Solaz, Salten, and Garachaga, 2012). Therefore, in recent years, stress and strategies to deal with it, which has a significant relationship with the quality of life, have received much attention in different groups (Cheng, Ku, and Lee, 2012).

Employees of military families and their families bear additional stress due to being in the military, among the reasons for their increased stress are factors such as the following: Participation in war and critical missions, successive migration, worry about loss, conflict between home and work environment, distance from family and lack of individual freedoms (Ahmadi et al., 2006). These coping methods, which are learned and acquired and genetic factors also play a role, may change and develop. The family plays an important role in children's practice of coping with stressful events (Yousfi, Ghorbani, and Azizi, 2018). Coping methods are cognitive and behavioral strategies used by people to control a controlling life situation, these coping methods

are learned and acquired. Genetic factors also play a role in it, it may change and grow. Lazarus and Folkman (1998) defined coping strategies as a set of behavioral and cognitive responses that aim to minimize the pressures of stressful situations. According to their opinion, there are two main methods of coping with stress, which are known as problem-oriented and emotion-oriented coping methods. Problem-oriented coping style refers to behaviors and cognitions whose purpose is to change the stressful situation or variable. This style has two components. The first component is preparation, in which information search and planning are done. The second component is called action, in which problem solving and active coping takes place and includes strategies such as collecting, organizing and interpreting information. Emotion-oriented coping style includes behaviors and cognitions in which the goal is to change a person's response to a stressor. Its strategies include thinking about oneself, daydreaming, and focusing on emotional aspects (Aghapour et al., 2018). Any coping strategies include many activities. However, most of them show an attempt to improve a difficult situation such as: Designing a plan and practical action (problem-oriented coping) or to regulate emotional helplessness such as seeking others for emotional support or reducing the severity of the situation cognitively (emotion-oriented coping). Effective coping strategies make a person's reaction to stress levels appropriate (Ahmadi & Mehrabi, 2020).

But the question raised here is, how do these factors affect the process of marital life inststrength? Mediation models seem to be able to provide a suitable explanation for this process. A mediation hypothesis tries to identify the mechanism underlying the observed relationship between two variables. One of the internal factors that is considered as a positive psychology construct is psychological resilience. In the past decades, the role of resilience in growth and health has been proven, and recently it has found a special place in the field of family (Hosseini & Hossein Chari, 2011). Block and Block (1980) in the definition of resilience say: It is a personality trait that helps a person adapt to environmental changes and stresses. They believe that people with the characteristic of psychological resilience can choose easier methods in life, because they develop problem-solving skills and show more resistance to

stressful situations (Ogelman & Errol, 2015). Research results indicate that resilience is a construct that is related to many aspects, including marriage and family therapy (Kris et al., 2015). The results of research regarding the relationship between resilience and the family and spouses' relationships indicate that resilience can predict marital satisfaction (Mikaili et al., 2012). Resilience helps individuals and spouses to be less affected by adverse events. Spouses who do not have the characteristic of resilience do not have the strength to adjust the adverse conditions and stresses caused by marital problems, which increases conflicts and marital dissatisfaction (Gatezadeh et al., 2014).

Finally, according to the mentioned contents and the increasing growth of marital conflicts and jeopardizing the family center, in addition to personal injuries, it will also lead to social injuries. Considering the difficult conditions that the families of police forces are facing and taking into account the fact that, based on the researcher's investigations, no research was found that predicted the inststrength of married life based on the variables of the present study. Therefore, the current research aims to answer the question whether the inststrength of married life can be explained in the form of a model based on attachment styles and coping styles: the mediating role of resilience in conflicted couples?

Today, despite the important developments in the lifestyle of teenagers, statistics show an increase in numerous behavioral and emotional problems in this segment of society, especially in the field of overweight (Fiamani and Milo, 2021). During the last few decades, researchers and therapists have tested several methods in order to improve behavioral and psychological indicators in teenagers and adults with high body mass index. Although most studies have achieved positive results in the short term (post-test). However, some of these studies have many methodological problems and make it difficult to decide on the sustainstrength of these interventions in the long term (follow-up period) and outside the study environment, and often the results are confusing and contradictory. (Sanderson, 2013, translated by Jamhari et al., 2019).

Meanwhile, some studies have shown that treatments derived from the third wave of cognitive-behavioral therapy have been beneficial in improving mental and behavioral conditions in many clinical and normal

populations over the past few years. (Britt et al., 2021), but there is no statistically accurate information regarding the effect of these methods and the difference in their effect on the mental structures of overweight patients.

In fact, nowadays one of the most widely used approaches used by therapists to reduce the problems of clinical and normal populations is mindfulness. In this treatment method, mindfulness is an intervention that can be used in combination with cognitive behavioral therapy (Doherty, Lelloid, Andruins and White, 2019). This treatment was compiled by Segal, Williams and Teasdell (2002) and includes various meditations, preliminary education about depression, body inspection exercises and some cognitive therapy exercises. It shows the connection between mood, thoughts, feelings and body sensations. Contrary to cognitive-behavioral therapy, mindfulness encourages people not to judge feelings and false beliefs, and it is effective for different populations due to specific mindfulness exercises and a specific attitude framework. (Ogata et al., 2018). Therefore, the main question of the current research is whether mindfulness therapy is effective on rumination and distress tolerance in adolescent girls with high body mass index.

Method

In terms of the purpose of the present research, it was a quasi-experimental design with a pre-test and post-test design with an experimental group and a control group and a two-month follow-up period. The statistical population of the research included all female students of the second year of high school who referred to the private counseling clinic in District 5 of Tehran in 2022. 20 people were selected by available sampling and randomly assigned to an experimental group (10 people) and a control group (10 people). Then, a strength-based approach based on the protocol prepared by Durbani and Parsakia (2022) was conducted on the experimental group. In order to collect data in the current research, Lazarus' Coping Style Questionnaire (1988) and Garnefski et al.'s (2001) Cognitive Emotion Regulation Questionnaire were used. Finally, in the post-test and follow-up stage, the questionnaires were completed and collected again. SPSS-26 software and three-stage repeated measures analysis of variance were used for statistical analysis of data.

Materials

1. Lazarus Coping Style Questionnaire (1988): In order to examine coping strategies, Lazarus and Folkman Coping Strategies Questionnaire (1988) was used, which has 66

questions. and measures eight coping strategies. These eight patterns are divided into two categories, problem-oriented methods (seeking social support, responsibility, thoughtful problem solving and positive re-evaluation) and emotion-oriented methods (confrontational coping, avoidance, self-restraint and escape-avoidance). This questionnaire has a four-point Likert scale: "I have not used" option with the number 0; the option "I have used it to some extent" with the number 1; "I have used it most of the time" option with number 2; The option "I have used it a lot" is scored with the number 3. Scoring of this questionnaire is done in two ways, raw and relative. The raw scores describe the coping effort for each of the eight types of coping and are the sum of the subject's responses to the components of the scale. The relative scores describe the ratio of effort made in each type of confrontation. Folkman and Lazarus have reported the reliability of its subscales from 0.61 for the avoidance coping method to 0.79 for positive reappraisal in a reliability study using the internal consistency method of 0.75. Aghayousfi (2001), in a research, has reported the reliability of this questionnaire with the internal consistency method, Cronbach's alpha of 0.80. The reliability of this questionnaire in the present study was obtained by Cronbach's alpha method in the problem-oriented style subscale of 0.88 and the emotion-oriented style subscale of 0.90 (Nematzadeh Getabi, Vaziri, and Lotfi Kashani, 2022).

2. Garnefsky et al.'s CERQ-P (2001): Cognitive emotion regulation questionnaire was developed by Garnefsky et al. (2001). This questionnaire is a multi-dimensional questionnaire and a self-report tool that has 36 items and has a special form for adults and children. Garnefsky et al. found good reliability and validity for this questionnaire including 36 five-point graded questions (always or never). Each question is scored from one (never) to five (always). All four questions evaluate one factor, and a total of nine factors are evaluated, namely self-blame, others-blame, catastrophizing, rumination, refocusing on acceptance planning, positive focus, and positive evaluation. The Persian form of this scale has been validated by Samani and Jokar (2007). The alpha coefficient for the subscales of this questionnaire was reported by Garnefski et al. (2006) in the range of 0.71 to 0.81. In order to

check the convergent and divergent validity of this questionnaire in Iran, the scale of depression, anxiety, and stress, which includes 21 four-point graded questions (from completely similar to me to different from me). It evaluates three factors of depression, stress and anxiety, in this scale, each factor evaluates an emotional disorder (Sidabrahimi, 2022).

3. Strength-based counseling: The content of strength-based counseling sessions was implemented according to the protocol prepared by Darbani and Parsakia (2022) based on Smith's model (2006) during 10 sessions of 45 to 60 minutes on 10 members of the experimental group. The summary of the strength-based counseling sessions is as follows:

Table 1. Summary of strength-based counseling sessions

Session	Content
1	Expressing the goals and regulations of the group, familiarizing the members with each other, establishing a therapeutic relationship, preparing a list of the capabilities of each member, reflecting the capabilities of the members by the group leader and other members of the group.
2	Identification of capabilities, description of the life story with a perspective based on capabilities, description of the positive things that each member wants to continue in their relationships.
3	Assessing current problems, assessing behavioral and emotional skills, capabilities and characteristics that create a sense of personal success, revealing these things by members. so that they understand their problems, the reason they believe in the existence of problems, behaviors and situations that lead to the occurrence of most problems and their consequences
4	Encouraging and injecting hope, emphasizing the members' own efforts or progress instead of the results of their efforts, defining the leader from the group members and the members from each other, making expressions that help the members feel self-worth and belonging, using the technique of "building a hope box"
5	Framing the solutions, using the "exception question" technique, paying attention to the way the problems are expressed instead of the problems themselves, identifying and evaluating the members' past coping situations and current support sources in relation to the problems they are facing, using the forgiveness technique.
6	Building capacity and capability, helping members to understand that they are not incapable of influencing life changes
7	Empowering, identifying and promoting the proper functioning of members, transferring power to members, trying to create interactions between the person and social realities, developing a major awareness about the interactions of life realities, promoting conscientiousness, exploring the social roots of clients' actions.
8	The change phase uses a "change conversation" to help members become aware of the changes they need to make to improve their lives. Also, being able to mention the capabilities or resources they have to make these changes, encouraging members to look at mistakes as an opportunity to learn, using the techniques of "changing the meaning of life events" and "reframing"
9	The stage of creating resilience in members, training and practicing problem solving skills, training and practicing coping skills
10	Evaluation and termination stage, summarizing and presenting a summary of the meetings, re-implementation of the questionnaire

Implementation

In order to comply with the ethical principles of the research in order to protect the rights of the subjects, the necessary clarifications regarding the objectives of the research and the procedure of its implementation were presented to all the subjects. The absence of coercion and the right to participate or not to participate in the research was specified for all

participants. After obtaining oral consent and consent, self-report questionnaires were distributed among the subjects. Then the experimental group was given training sessions, but the control group did not receive any training.

Results

In terms of demographic characteristics, the statistical sample of the present study was

homogeneous in terms of gender (all participants were girls) and age (the same level of education). The following table shows the descriptive

findings obtained from the data collected by the questionnaire.

Table 2. Descriptive data of the test and control groups' scores in the three stages of pre-test, post-test and follow-up

Statistical indicators	Variable	Group	Pre-test		Post-test		Follow-up	
			Mean	SD	Mean	SD	Mean	SD
Coping strategies	Exp.		94/15	11/21	122/20	12/16	33/50	11/71
	Control		92/99	12/32	90/38	13/39	51/10	11/68
Statistical indicators	Exp.		87/15	10/09	103/55	10/16	104/56	9/82
	Control		81/13	10/15	82/82	9/98	82/09	10/18

As can be seen in the above table, there is not much difference between the average scores of coping strategies and emotion regulation in the pre-test stage in the two groups, but the scores of the experimental group have decreased in both variables; If the scores of the control group did

not change. To test the significance of the effectiveness of the strength-based intervention on the experimental group, multivariate analysis of variance with repeated measurements has been used in three stages. For this purpose, the required prerequisites must be checked first.

Table 3. Results of normal distribution of scores and homogeneity of variances test

Variable	Group	Shapiro-wilk		Levene's test		Mauchly	
		df	Statistics	df	Statistics	χ^2	W
Coping strategies	Exp.	10	0/85	18	0/79	7/90	0/69
	Control	10	0/88				
Emotion regulation	Exp.	10	0/90	18	0/81	6/68	0/77
	Control	10	0/82				

According to the above table, the Shapiro-Wilk test shows the normality of the data. Based on the results of Levene's test, the condition of homogeneity of variance is established and the Mauchly test also confirms the condition of

sphericity of the data at a significance level of 0.01 ($P = 0.00$). Therefore, it is allowed to use the method of multivariate variance analysis with three-step repeated measurements.

Table 4. Between-group effects in the average scores of pre-test, post-test and follow-up of coping strategies and emotion regulation in the two experimental and control groups due to the strength-based approach

Variable	Source	SS	df	MS	F	sig	Eta square
Coping strategies	Therapy	118763/22	1	118763/22	428/77	0/000	0/72
	Group	3298/44	1	3298/44	23/51	0/162	0/09
	Error	1439/29	1	1439/29			
Emotion regulation	Therapy	98659/65	1	98659/65	399/43	0/000	0/79
	Group	2893/61	1	2893/61	21/16	0/191	0/71
	Error	1295/32	1	1295/32			

In the above table, the between-group effects in the mean scores of the pre-test, post-test and

follow-up coping strategies and emotion regulation in the two experimental and control

groups are shown as a result of the strength-based approach intervention, which shows the effect of the intervention on the research variables. In the following, the results of multivariate analysis of

variance with repeated measurements in three stages of pre-test, post-test and follow-up are shown.

Table 5. Mixed analysis of variance with repeated measures in three stages

Variable	Group	Test	Value	F	Df hyp.	Df error	Sig	Effect size	
Coping strategies	Time	Pillai's trace	0/72	101/57	2	17	0/00	0/72	
		Wilk's Lambda	0/68	101/57	2	17	0/00	0/72	
		Hotteling's effect	12/42	101/57	2	17	0/00	0/72	
		Roy's largest root	12/42	101/57	2	17	0/00	0/72	
	Time*Group	Pillai's trace	0/72	120/52	2	17	0/00	0/74	
		Wilk's Lambda	0/63	120/52	2	17	0/00	0/74	
		Hotteling's effect	14/95	120/52	2	17	0/00	0/74	
		Roy's largest root	14/95	120/52	2	17	0/00	0/74	
	Emotion regulation	Time	Pillai's trace	0/71	111/60	2	17	0/00	0/71
			Wilk's Lambda	0/70	111/60	2	17	0/00	0/71
Hotteling's effect			21/13	111/60	2	17	0/00	0/71	
Roy's largest root			21/13	111/60	2	17	0/00	0/71	
Time*group		Pillai's trace	0/77	132/25	2	17	0/00	0/76	
		Wilk's Lambda	0/43	132/25	2	17	0/00	0/76	
		Hotteling's effect	20/12	132/25	2	17	0/00	0/76	
		Roy's largest root	20/12	132/25	2	17	0/00	0/76	

Based on the findings shown in the above table, the significance level shows that this intervention has had a significant effect on the research

variables and the changes made as a result of it are significant in the three time periods of pre-test, post-test and follow-up.

Table 6. Bonferroni post hoc test results in three stages by groups

Variable	Post-test follow-up			Pre-test follow-up			Pre-test Post-test		
	Mean Diff	SD error	Sig	Mean Diff	SD error	Sig	Mean Diff	SD error	Sig
Coping strategies	0/35	0/27	0/64	9/25	0/62	0/00	8/90	0/68	0/00
Emotion regulation	0/50	0/34	0/49	2/57*	0/21	0/00	0/43	0/14	0/00

The data in the above table indicates that, based on Bonferroni's post-hoc test, the intervention effects of the strength-based approach are stable in the follow-up phase.

Conclusion

The aim of the present study was to investigate the effectiveness of the strength-based approach on coping strategies and emotion regulation of female students of the second year of high school. The results of statistical data analysis showed that the strength-based approach significantly increased the scores of coping strategies and emotion regulation of the experimental group compared to the control group, and this effect was stable in the follow-up phase.

In explaining the findings of the current research, it can be said that positivist interventions reduce depression, increase happiness and psychological well-being in people by increasing positive emotions, positive thoughts, positive behaviors, and satisfying people's basic needs such as autonomy, love, belonging, and communication. Lyubomirski and Laitus, (2013) and emphasizes on increasing human strength and virtues and enhancing the meaning of life, making it possible for individuals and societies to achieve success (Peterson and Park, 2016). The present research was in line with the researches of Fatahi, Zare Bahramabadi and Farghdani (1401) and Darbani and Parsakia (2022; 2022) and Parsakia, Darbani, Rostami and Saadati (2022). In short, the capacity-based intervention consists of 10 steps, which are: 1) Creating a therapeutic alliance or relationship 2) Identifying capabilities 3) Assessing the current problem 4) Encouraging and injecting hope 5) Framing solutions 6) Building capabilities and capabilities 7) Empowerment 8) Change 9) Building resilience 10) Evaluation and termination (Gilmore, 2020). Therefore, it is expected that the strength-based approach, which is one of the positive interventions, can have a positive effect on emotional regulation and coping strategies. In further explanation of the findings of this research, it can be said that people with adaptive emotion regulation strategies with more and better emotional self-regulation and less use of maladaptive emotion regulation strategies provide the basis for increasing their mental health. In this way, a person with better conditions and psychological status can deal with problems and issues related

to the disease (Fattahi, Zare Bahramabadi, and Farghdani, 2022).

In further explanation of these findings, it can be said that hope is one of the basic foundations and foundations of strength-based counseling, because hope is a barrier against mental illness (Seligman, 1991; Seligman et al., 1999). Generally, people who have hope have successfully completed their developmental tasks (Seligman et al., 1995). Conversely, those who experienced difficulty achieving their developmental tasks typically lost hope in their strength to achieve their goals (Seligman et al., 1999). Questions are designed to inspire the client's hope, such as: When was the last time you felt hopeful about your life and its events? What has been happening in your life so far that made you feel hopeful? (Smith, 2006). One technique to inject hope during counseling is to build a hope box. Counselors encourage clients to imagine a hope box to give problems a chance to disappear. The consultant states that three wishes or desires can come out of the hope box under the conditions that changes must be applied to ensure their continuity. Clients are asked to state the three wishes they take out of the hope box and explain how taking out these hopes would change their current situation. For example, the consultant can structure the interview through the following questions. "Let's say you can build a hope box that lets your problems go away forever": What are the three hopes you want to get out of this box? How will taking out these hopes change your current situation? What should you do to keep your hopes alive? "Hope questions" reveal what clients want to change about their lives and what they want to do to sustain and sustain those changes (Smith, 2006). It can be said that usually when people feel that they can do something about a problem, they use a problem-oriented coping strategy. If they consider the situation to be beyond their capabilities, they will deal with emotions, but they often use one of these two methods that will give a more reliable result. (Lotfi Hekhit, Munirpour, and Zargham Hajabi, 2022). In this regard, with strength-based approach training, participants understand that they have the strength to adopt a suitable coping strategy in any situation and find their resources sufficient to apply these strategies and use them correctly. In further explanation of the research findings, it can be mentioned that the strategies used by a

person are considered a part of his vulnerstrength profile. Using inappropriate strategies in facing stressors can increase problems, while using appropriate coping strategies can have beneficial physical and psychological consequences in a person's life. (Tavakolizadeh, Soltani, and Panahi, 2013). Also, in the further explanation of the results, it can be said that the participants learned during the sessions that if they use the best methods of coping, a person will be able to maintain his compromise. However, inefficient methods will cause increased tension, unsatisfied vital needs and emotional inststrength (Taylor, 2006; quoted by Lotfi Haqirat, Munirpour, and Zargham Hajabi, 2022). It can be said that seeking regulation of emotion leads to the management and regulation-arousal of emotion through facilitating the access of a person to coping resources. In this case, the amount of access to adapted strategies to manage emotional arousal increases, which can be the reason for the increase in grades (Mashoufi et al., 2021).

The current research, like any other research, has limitations, among the limitations of this research, the following can be mentioned: The statistical population of the research, which only included high school girl students and only included the 7th district of Tehran. Available sampling method, quasi-experimental research design, existence of only one follow-up period, use of questionnaire to collect data. The mentioned limitations make it difficult to generalize the findings. Therefore, taking into account that few researches have been done regarding the effectiveness of this approach, one should be cautious in using the results of this research and generalizing them. It is suggested that more research be done on the effectiveness of the strength-based approach on different statistical populations and variables. In addition, according to the findings of this research, it is recommended that workshops be held to teach the techniques of this approach to experts. In addition, counselors and psychologists are suggested to include the techniques of this approach in their treatment and counseling process.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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