



The Effectiveness of Resilience Skills Training among Adolescents with a History of Addiction Recovery

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Received: 09 Dec 2024

Published: 19 Dec 2024

Abstract

Objective: Psychological resilience refers to the ability to mentally and emotionally cope with a crisis or quickly return to the pre-crisis state. If individuals are given the necessary training in this area, they can reduce stress by controlling their environment. For this reason, the purpose of this study was to investigate the effectiveness of resilience skills training in reducing risky behaviors in adolescents with a history of addiction.

Method: The study method was quasi-experimental and the research design was pre-test and post-test with control and experimental groups. The statistical population of the study included all addicts of the Omid Zendige Clinic of Kurdistan Province in 1403. The participants included 15 addiction patients in the control group and 15 addiction patients in the experimental group, who were randomly selected. . Then, the resilience training program was implemented for 10 sessions in the form of a training workshop, each session for 2 hours per week for the experimental group. The tools used were the Connor-Davidson Resilience Scale and the Risky Behavior Questionnaire. To compare the effect of the intervention, pre-test and post-test were conducted for both groups. In this study, the analysis of covariance test was used to analyze the data and the results were analyzed using the SPSS 25 software.

Findings: The results showed that resilience skills training was effective in reducing high-risk behaviors of addicted patients. Resilience skills training was also effective in reducing high-risk behaviors of violence and substance use.

Conclusion: Therefore, considering the effectiveness of the resilience skills training program in reducing high-risk behaviors, it is recommended that necessary training be provided during education so that individuals do not fall prey to high-risk behaviors, including substance use and assault.

Keywords: resiliency, high-risk behaviors, violence and substance use.

Introduction

One of the characteristics of the adolescent period is the identification process, the weakening of the adolescent's relationships with family, the increase in the tendency to friends of the same age and the role model they have. The biological, psychological and environmental-social changes that occur during adolescence may cause self-destructive or harmful behaviors for health. Important behavioral patterns that can affect the entire life of a person, such as drug abuse and sexual misconduct patterns, begin during this period (Chinar Ozbay et al., 2024). It can be said that the most important factors affecting adolescent drug addiction are social, economic and psychological factors. Many parents believe that adolescent addiction is actually a form of rebellion and an attempt to attract more attention. However, this reason only includes a small number of adolescents who fall into the trap of addiction. It should be noted that the risk that threatens this age group is not so simple and one-dimensional, but can include various other factors such as monotony of life, communication problems, depression, curiosity, attempts to lose weight, stress, low self-confidence, new experiences, high intellectual and psychological pressure, and family history (Shavo et al., 2024).

The first place a child is placed in is the family center. Families with weak foundations or one of the parents being addicted may have a great impact on a child's addiction. Other factors include living in neighborhoods with low cultural levels and high crime rates, hanging out with friends and classmates who are addicted, and the availability of drugs. Given that some teenagers have a sensitive spirit, they may quickly become frustrated and turn to addiction to escape despair and hopelessness (Kendra et al., 2023).

Genetic factors may also play a role in this process, although this factor is not yet fully understood. Usually, if one of the parents is an addict, it may also affect the child's genetic system, causing him to develop a particular tendency to use drugs in adolescence (Shoji et al., 2024).

In cities and neighborhoods that are culturally poor, due to the lack of recreational and cultural facilities to fill adolescents' free time, this time that could be spent on positive activities is wasted and may even lead these people to become addicted and choose this as a hobby. Although in the affluent classes, they may also become inclined towards this direction due to the oversaturation of other entertainment and pastimes and view it as a new hobby (Brenta et al., 2024). While some adolescents create a false personality for themselves in order to make adults understand that they are adults and can do the things of adults. For this, they usually use cigarettes or alcohol and try to cover up their behavioral and personality deficiencies with drugs (Agbaria, 2023).

Mass media and parents provide adolescents with little information on this subject and urge them to avoid addiction. However, they do not provide any necessary and sufficient information on addiction to adolescents and do not warn them about the destructive effects of using these substances (Santoso and Nabila, 2021).

In Iran, about 13 percent of students in grades 5 to 3 of high school are at risk of drug use. According to a study conducted by the Social Harm Prevention Office of the Ministry of Education on students in these grades across the country, 2.1 out of every 100 students are addicted. In addition, 71.8 percent of them are at risk of smoking, 12 percent of students have consumed alcohol at least once, and 15.8 percent are on the verge of committing this risky behavior (Momennasab, 2007). Various studies on cigarette smoking patterns among American and European adolescents show that 11 to 57 percent of 15-year-old boys and 12 to 67 percent of 15-year-old girls smoke cigarettes during the week (Hadmon, Bardel, Krone, & Fenlon, 2005).

Personality is a very important factor for individuals in a society. Various studies have been conducted to analyze how different personality types can affect a society. Negative behavior (or "cautious emotions") in a society can lead individuals to feel uncomfortable and also stressed. Individuals engage in certain behaviors to reduce these stresses (Liu et al., 2023).

There are behaviors that can hinder a person's growth and success, which are called high-risk behaviors. High-risk behaviors are defined as actions that increase the risk of illness or injury, which can subsequently lead to disability, death, adverse effects on development and overall health, or social problems. The most common high-risk behaviors include violence, alcoholism, tobacco use disorders, risky sexual behaviors, and eating disorders (Das et al., 2024).

High-risk behaviors have a broad meaning that if a person engages in these behaviors, it can cause serious harm to him or her and those around him. Among these behaviors is violence, which is the leading cause of death among children and adolescents. Violence can occur in various ways, including child abuse or neglect, youth violence, intimate partner violence, sexual violence, elder abuse, self-inflicted violence, and collective violence. Individuals turn to drugs to reduce the effects of these behaviors, stress, and anxiety (Clayton, 2023). Another high-risk behavior is excessive alcohol consumption. The American Medical Association defines alcohol use disorder as a serious disorder that is directly related to the persistent and unrestrained use of alcohol. Continued alcohol use can also lead to dependence, making it very difficult to quit. In the United States, up to 30% of people will experience alcohol use disorder in their lifetime. It is more common in young adults (ages 18 to 44) and men. Sometimes this behavior does not relieve stress, so the person turns to a substance abuse disorder (Yuan et al., 2024).

The terms risk-taking and resilience are somewhat common in this field of study and are often referred to as similar terms such as resilience, psychological resilience, emotional resilience, hardiness and caution, resilience and recoverability. Resilience has been mentioned as a valuable idea of high pragmatism to help and strengthen people in the face of adversity and protect them from the dangers that arise throughout their

lives. Therefore, one of the important constructs in the field of health psychology and prevention of adolescent risky behaviors is resilience skills, which have a special place in the field of psychology. Graber, Turner and Modil describe resilience as the ability to balance the biological-psychological balance in dangerous situations. They do not consider resilience only as resilience against threatening conditions, but also as the active participation of the individual in the environment (Matan et al., 2024).

Kaempfer (1999) believed that resilience is a return to an initial equilibrium or reaching a higher level of equilibrium (in threatening conditions) and therefore provides successful adaptation in life. At the same time, he also points out that positive adaptation to life can be both a consequence of resilience and, as an antecedent, cause a higher level of resilience; he considers this issue to be due to the complexity of the definition and process view of resilience. Resilience refers to the dynamic process that humans exhibit as positive adaptive behavior when faced with adverse conditions or damage (Dodman et al., 2015).

A study on the relationship between psychological resilience and parental attitudes in adolescents, which examined the relationship between adolescent risk-taking behaviors and resilience, showed that supportive, authoritative, democratic, and caring parental attitudes create or increase psychological resilience, while permissive and unfriendly parental attitudes negatively affect adolescents' psychological resilience. Authoritarian parenting style has controversial effects on psychological resilience since the effects of culture. In addition, this study showed that high family expectations and supportive, caring, and warm parental attitudes have positive effects on psychological resilience (Çakmak-Tulan, 2024).

A study by Kosijn et al. (2018) found that the prevalence of substance use disorders peaks during adolescence. However, many adolescents experience a natural resolution of their substance use in early adulthood, without any formal intervention. There appears to be something unique and adaptive about the adolescent brain, and teaching resilience components is effective in reducing vulnerability to addiction and changing adolescents' attitudes toward substance use ((Kosijn et al., 2018).

Anantanago (2024) conducted a study examining the complex context of adolescent stress analysis on resilience and process-based approaches aimed at preventing social harm. Recognizing that stressors in educational contexts are complex, this work uses advanced machine learning and deep learning approaches to negotiate the complexity of stressors unique to adolescents. The results showed that resilience-based approaches are highly effective in this context.

Some traits are potentially innate in individuals. But their emergence and development require more precise knowledge, cultivation, and application. Resilience refers to an individual's ability to adapt in the face of disasters or extreme pressures, to overcome those experiences, and even to strengthen them. This trait is

supported, developed, and crystallized as a positive characteristic by the individual's internal ability and social skills and interaction with the environment. (Narter, 2023).

According to the theory of Susolovich et al. (2024), given the stresses of the current world and the importance of maintaining the mental health of people, families and society, resilience education from childhood to adulthood is vital and important. On the other hand, resilience skill education helps people to face or cope with any adversity. Resilience education prepares societies for optimal coping with disasters and unexpected events and reduces and moderates the destructive effects of natural disasters.

Given the emphasis placed by experts on learning various resilience skills, teaching these skills to individuals can increase their level of mental and emotional health and, as a result, increase their sense of life satisfaction. According to Sternberg and Berry (1994), by teaching skills such as communication skills, coping, assertiveness, and assertiveness, resilience and, as a result, the level of health of individuals can be increased (Armstrong et al., 2023).

Each resilience program focuses on specific skills and issues, depending on its audience, including cognitive-behavioral and intellectual-emotional interventions, social support, interpersonal skills training, coping and problem solving. Familiarity with resilience increases self-confidence, increases optimism and positive attitude, hope, happiness, emotional management and awareness and impulse control, empathy and social interest (Captree et al., 2023).

Therefore, studies in recent years show that most high-risk behaviors, including drug and alcohol abuse and unsafe sexual behaviors, begin in adolescence (Kwan et al., 2020). Given that any harm includes a set of high-risk behaviors, and since compensating for these harms in any society takes a long time and expense, it seems that prevention through resilience training is more cost-effective than high-risk behaviors in every respect. Today, one of the most important issues is the transition from high-risk perspectives to resilience perspectives. That is, instead of relying on risk factors and trying to prepare the necessary measures by considering high-risk individuals, relying on resilience factors can increase the ability to cope with problems. Now, it should be considered that some adolescents who are caught in the trap of addiction can be effective in preventing these individuals from returning to addiction by quitting drugs and returning to society.

Method

The method of the present study is quasi-experimental and its design is pre-test-post-test with experimental and control groups. The statistical population of this study included adolescents referred to the Hope for Life Clinic in Sanandaj who had quit drugs for five months. The sampling method was convenience sampling. The

sample size in this study was 30 adolescents who were randomly assigned to two experimental and control groups of 15.

Research tools:

1- Connor and Davidson Resilience Scale (2003) (CD-RIS): This questionnaire was prepared by Connor and Davidson by reviewing the research resources of the field of resilience in 1979- 1991. The psychometric properties of this scale have been studied in six groups: general population, primary care patients, psychiatric outpatients, patients with generalized anxiety disorder, and two groups of patients with post-traumatic stress disorder. This scale is extended to measure different dimensions of resilience and includes a sense of individual ability, resistance to negative influences, positive acceptance of change, trust in individual instincts, a sense of social support, faith, and a pragmatic approach to problem-solving methods. Research shows that this scale is suitable for measuring the resilience of adults (Connor and Davidson, 2003; Connor, Davidson, & Lee, 2003). Items on this scale are scored on a five-point Likert scale (completely incorrect to always true). In addition to scores on various dimensions of resilience, this scale also provides a total score. The validity of this scale (by factor analysis and convergent and divergent validity) and its validity (by retesting and Cronbach's alpha) by Connor and Davidson (2003) in different groups (normal and at risk) have been reported as desirable. Jokar (2007) in his research by examining the validity and reliability of this scale in Iranian culture, using factor analysis method, confirmed its validity and the validity coefficient of the scale using Cronbach's alpha method equal to 0.73 reports has done. The results of Jokar (2007) are consistent with other findings of studies that have examined the validity and reliability of this scale (Samani et al., 2007).

2 - High-risk behaviors test: This questionnaire was developed by Khosrow Rashid based on its American sample and by applying the changes required for its localization, and its reliability was obtained by Cronbach's alpha method of 0.81 (Rashid and Marabi, 2012). Includes 9 subscales (high-risk driving, high-risk actions and devices, high-risk sexual behavior, suicide and violence, smoking, hookah, alcohol and drug use, food consumption, sleep and exercise). We used high-risk sexual behaviors, high-risk behaviors and violence, drug use (smoking, hookah, alcohol and drugs). This includes 46 questions, the reliability of questions about the subscales used through Cronbach's alpha 85 / 0 was obtained. The scoring method of the questions is such that each of the options to the extent that they show high-risk behaviors from the absence of high-risk behavior (zero score) and the lowest high-risk behavior (score one), to the highest high-risk behavior (according to the number Options, 3, 4, 5, etc.) are scored. The face validity of the test has also been confirmed by experts.

Research Method:

After selecting the sample group and placing them in the form of random assignments in the experimental and control groups, a pre-test was conducted in both groups and then the resilience program was taught to the experimental group. This program was presented twice a week to adolescents with a history of addiction, with each session lasting 2 hours. Each session included assignments and research on teaching-related issues. Resilience training for 10 sessions of the resilience components training program (Henderson and Millstone, 1997, quoted by Zarrin Kalak, 2010), whose components include: self-awareness, value, effective communication, bonding, foresight, self-efficacy in decision-making, self-awareness. Effectiveness in problem solving, self-efficacy in responsibility, emotion control, and meaningfulness. The process of each session is: 1- Reviewing the assignments of the previous session 2- Direct teaching by lecture method 3- Group discussion 4- Intellectual challenge 5- Summary of the session and methods such as cognitive restructuring, role playing, and brainstorming. During the sessions, profit and loss analysis, modeling, and storytelling were used. This training lasted 40 days. At the end of ten sessions, a post-test was conducted. Summary of the sessions: Session 1: Getting to know the audience, communication, familiarization with resilience, and the rules of participating in the workshop Session 2: Self-awareness, with the aim of being aware of the capabilities of the session, with the aim of improving people's ability to communicate Session 5: Communication, with the aim of establishing social relationships and making friends Session 6: Foresight and goal setting and how to achieve them Session 7: Self-efficacy for making the right decisions in life Session 8: Self-efficacy in problem solving Session 9: Self-efficacy in responsibility Session 10: Controlling emotions and managing anxiety Finally, the research data was analyzed using descriptive statistics and analysis of covariance.

Results:

Findings showed that the mean resilience scores in the experimental group increased from 61 in the pre-test to 71.60 in the post-test. However, the mean resilience scores in the control group decreased from 61.27 in the pre-test to 56.53 in the post-test.

Table 1. Description of resilience skills in experimental and control groups

group	pre-test			Post-test		
	Frequenc y	Mean	Standard deviation	Frequenc y	Mean	Standard deviation
Experiment	15	61	9/96	15	71/60	11/92
Control	15	61/27	14/69	15	56/53	15/89

The results show that the mean scores of the violence component in the experimental group decreased from 3.40 in the pre-test to 1.47 in the post-test. Also, the mean scores of this component in the control group decreased from 6.27 in the pre-test to 4.87 in the post-test. The mean scores of the unsafe sex component in the experimental group decreased from 2.47 in the pre-test to 1.27 in the post-test. However, the mean scores of this component in the control group increased from 1.20 in the pre-test to 1.47 in the post-test. The mean scores of the substance use component in the experimental group decreased from 5.60 in the pre-test to 3.60 in the post-test. However, the mean scores of this component in the control group increased from 3.27 in the pre-test to 3.53 in the post-test. The mean scores of high-risk behaviors in the experimental group increased from 11.47 in the pre-test to 6.33 in the post-test. The mean scores of high-risk behaviors in the control group also decreased from 10.73 in the pre-test to 9.87 in the post-test.

Table 2. Description of high-risk behavioral scores in experimental and control groups

Group	Variables	pre-test			Post-test		
		Frequen cy	Mean	Standard deviation	Frequen cy	Mean	Standard deviation
experime nt	Violence	15	3/40	3/11	15	1/47	2/17
	Unsafe sex	15	2/47	2/95	15	1/27	2/40
	Substance use	15	5/60	5/75	15	3/60	3/96
	High-risk behaviors	15	11/47	8/25	15	6/33	6/47
Control	Violence	15	6/27	4/64	15	4/87	4/16
	Unsafe sex	15	1/20	1/26	15	1/47	1/88
	Substance use	15	3/27	3/28	15	3/53	3/20
	High-risk behaviors	15	10/73	7/74	15	9/87	7/80

According to the information in Table 3, the percentage of violence of in the experimental group in the pre-test is 14.90 and in the post-test is 13.33%. The percentage of unsafe sex in the experimental group is 4.84

percent in the pre-test and 3.63 percent in the post-test. The control group is 19.60% in the pre-test and 18.03% in the post-test. The percentage of unsafe sex in the control group is 6.66% in the pre-test and 7.27% in the post-test. The percentage of substance use of control in the pre-test is 8.51 and in the post-test is 9.62. Also, the percentage of total high-risk behaviors of experimental group in the pre-test is 12.75 and in the post-test is 11.59 percent. And in the of the control group in the pre-test 12.12 and in the post-test 12.17 percent.

Table 3. Percentage of each high-risk behavior in the experimental and control groups

Group	Variables	Percentage in pre-test	Percentage in post-test
Experiment	Violence	14/90	13/33
	Unsafe sex	4/84	3/69
	Substance use	15/55	14/81
Control	Violence	19/60	18/03
	Unsafe sex	6/66	7/27
	Substance use	8/51	9/62

The results of analysis of covariance in Table 4 show that the value of F obtained for the difference between the mean scores of "resilience" between the experimental and control groups is 35.98 and the significance level of this value with a degree of freedom of 1 and 27 is lower. Is from 0.05 ($p = 0.001$, $35 = 1.981$ (27 and $F(1)$). Therefore, the difference between the mean scores of "resilience" between the experimental and control groups is significant and can be said with 95% confidence. Resilience education significantly increases the resilience of female students. According to the amount of Eta squared, the rate of this effect is 57%.

Table 4. Results of analysis of covariance of a resilience variable between experimental and control groups

Source effect	of SS	df	MS	F	P	η^2
Group	1761/63	1	1761/63			
Error	1321/94	27	48/961	3/9815	0/001	0/571
Total	130364	30	-			

The results of analysis of covariance in Table 5 show that the value of F obtained for the difference in the mean scores of "high risk behaviors" between the experimental and control groups is 18.596 and the significance level of this value with a degree of freedom of 1 and 27 is low. Is more than 0.05 ($p = 0.001$, 18.596 ($F = 27.56$)). Therefore, the difference between the mean scores of "high risk behaviors" between the experimental and control groups is significant and can be achieved with 95% confidence. He said resilience training significantly reduces the risk of high-risk behaviors in students, which is 41% given the amount of eta squared.

Table 5. Results of covariance analysis of one variable of high-risk behaviors between experimental and control groups

Source of effects	SS	df	MS	F	P	η^2
Group	128/62	1	128/62			
Error	186/75	27	6/92	1/5968	0/001	0/408
Total	3499	30	-			

According to the information in Table 6, it can be seen that the value of Wilkes lambda is equal to 0.636 and the value of F obtained in this statistic is 4.379. The significance level of this value with degrees of freedom 3 and 23 is less than 0.05 ($P < 0.05$). This shows that there is a significant difference between in the experimental and control groups in at least one of the components of high-risk behaviors.

Table 6. Results of multivariate analysis of covariance of components of risky behaviors in students

test	Amount	F	d.f (hypothesis)	Df(Error)	P
Pilani	0/364	4/379	3	23	0/014
Wilks Lambda	0/636	4/379	3	23	0/014
Hotelling	0/571	4/379	3	23	0/014
The biggest root on	0/571	4/379	3	23	0/014

The results showed that the modified mean of "violence" scores in the experimental group was 2.44 and, in the control, group was 3.89 and the results of analysis of covariance show that the value of F was obtained for

the difference between the mean scores of "violence". Between the experimental and control groups, it is 5.392 and the significance level of this value with degrees of freedom 1 and 24 is lower than 0.05 ($p = 0.029$, $p = 5.392$ (24 and 1F)). Therefore, the difference between the mean scores of "violence" between the experimental and control groups is significant and with 95% confidence, it can be said that resilience education significantly reduces the level of violence in People with a history of addiction. The value of ETA squared is 18%, and the findings also show that the adjusted mean score of "unsafe sex" in the experimental group was 0.96 and, in the control, group was 1.77, but the results of analysis of covariance Table 6 shows that the value of F obtained for the difference in the mean scores of "unsafe sexes" between the experimental and control groups is 1.762 and the significance level of this value with degrees of freedom 1 and 24 is higher than 0.05. Is ($p = 0.196$, = 762 (24 and 1F ())) The difference between the mean scores of "unsafe sexes" between the experimental and control groups is not significant and it can be said that resilience training does not have a significant effect on reducing unsafe sex. The results also show that the modified mean of "substance use" scores in the experimental group is 2.82 and, in the control, group is 4.31 and the results of analysis of covariance in Table 4.42 show that the value of F is obtained. For the difference between the mean scores of "substance use" between the experimental and control groups, 12.03 is and the significance level of this value with degrees of freedom 1 and 24 is lower than 0.05 ($p = 0.002$, 031 12 = (24 and 1F ())). Therefore, the difference between the mean scores of "substance use" between the experimental and control groups is significant and with 95% confidence it can be said that resilience training significantly reduces substance use in. Depending on the amount of Eta squared, the effect is 33% (Table 7).

Table 7. Results of multivariate analysis of covariance for violence, unsafe sex and substance use

Variable	Group	n	X —	SE	F	df	P	η^2
Violence	experiment	1	2/44	0/41	5/392	1/24	0/029	0/177
	Control	5	3/89	0/41				
Unsafe sex	experiment	1	0/96	0/41	1/762	1/24	0/196	0/066
	Control	5	1/77	0/41				
Substance use	experiment	1	2/82	0/29	12/031	1/24	0/002	0/325
	Control	5	4/31	0/29				

Discussion

The findings of this study show that resilience training significantly increases resilience in adolescents with a history of addiction. The results obtained in this study are consistent with the findings of Spratlen (2024); Bonaccio et al. (2024); Ritanti et al. (2023); Mahato et al. (2023); Wang (2023). The resilience program helps individuals learn the necessary skills to cope with unpleasant life events and risky behaviors. Therefore, resilience acts as a protective factor, like a kind of vaccination. People with high resilience use effective coping strategies when facing life problems and their view of problems is such that they see problems as opportunities for success (Mansfield et al., 2020). Resilience can lead to positive adaptation by strengthening self-esteem as a mediating mechanism. In addition, many other explanations suggest that if the resilience construct is weak, self-esteem is undermined and the process of coping with negative experiences becomes ineffective. Benard (1991) considers encouraging children to participate as an important factor in increasing their resilience. In well-functioning role-playing families, members are well-involved. When members are given role-playing responsibilities, the message is that they are valued and can participate as members of the family. Participation increases children's self-confidence and self-esteem, and thus increases children's resilience (Briscoe et al., 2023).

Also, the results of some studies show that resilience training is effective in reducing risky behaviors. Therefore, it should be said that there was a significant relationship between resilience and risky behaviors, so that with increasing resilience, risky behaviors in people with a history of addiction decreased. The results obtained in this study are consistent with the findings of Marhani et al. (2024); Park et al. (2023) by showing that resilient adolescents participate less in risky behaviors and that with increasing resilience among adolescents, the rate of risky behaviors among them decreases. Benson (2024) also conducted a study on 99,325 high school students and showed that the strengths and advantages that people feel in themselves can predict the occurrence of risky behaviors in them. According to the results of this study, by increasing positive characteristics in adolescents (such as self-esteem, sense of integrity, resilience, purpose in life, positive relationships with peers, etc.), the incidence of risky behaviors such as smoking, alcohol, drugs, and antisocial behaviors, etc., decreases. (Hayden, 2024). Jesour (1992) states that adolescents' participation in activities that endanger their health is due to the direct or indirect interaction between specific factors and the level of adolescents' exposure to these factors. He also argues that since risk factors increase the likelihood of risky behaviors in adolescents, the presence of some protective factors reduces this probability or prevents the effects of their negative consequences. Of course, these protective factors do not prevent adolescents from encountering risky behavior, but rather play a deterrent role between encountering risky behavior and the

adolescent's involvement in it, making the adolescent more capable of dealing with the risk. The results of many studies have shown that training self-awareness skills (one of the components of resilience) is effective in significantly reducing risky behaviors (Ivanov, 2024).

The study also showed that resilience training significantly reduces violence in people with a history of addiction. To explain this finding, it can be said that since emotion control is one of the components of resilience and resilient people manage their emotions well, resilience training reduces violence in students. Resilient people have problem-solving skills, identify problems, actively seek and monitor ways to solve their problems, and better overcome obstacles and situational problems in life. Therefore, violence is a characteristic of people who have low resilience and do not have problem-solving skills. In addition, anger management skills compensate for risky behaviors. Anger management training promotes resilience in various ways. On the one hand, it increases the individual's capital, and on the other hand, by affecting social relationships, it increases the amount and quality of resources available to adolescents (Maer, 2021).

Another finding of this study is that resilience training had no significant effect on reducing unsafe sex in people with a history of sex, but resilience training significantly reduced substance use in people with a history of addiction. The results obtained were consistent with the findings of Ko (2022), Park (2023), Aksoy (2023), Xing (2024), Meyer (2023), and Kapter (2023). These studies showed that there is a significant overlap between resilience and the prevention of high-risk behaviors such as substance abuse, and that increasing resilience reduces high-risk behaviors. Today, resilience-based programs are used in many fields such as academic achievement, delinquency and sexual abuse prevention, and substance abuse prevention. Although resilience focuses on broader issues such as adaptation, it can be used as a deterrent to prevent addiction. Teaching communication skills, decision-making and problem-solving skills, anxiety and stress management skills helps individuals resolve their conflicts with their peers in a constructive way. Their ability to control impulses and arousal increases, and increasing their coping skills reduces the desire to use substances and prevents substance use. Since one of the components of resilience is self-efficacy, Martinez et al. (2023) found in their research that, unlike people with low self-efficacy, people with high self-efficacy expectations are more likely to. Give up self-destructive behaviors (such as smoking and alcohol). Therefore, in general, it can be said that the resilience component training program is effective in reducing the level of high-risk behaviors, including violence and substance abuse.

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