

The Effect Of Reality Therapy Training On Responsibility, Self-Efficacy, Worry, And School-Related Mental Well-Being In Students

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Abstract

Adolescence is considered as a stage in life in which adolescents experience fundamental behavioral, cognitive, and emotional changes. The present study was carried out to investigate the effect of reality therapy on students' responsibility, self-efficacy, worry, and school-related mental well-being. The method of study was experimental with pre-test, post-test design and control group. The statistical population of present study included all second-year female students of Shiraz high school in the academic year of 2020-2021. Among the students of the selected schools, 30 people were selected based on the inclusion and exclusion criteria and were randomly assigned to experimental (15 people) and control (15 people) groups. The experimental group completed 8 sessions of 90-minute reality therapy training. The control group did not receive any intervention. Before and after the intervention, both groups received Morris Adolescents Self-Efficacy Questionnaire, Nemati Adolescents Responsibility Questionnaire, Meyer, Miller, Metzger and Borkovec Worry Questionnaire and Tian, Han and Huebner School-Related Mental Well-Being Questionnaire and answered their questions. Statistical data were analyzed using descriptive statistics and analysis of covariance. Results of the present study revealed a significant difference between the means of the experimental and control groups in the variable of responsibility ($P < 0.001$, $F = 16.381$; self-efficacy: $P < 0.001$, $F = 18.494$; worry $P < 0.001$, $F = 53.305$, and mental well-being $P < 0.001$, $F = 37.323$). The results showed that reality therapy significantly increased self-efficacy, responsibility, mental well-being and reduced worry in the experimental group. These results have important implications on the importance of teaching reality therapy to students and can be used by teachers and counselors as a framework for improving responsibility, self-efficacy, school-related mental well-being, and reducing student worry in schools.

Keywords: Reality therapy, Responsibility, Self-efficacy, Worry, and School-related mental well-being

INTRODUCTION

Adolescence is a stage of life in which adolescents face major behavioral, cognitive and emotional changes in self- developmental process and transition from childhood to adulthood (Adomeh, 2006). Responsibility is one of the genuine characteristics of human beings so that the growth and development of

the individual and human society depends on it (Soheili, 2008). Responsibility is a social skill and covers a wide range of adolescent behaviors, including the level of participatory activities, respect for the rules and rights of others, etiquette, conscientiousness, trustworthiness, discipline, conscious decision-making, and commitment (Hallajian and Saadipour, 2016). Responsibility

means that choices belong to us and that honestly treatment with freedom. Responsibility also includes considering others and not blaming them for personal problems (Scharf, 1996). Glasser (2010) links responsibility to mental health and states that the more responsible people have higher mental health. Self-efficacy is one of the important aspects of cognitive-social theory through which many social behaviors and personal characteristics are developed (Bandura, 2010). Self-efficacy is the perception that one thinks he or she can successfully perform the behaviors necessary to create a desired outcome (Saap, 1999). Bandura (1997) argues that self-efficacy means believing in one's ability to perform the activities required achieving the set goals. In adolescence, people receive conflicting messages from the external world that lead to worry in adolescents. Therefore, worry is very common in this period of human growth and development (Muris, Merckelbach, Gadet, King & Bogie, 2000). Results of studies have shown that 25% of the adolescents experience worry (Fournier, Freeston, Adouceur, Dugas, & Guevin, 1996) and that girls report higher levels of worry than boys (Muris et al., 2000, Silverman, La Greca & Wasserstein, 1995; Brown, Teufel, Birch, & Kancherlam, 2006).

Another variable affecting the adolescents' mental health is mental well-being. Hatcher (2007) believes that school-related mental well-being is associated with the presence of three positive indicators of positive attitude toward school, school enjoyment and positive self-concept and the absence of three negative indicators is associated with school worry, physical complaints at school and social problems at school. Murray-Harvey (2010, quoted by Putwain, Loderer, Gallard, & Beaumont, 2020) also found a high correlation between school-related well-being and mental health and stated that there is a high relationship between school setting and emotional experiences and students' mental health. Reality therapy is one of the psychological interventions used to increase adolescents' responsibility, self-efficacy and mental well-being. The cornerstone of reality therapy theory is that an individual chooses his or her behavior. In this treatment, facing reality, accepting responsibility, identifying basic needs, making moral judgments about the rightness or wrongness of

behavior, focusing on the here and now, internal control and thus achieving a successful identity that is directly related to self-esteem are emphasized (Glasser, 2010).

The main purpose of group reality therapy training based on "choice theory" is to motivate clients to take practical measures to change the current unwanted situation (Ghoreishi and Behboodi, 2017; Nikbakht, Abdokhodaei and Hassan Abadi, 2014). Research evidence suggests the effect of reality therapy on increasing responsibility in different classes of people (Khazan, Yousefi, Foroughan and Saadati, 2015; Shishefar and Shafiabadi, 2017; Sharaf, 1996; Reader, 2011; Nokhbe Zaeem, 2020; Yadollahi Saber, Ebrahimi, Zamani and Sahebi, 2019; Saadati Shamir, Najafi and Haghshenas Rezaieh, 2018; Kim, 2013). Also, studies indicate the effectiveness of group reality therapy training on enhancing self-efficacy (Rakh, 2018; Gholami, 2017; Hosseini, Gholam Ghasemi, Zarei, and Shirin Bayan, 2015).

A gap is observed in this area and the lack of research on the effectiveness of reality therapy on students, especially regarding worry and school-related well-being in students. Although there is evidence of the effect of reality therapy on increasing responsibility (Khazan et al., 2015), studies on adolescence and students have been very few. Adolescence is a crucial stage of life in terms of personal, social, physical and mental health. Hence, in all communities, great efforts are made to ensure the mental health of adolescents. Also, the sense of well-being, self-efficacy and responsibility play a major role in the mental health of people in society and the lack of mental health leads to a variety of behavioral problems, disorders and maladaptation. Also, in reality therapy, the education process is used more than the treatment process. Thus, it is considered a kind of prevention rather than being a recovery method. It emphasizes personal involvement, responsibility, success, positive planning, and action. Therefore, the present study is necessary in terms of its preventive role in high school students. Therefore, the present study is an attempt to answer the question of whether reality therapy training is effective on school-related responsibility, self-efficacy, worry and mental well-being of high school students.

Methodology

The method of present study was an experimental pretest-posttest design with a control group. The

statistical population included all female students in the second year of public high schools in Shiraz in the academic year of 2020-2021. Among the statistical population, 30 people were selected based on inclusion and exclusion criteria and were randomly assigned to experimental group (15 people) and the control group (15 people). Inclusion criteria were not using other psychological and psychotherapy interventions during participating in the study, no mental disorders, especially hyperactivity disorders and conduct disorders. Exclusion criteria were being absent in more than 2 sessions, having any physical or mental illness, not performing the tasks provided in the training protocol and receiving any educational intervention simultaneous with the presentation of the protocol.

Research tools

In the present study, the following tools were used to collect data:

Adolescent Self-Efficacy Questionnaire: This questionnaire was developed by Morris (2001). It includes 24 items and three areas of academic self-efficacy, social self-efficacy, and emotional self-efficacy. Items 1 to 8 assess academic self-efficacy, items 9 to 16 assess social self-efficacy, and items 17 to 24 assess emotional self-efficacy. In this questionnaire, the items are scored based on a five-point Likert scale (very bad to very good). To determine the validity, Morris (2001) in addition to the correlation of each dimension with the total score, used the factor analysis method using the principal component analysis method with orthogonal rotation. Its validity was confirmed.

Using Cronbach's alpha coefficient, Morris reported the reliability of whole questionnaire and the academic, social and emotional self-efficacy dimensions, respectively, at 0.88, 0.85, 0.88 and 0.86. In a study conducted by Dehghani Zadeh and Hossein Chari (2012), the reliability of this tool for academic, social and emotional self-efficacy dimensions was reported at 0.70, 0.69 and 0.74, respectively, using Cronbach's alpha method. They reported the validity of the questionnaire for the dimensions academic self-efficacy, social self-efficacy, and emotional self-efficacy, respectively, at 0.51 to 0.61, 0.49 to 0.60, and 0.45 to 0.69. Cronbach's alpha coefficient of this questionnaire was calculated at 0.85 in the present study.

Adolescents Responsibility Questionnaire: This questionnaire was developed by Nemati (2008) and has 50 questions scored on a five-point Likert scale (strongly disagree = 1, disagree = 2, no idea = 3, agree = 4 and strongly agree = 5). Some of the questions in this test are scored in reverse. This questionnaire consists of seven subscales. The reliability of the questionnaire by Cronbach's alpha method was obtained 0.91 for the whole scale, and 0.78, 0.86, 0.8, 0.55, 0.53, 0.6 and 0.52, respectively, for the subscales of self-management, orderliness, rule of law, trustworthiness, conscientiousness, organization and progressivism. Also, the reliability coefficients obtained from the test-retest method for the mentioned subscales was reported at 0.86, 0.94, 0.94, 0.85, 0.81, 0.92 and 0.8, respectively (Hemmati Alamdarloo, Rezaei, Teymouri, 2013). Nemati (2008) reported the content validity of the questionnaire at good level using the opinions of professors in this field. Also, Nemati (2008) reported the construct validity of the questionnaire at high level through factor analysis, the correlation of the questions with the total score and the group differences. Cronbach's alpha coefficient of this questionnaire in the present study was obtained at 0.89.

Penn-State Worry Questionnaire: This questionnaire was developed by Meyer, Miller, Metzger and Borkovec (1990). It includes 16 questions to assess adolescents' worry and is scored on a 5-point Likert scale ranging from 1 to 5. The reliability of the questionnaire by using the test-retest method and Cronbach's alpha were reported at 0.90 and 0.89, respectively (Meyer, Miller, Metzger and Borkovec, 1990). Mofrad (2000) reported the reliability of the questionnaire by test-retest method in two normal and patient groups at 0.88 and 0.8. The construct validity of the questionnaire by factor analysis method was reported at 42.4% (Tahmasian, 2005). Cronbach's alpha coefficient of this questionnaire in the present study was obtained at 0.90.

School-Related Mental Well-Being Questionnaire (short form): The School-Related Mental Well-Being Scale was developed by Tian, Han, & Huebner (2014). This 8-item scale consists of two subscales of satisfaction and emotions. The satisfaction subscale consists of 6 items and the emotion subscale consists of two items. Participants answer to each item on a 6-point Likert scale (from strongly agree to strongly disagree). Internal consistency of this scale in the original version was 0.82 and its test-retest coefficient with

5-week interval was reported at 0.71 (Tian et al., 2015).

In the research conducted by Yaghoubkhani (2016), its internal consistency was reported at 0.81 and its reliability coefficient was reported at 0.72. Exploratory factor analysis in the form of principal components showed two factors explained 74.13% of the variance. Confirmatory factor analysis also confirmed the two-factor structure of this scale. The fit indices indicated

the appropriate fit of the model. In the present study, the reliability of the questionnaire by using Cronbach's alpha method was reported at 0.89 and the confirmatory factor analysis confirmed the measurement model and good validity of the questionnaire. Reality therapy training package: Glasser reality therapy training program (2010, adapted from Ramzi Eslambouli, 2014) was implemented in the form of eight 90-minute sessions, one session per week.

Table 1: Summary of reality therapy training sessions based on Glasser choice theory

<i>Sessions</i>	<i>Goals</i>
1	Demonstrating intimacy, love, interest and acceptance towards clients, setting limits for participation and sharing, avoiding impractical promises
2	Emphasis on behavior rather than emotion: Awareness of behavior, learning the interrelationship of emotions and behavior
3	Emphasis on the present: Teaching that the events of the past are past and cannot be changed and only the present and the future can be changed, relating the past to the present and the future. Recognizing the successful methods and behaviors of his or her past and encourage himself or herself to repeat them.
4	Behavior judgment: Guiding clients to judge their own behavior and actions that lead to failure, taking a critical look at behavior and evaluating its usefulness in relation to others, and accepting responsibility for behavior.
5	Preparing a program: Assisting clients through designing useful and practical programs to turn unsuccessful behavior into successful behavior, Signing a contract, not blaming, examining work barriers.
6	Commitment to the program: Not accepting any excuse, and eliminating the punishment of recognizing the importance of the commitment, commitment to the program, Expressing feelings of program implementation, not accepting excuses.
7	Follow-up and revision of the program: Avoiding any kind of negative and humiliating comments by the counselor of renewed commitment or meditation and revision of the previous program.
8	Review sessions: Summarizing and reviewing the contents of previous sessions; General survey of the course

Results

Descriptive results of this study include some statistical indices such as mean and standard deviation (Table 1).

Table 1- Mean and standard deviation of research variables in experimental and control groups

variables	Measurement steps	Experimental Group		Control Group	
		Mean	Standard Deviation	Mean	Standard Deviation

responsibility	Pretest	73.60	1.844	72.87	2.446
	Posttest	110.73	18.813	83.53	18.738
self-efficacy	Pretest	84.07	13.797	89.80	7.223
	Posttest	96.67	9.904	81.73	4.543
Worry	Pretest	39.07	6.053	39.80	4.617
	Posttest	26.07	5.824	40.73	4.621
mental well-being	Pretest	21.27	3.035	19.00	4.036
	Posttest	28.93	5.587	17.07	3.011

Examining the covariance analysis assumptions

Levene's test, Kolmogorov-Smirnov test and independent t-test were used to confirm the assumptions of covariance analysis. First, the Kolmogorov-Smirnov test was used to check the normality of the data. The test result was not significant for all research variables at the level of 0.05, so the data normality was confirmed. Levene's test was also used to confirm the homogeneity of variances. The results of this test were not significant for all variables at the

level of 0.05. Therefore, the equality of variance of scores between the control and experimental groups was confirmed. Box's M test was also used to confirm the assumption of covariance homogeneity in this study. Since $P = 0.192$ was obtained, the homogeneity of covariance was confirmed. Also, an independent t-test was performed to confirm the hypothesis of homogeneity between the two groups in the pretest. The result was not significant at the level of 0.05, so the homogeneity between the two groups was confirmed. Therefore, covariance analysis can be used to test hypotheses.

Table 2- Results of MANCOVA on the scores of the reality therapy on responsibility, self-efficacy, worry and mental school-related well-being in students in two groups of control and experimental

Effect	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Observed Power	
group	Pillai's Trace	.804	21.597**	4	21	.000	.804	1.000
	Wilks' Lambda	.196	21.597**	4	21	.000	.804	1.000
	Hotelling's Trace	4.114	21.597**	4	21	.000	.804	1.000
	Roy's Largest Root	4.114	21.597**	4	21	.000	.804	1.000

**Significance level at the level of 0.01 * Significance level at the level of 0.05

As shown in Table 2, all tests are significant at the level of 0.05. It indicates that the means of tests in at least one of the scores of reality therapy on responsibility, self-efficacy, worry and school-related mental well-being in students are significantly different between the control and experimental groups. Wilkes's lambda test with a value of 0.196 and $F = 21.597$ test showed

a significant difference between the control and experimental groups in terms of scores of responsibility, self-efficacy, worry and school-related mental well-being at a significant level of 0.05. Therefore, the main hypothesis of the research is confirmed.

Table 3. Results of Univariate Analysis of Covariance (ANCOVA in MANCOVA text) on the Scores of the Effect of Reality Therapy on Responsibility, Self-Efficacy, Worry and Mental Well-being students in Two Groups of Control and Experimental

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Si g.	Eta Squared	Observed Power
responsibility	Regression Slope Homogeneity	1901.877	2	950.938	3.103	.062	.193	.547
	Pre-test Effect	1044.358	1	1044.358	3.670	.067	.133	.452
	Intragroup	4661.130	1	4661.130	16.381**	.000	.406	.973
self-efficacy	Regression Slope Homogeneity	101.164	2	50.582	.842	.442	.061	.179
	Pre-test Effect	14.800	1	14.800	.258	.616	.011	.078
	Intragroup	1058.893	1	1058.893	18.494**	.000	.435	.985
worry	Regression Slope Homogeneity	77.305	2	38.653	1.443	.255	.100	.28
	Pre-test Effect	.536	1	.536	.022	.883	.001	.052
	Intragroup	1295.23	1	1295.23	53.305**	.000	.690	1.000
mental well-being	Regression Slope Homogeneity	10.630	2	5.315	.250	.781	.019	.085
	Pre-test Effect	1.395	1	1.395	.068	.797	.003	.057
	Intragroup	769.374	1	769.374	37.323**	.000	.609	1.000

**Significance at the Level of 0.01 * Significance at the Level of 0.05

The results of Table 3 show that there is a significant difference between the mean scores of two groups in the responsibility, self-efficacy, worry and school-related mental well-being of students in the post-test stage ($p > 0.05$) ($F = 16.381$ for responsibility; $F = 18.494$ for self-efficacy; $F = 53.305$ for worry, and $F = 37.323$ for school-related mental well-being). This difference was in the favor of the experimental group. Observation of the third row data of Table 3, which is related to examining the research hypothesis and comparing the groups in the post-test of responsibility, shows that by controlling the pre-test in the post-test stage, squared ETA is equal to 0.406. In other words, by eliminating the pre-test effect from the post-test scores, about 41% of the individual differences in the responsibility post-test are related to the effect of using reality therapy and the difference between them. Also, the data in Table 3 for self-efficacy show that when the effect of pre-test differences is eliminated, significant difference is observed in students' post-test scores. In other words, there is a significant difference between the mean scores of students' self-efficacy after reality therapy.

This difference is in the favor of the experimental group in increasing the self-efficacy score of students after reality therapy (post-test stage $F = 18.494$ and significant level ($p < 0.05$)). Table 3, which is related to examining the research hypothesis and comparing the groups in the post-test, shows that by controlling the pre-test in the post-test, the squared ETA has reached 0.435. In other words, by eliminating the pre-test effect from the post-test scores, 43% of the individual differences in the post-test are related to reality therapy and the differences between them. Based on the data in Table 3 for the worry variable, it is observed that when the effect of the pre-test difference is eliminated, a significant difference is observed in the students' post-test scores. In other words, there is a significant difference between the mean scores of students' worry after reality therapy. This difference is in favor of the experimental group in increasing the self-efficacy score of students after reality therapy (post-test stage $F = 53.305$ and significant level $p < 0.05$)). The results of Table 3 show that with control of pre-

test in the post-test stage, squared ETA value reached 0.69. In other words, by eliminating the effect of the pre-test from the post-test, 69% of the individual differences in the post-test is related to the effect of reality therapy and the difference between them. Also, based on the data in Table 3 for mental well-being, when the effect of the pre-test difference is eliminated, a significant difference is observed in students' post-test scores. In other words, there is a significant difference between the mean scores of students' mental well-being after reality therapy. This difference is in favor of the experimental group in increasing the self-efficacy score of students after reality therapy (post-test stage $F = 37.323$ and significant level is $p < 0.05$)). based on the Table 3, which is related to the examining the research hypothesis and comparing the groups in the post-test, by controlling the pre-test in the post-test, the squared ETA value reached 0.609. In other words, by eliminating the effect of pre-test from post-test scores, 61% of individual differences in post-test are related to the effect of reality therapy and the difference between them.

Conclusion and Discussion

The result of present study revealed that reality therapy training is effective on students' responsibility. It is in line with the result of studies conducted by Nokhbe Zaeem, (2020) Yadollahi Saber, Ebrahimi, Zamani and Sahebi (2019), Saadati Shamir, Najafi and Haghshenas Rezaieh (2018), Shishefar and Shafiabadi (2017), Hallajian and Saadipour (2016), Kim (2013), and Bradley (2014), Kieron (2014). In explaining the obtained results, it can be stated that the reality therapist focuses all his efforts on behavior, creates a private and active relationship, acts responsively, and considers the current behavior of clients to achieve success. The therapist does not spend his time playing the role of detective and searcher and listening to the client's excuses, but he tries to pay close attention to the current behavior of the client and to avoid threatening cases and provides the conditions for formation of responsible behavior in the client. Also, in this method, the therapist establishes a relationship with the clients to be committed to the treatment process. Commitment alone can reduce

negligence in the clients. This type of treatment emphasizes changing behaviors that improve the thinking and feelings of clients. As stated before, one of the most important aspects of reality therapy is planning and being committed to these programs, while the person takes responsibility. In fact, the reality therapy approach helps people to control their behavior and choices.

The reality therapy approach assumes that people are responsible for their own lives, and that the goal of this treatment is make clients create changes in their lives and be committed to these changes. Thus, reality therapy helps clients feel responsible. Since the responsibility dimension is at the core of reality therapy, reality therapy can be effective in learning responsible behaviors in students . The present study also revealed that reality therapy training is effective on students' self-efficacy. This result is in line with the results of studies conducted by Rakh (2018), Gholami (2018), Law and Guo (2015), Rosidi, Sutoyo & Purwanto (2018), Goreishi and Behboodi (2017), Hosseini, Gholam Ghasemi, Zarei and Shirin Bayan (2015), Ghaderi et al. (2020). In explaining the results of present study, it can be stated that reality therapy training increases the feeling of self-efficacy. As seen, the reality therapy training program has had a positive effect on increasing students' self-efficacy. In explaining this result, it can be also stated that self-efficacy is considered as an individual resource that refers to improved ideas about the individual's ability to control a set of difficult activities or to cope positively with inappropriate events (Lees, Fergusson, Frampton & Merry, 2014; Metsala et al., 2016). The main emphasis of Glasser theory of choice or reality therapy is on the responsibility of the individual in life, and that the individual is not a victim of conditions, but he or she can make it with his or her choices. This type of treatment, which seeks to increase clients' self-esteem, can have a positive effect on their beliefs about their abilities and the extent to which they can affect their living environment and destiny, or their self-efficacy. Also, Bandura (2001) argues that an increase in self-efficacy depends on our perception of the degree of control over our lives, and this definition is in line with the principles of reality therapy because according to this

theory, one feels empowerment, self-confidence and self-esteem, and confidence and self-efficacy to effectively meet his or her basic needs (Ghoreishi and Behboodi, 2017). Also, this approach helps the person to replace internal control with external control and believe that he can choose his behavior responsibly to achieve the goals and by satisfying his or her desired mental image, he can satisfy his or her needs and thus feel more self-efficacy. Hence, raising the issue in the treatment session and consequently adopting a more realistic attitude towards the relationship between education and meeting the needs of individuals was a cognitive component of the intervention, which it is considered as one of the main factors in changing self-efficacy behavior according to the researcher. Also, the component of emphasizing freedom and responsibility in the reality therapy approach allows individuals to increase their level of reliance on their capabilities and thus improve self-efficacy.

In another explanation of this result, it can be stated that students in reality therapy learned to focus on reality, accept responsibility and recognize right and wrong affairs and their relationship with their daily lives. Thus, by accepting responsible behavior, they can avoid irresponsible behaviors that cause failure and mood swings and the resulting mental pressure. Moreover, the use of reality therapy led people to shift their focus from behavior beyond their control through self-assessment to the controllable aspects, to reduce negative and ineffective emotions through positive internal dialogue, and to focus on their capabilities. Emphasize. Hence, the person has been able to develop a sense of capability and empowerment. Accordingly, reality therapy helps people realize that they can take control of their lives and get rid of external control, and take responsibility for their behavior with appropriate choices, resulting in empowerment and self-confidence and increased sense of self-efficacy (Wubbolding, 2010). Also, in explaining the results of this study, we can refer to Bandura's theory of self-efficacy, which emphasizes the role of self-confidence and self-esteem in relation to one's abilities to perform the asked behavior (Shin and Nekajami, 2015).

Bandura (2001) argues that self-efficacy is the most important determinant of the activities we choose and the intensity with which we perform our actions, as well as the self-efficacy that causes us to continue performing our tasks after coping with experience of failure. Self-efficacy refers to a sense of worthiness, adequacy, and coping with life. Accordingly, meeting and maintaining one's performance criteria increases self-efficacy and failure to meet and maintain those criteria reduces self-efficacy. Self-efficacy refers to an individual's judgment about his or her ability to successfully perform a task (Metsala et al., 2016). The result of analyzing the research hypothesis showed that reality therapy training is effective on students' worries. Results of this study are consistent with the results of the studies conducted by Gasstevens (2010), Wubbolding, & Brickell (2017), Shirazi Tehrani, Mir Darikvand, Sepahvandi (2013). In explaining the obtained results, it can be stated that reality therapy teaches people to take responsibility for their behaviors and responsibility leads to action. When people take responsibility for their behaviors, then will be the main commander of their lives and can change their thoughts and attitudes and take a series of corrective actions, they can change their behaviors and accept their emotions, and cope with them. In other words, responsibility will improve living conditions and increase happiness and mental health. Reality therapy strengthens internal control in people. In other words, it teaches people that their happiness and future success is not in the tragic events of the past but in their own hands, and that they can shape their future as they like. Increasing internal control increases responsibility and thus reduces the worry of students.

The results of the analysis showed that reality therapy training is effective on the mental well-being of students related to school. The research results are in line with the results of the study conducted by Nokhbe Zaeem (2020), Lojk, Butorac, Posavec et al. (2018), Murray-Harvey (2010, quoted in Putwain, Loderer, Gallard, and Beaumont, 2020). In the general explanation of the effectiveness of reality therapy on increasing mental well-being, we can refer to the realistic view of reality therapy. Based on this view, life is full of pain. No matter how good our life is, it will be

associated with a lot of pain. Humans all have a lot of painful feelings stem from being a human, being limited, and our living. According to this view, life is full of pain, no matter how good our life is, it will be accompanied by a lot of pain anyway, we humans all have a lot of painful feelings that come from being a human being, being limited and It is our living. In the present study, individuals were trained to accept events that were mixed with memories, judgments, comparisons, and even bodily feelings and impulses. Therefore, the effectiveness of reality therapy on school-related mental well-being is revealed, because accepting responsibility, living at present time and self-respect can enhance one's psychological functions such as a positive attitude toward school, school enjoyment, and a positive self-concept.

The present study suffers some limitations. Although the necessary measures were taken to control the condition as much as possible, control has always been difficult in the case of human subjects and psychological therapies. Thus, we should treat with caution in generalizing the results of this study. In the present study, self-report tools were used, which increases the bias. The present study was conducted on female students and cannot be generalized to male students. Another limitation of this study was conducting it on high school students, so we should treat with caution in generalizing the results to other students. Lack of follow-up was another limitation of this study. According to the research results, it is recommended to use reality therapy training to increase self-efficacy and responsibility. It is also recommended to use reality therapy training to reduce worry. The results showed that reality therapy training is effective on school-related mental well-being of students. Therefore, it is recommended to use reality therapy training to improve school-related mental well-being. The present study was conducted with the support of the Research Deputy of Shahid Chamran University of Ahvaz under the research code of scu. EP 99.396.

REFERENCE

1. Hosseini, SR; Gholam Ghasemi, M; Zarei, MA, and Shirin Bayan, M (2015),

- Evaluation of the effectiveness of group reality therapy on increasing academic, social and emotional self-efficacy of female students, 2nd International Conference on Humanities, Psychology and Social Sciences.
2. Khazan, K; Yousefi, J; Foroughan, M and Saadati, H (2015), The effectiveness of teaching reality therapy concepts on the happiness of elderly men in Ardabil. *Elderly Quarterly*, 10 (3), 174-181
 3. Rakh, N (2018). The effect of group reality therapy training on the difficulty of emotional regulation and self-efficacy of female high school students in Tabriz. *Studies in Psychology and Educational Sciences*, 4 (1), 116-125
 4. Ramzi Eslambouli, L (2014). The effectiveness of group therapy based on reality therapy approach on the reconstruction of communication beliefs, improving coping strategies and raising awareness of marital expectations in married working women in Mashhad. Master Thesis, Faculty of Psychiatry and Educational Sciences, Payame Noor University of Tehran.
 5. Saadati, Sh, Abutale, M, and Haghshenas Rezaieh, M (2018). The effectiveness of reality therapy training on marital responsibility and burnout in married students of Azad University, *Research in educational systems*, 654-673.
 6. Shishefar, H, And Shafiabadi, A (2017). The effectiveness of reality therapy training on increasing happiness and responsibility and reducing the feeling of loneliness of the staff of Sharif Teachers Institute, *Educational Research Journal*, 12 (52), 145-166.
 7. Gholami, M (2017). The effect of group reality therapy on self-efficacy and coping strategies, Master Thesis, General Psychology, University of Gilan.
 8. Ghoreishi, M and Behboodi, M (2017). The effectiveness of group reality therapy training on emotion regulation and increasing academic self-efficacy of female students. *Scientific Journal of Social Health*, 4 (3), 238-249
 9. Nokhbe Zaeem, P (2020). The effect of reality therapy on promoting responsibility and social adjustment of adolescent girls, Master Thesis, General Psychology, Payame Noor Alborz University.
 10. Nemati, PS (2008). Preparation and standardization of responsibility test for middle school students in Tehran in both personal and social dimensions. Master Thesis. Tehran: Allameh Tabatabai University.
 11. Nikbakht, E, Abdokhodai, MS, and Hassanabadi, H (2014). The effectiveness of group reality therapy on increasing academic motivation and reducing students' academic procrastination. *Clinical Psychology and Counseling Research*, 3 (2), 81-94.
 12. Hallajian, M and Saadipour, E (2015). Evaluation of the effectiveness of role-playing training on the responsibility of first-year female high school students, *School Psychology*, (2), 151-166.
 13. Yadollahi Saber, F; Ebrahimi, ME; Zamani, N and Sahebi, A (2019), The effectiveness of choice theory training on responsibility and hope of female students, *Social Cognition*, 8 (1), 165-175.
 14. Adomeh, I. O. (2006). Fostering emotional adjustment among Nigerian adolescents with rational emotive behaviour therapy. *Educational Research Quarterly*, 29(3), 21.
 15. Bandura, A. (1997). *Self-Efficacy: The exercise of control*. New York: W. H. Freeman & Company.
 16. Bradley, E. L. (2014). Choice theory and reality therapy: an overview. *International Journal of Choice Theory and Reality Therapy*, 5(1), 6-14.
 17. Brown, S. L., Teufel, J. A., Birch, D. A., & Kancherlam V. (2006). Gender, age and behavior differences in early adolescent worry. *Journal of School Health*, 76 (8), 430-437.
 18. Casstevens, W. J. (2010). "Using reality therapy and choice theory in health and wellness program development within psychiatric psychosocial rehabilitation agencies". *International Journal of Choice Theory and Reality Therapy*, 2, 55-58.
 19. Fournier, S., Freeston, M. H., Ladouceur, R., Dugas, M. J., & Guevin, M. C. (1996). Excessive worry and worry in junior and senior high school students. Retrieved 3 January, 2010 from <http://ISSBD.com>.

20. Glasser, W. (2010). *Reality Therapy: A New Approach to Psychiatry*. New York: HarperCollins Publication.
21. Hascher, T. (2007). Exploring student's wellbeing by taking a variety of looks into the classroom. *Hellenic Journal of Psychology*, 4, 331–349.
22. Kirven, J. (2014). The reality and responsibility of pregnancy provides a new meaning to life for teenage fathers. *International Journal of Choice Theory and Reality Therapy*, 33(2), 23-30.
23. Law, F. M., & Guo, G. J. (2015). The impact of reality therapy on self-efficacy for substance-involved female offenders in Taiwan. *International journal of offender therapy and comparative criminology*, 59(6), 631-653.
24. Lojk, L., Butorac, D., Posavec, M., Maras, T., Kranželić, V., & Baković, A. (2018). Reality therapy training efficiency in helping participants to better their relationships and improve their psychological wellbeing. *International Journal of Choice Theory & Reality Therapy*, 37(2), 111-121.
25. Meyer, T. J., Miller, M. L., Metzger, R. L., & Borkovec, T. D. (1990). Development and validation of the penn state worry questionnaire. *Behaviour research and therapy*, 28(6), 487-495.
26. Muris, P., Merckelbach, H., Gadet, B., King, N. J., & Bogie, N. (2000). Fears, worries, and scary dreams in 4- to 12-year old adolescents: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology*, 29, 43-52.
27. Muris, T.(2001). A brief questionnaire for measuring self-efficacy in youths. *Journal of Psychopaheology and Behavioral Assessment*, 23: 145-149.
28. Putwain, P. W., Loderer, K., Gallard, D., & Beaumont. J.(2020). School-related subjective well-being promotes subsequent adaptability, achievement, and positive behavioural conduct, *British Journal of Educational Psychology*, 90, 92–108.
29. Reader, S. D. (2011). Choice theory: an investigation of the treatment effects of a choice therapy protocols students identified as having a behavioral, emotional disability on measures of worry, depression, and locus of control and self-esteem. PhD Thesis, North Carolina University.
30. Rosidi, R., Sutoyo, A., & Purwanto, E. (2018). Effectiveness of reality therapy group counseling to increase the self-esteem of students. *Jurnal Bimbingan Konseling*, 7(1), 12-16.
31. Sapp,M.(1999). *Test Worry, Applied research, assessment and treatment interventions*, Lanham, USA: Wisconsin University Press of American.
32. Sharf, R. (1996). *Theories of psychotherapy and cunseling*. Newyork: International thomson pub.
33. Wubbolding RE. *Reality therapy: The Corsini Encyclopedia of Psychology*. Hoboken: Wiley 2010: DOI: 10.1002/9780470479216.corpsy0780.
34. Wubbolding, R. E., & Brickell, J. (2017). *Counselling with reality therapy*. Routledge.