

EXAMINING THE EFFECT OF LIFE SKILLS TRAINING (LST) ON EMOTIONAL INSTABILITY AND IMPULSIVITY BEHAVIOR OF SCHIZOPHRENIC PATIENTS IN ZAHEDAN

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ABSTRACT

The purpose of this study was to determine the effect of LST on emotional instability and impulsive behavior of schizophrenic patients in Zahedan. This research used experimental method of pre-test and post-test design with control group. The population of this study was all schizophrenic patients admitted to Zahedan hospitals in 2017. The research sample consisted of 15 subjects in the experimental and 15 in the control group, who were selected through convenience sampling. Firstly, all schizophrenic patients admitted to Zahedan hospitals were identified and then 30 of them willing to cooperate were selected as through convenience sampling. The tools used in this study were Barratt Questionnaire (197), Eysenck Personality Questionnaire (EPQ). After these preparations, the program began for the experimental group. The first session was to communicate with the participants and explain the rules for attending the treatment group, and at a separate meeting, this was done for the control group. The program includes 10 sessions LST. Descriptive and inferential statistics were used to analyze the data.

In the descriptive statistics, the mean and standard deviation were used, and in the inferential statistics section, covariance analysis was used. The results showed a significant difference between the patients in the experimental group and the control group in terms of emotional instability by controlling pre-test ($P < 0.0001$ and $F = 20.54$). There was a significant difference between the patients in the experimental group and the control group in terms of impulsivity by controlling pre-test ($P < 0.0001$ and $F = 39.63$), so the hypothesis was confirmed. In other words, according to the mean of emotional instability in the experimental group compared with the mean of the control group, LST has reduced the emotional instability and impulsivity of the patients in the experimental group.

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Introduction

At the onset of pathological studies, it was assumed that schizophrenia was the beginning of an irreversible period of decline. Nevertheless, clinical observations and longitudinal studies conducted in Europe and the United States revived the notion that the nature of schizophrenia can undergo major changes over time. Although changes in short and medium terms can be implicit, the development of drug therapies over the past four decades has been a major advance in controlling and tackling schizophrenia because the use of drugs has significantly reduced the major symptoms of schizophrenia.

There is no mental disorder more sophisticated and stranger than schizophrenia. Schizophrenia is not a single disorder, but rather a series of psychosis characterized by a set of symptoms characterized by extreme strangeness in perception, thinking,

action, self-concept and communication with others. This disabling disorder usually occurs in the late adolescence or early adulthood, disrupting the process of socialization and the development of life skills, increasing social isolation and failing to play social roles

Symptoms of this disorder are divided into positive and negative categories. Positive symptoms are personality traumatic exacerbations, or strange behaviors such as delusions and illusions added to the normal behaviors of the patient. Negative symptoms are personality traumatic deficiencies that the sick person lacks. Poverty in speech, slow and superficial reactions, loss of will, and escape from the community are signs that are commonly seen in these patients

With changes in human life structures, mental disorders have become more prevalent. The range of disorders is such that it disrupts all functional, occupational, familial and social characteristics of the individual. The medical profession had long focused on identifying, treating, and reducing symptoms associated with disease states, and their only purpose was to help patients immediately to relieve discomfort. However, in recent years, a major shift has occurred in psychology, and the focus has shifted from disorder and dysfunction to well-being and positive mental health. This change of paradigm has played a significant role particularly in present-day psychological research Seligman, 2009, quoted by (1), and has attracted the attention of sociologists, economists, and politicians. In the past years, with Seligman's work in psychology, a movement called Positive Psychology has been created. In this context, issues such as happiness, hope, vitality and optimism are examined. Among the positive psychology categories are mental and psychological health. As one of the most important categories of positive psychology, mental health attracts a lot of attention and encompasses a broad meaning, nowadays. Psychologists consider mental health as an indication of an increase in affective affection towards negative emotions. In other words, mental health emphasizes the pleasant emotional experience Diener et al. quoted by (1), defines mental health as a multidimensional construct that, along with the presence of positive emotional experiences and life satisfaction, should show the lack of negative emotional states (1).

Collective life skills are part of the social skills that help people who are in a social situations. Studies have shown that social skills, which are a component of human socialization in all cultures, have led to positive reactions, prevented negative outcomes of behavior, and helped them to communicate with others In recent years, training life skills to families has been the focus, and it has tried to use family-based research, by forming appropriate knowledge of various sciences including psychology, sociology, economics, law, health, and so on, for the benefit of families and the growth of human development indicators. LST provides information and skills that empower the individual. These trainings include information on the better functioning of the family, the quality of interpersonal communication (relative and social), the growth of physical-psychological and intellectual aspects of individuals, the psychology of sexual and marital behaviors, the recognition of effective factors in time management, cost management and income in family life, and the importance and value of parenting education. Thus, recently, LST has been heavily addressed by education systems around the world for better and more effectively adaptation of people to the challenges and issues of life. In other words, TLS prepares the person to overcome the tensions and problems that the person encounters in society. Life skills are the abilities needed for success and sense of happiness in everyday life and are extracted from the requirements and needs of everyday life

Emotional instability is considered biologically as a feature of schizophrenia (2). In their study, (3) considered emotional instability as a criterion for schizophrenia. Emotional instability refers to traits such as petulance, restlessness, aggression, irritability, seeking change, impulsivity, and activism that are between the two personality dimensions of extroversion and insecurity. Research has shown an emotional instability in people with schizophrenia (4).

Impulsivity has been defined to include a wide range of behavioral and cognitive tendencies, such as the problem of delaying or inhibiting voluntary responses, short answer thresholds, deficiencies in delaying pleasure, and difficulty in paying attention (5). Impulsivity is defined as a precondition for rapid and unplanned responses to internal or external stimuli, regardless of the negative consequences of those reactions for themselves or others (6). Impulsivity is often associated with mood disorder and impulsivity behaviors are as a criterion for diagnosis of patients with schizophrenia and mania and hypomania stages. (7) have shown the relationship between impulsivity with suicide, drug abuse, emotional instability and aggression in schizophrenic patients. In their study, in comparing the impulsivity of patients with schizophrenia and healthy people using Barratt questionnaire, (8) reported impulsivity dimensions in schizophrenic patients is more than in healthy people. Attention to effective treatment has been a mind preoccupation for psychiatrists and psychologists for many years. Today, drug therapy is the first line of treatment for schizophrenia.

In spite of the effectiveness of drug therapy, which is often given to patients in hospital during hospital admission, the emergence of symptoms and recurrence send the patients to the hospital requiring a new cycle of treatment (8). In addition, Qoreishi et al. (2016) conducted a study whose main purpose was to compare life skills of students in multiple level and normal elementary classes of education in District 1 of Sari. The results of the study showed a difference between LST with self-awareness, creative thinking, coping with stress, deciding critical thinking skills, interpersonal relationships, and the skill to communicate. The relationship between LST and the life skills of students in multi-level and normal classes was different in the order of priority.

(9) Conducted a study entitled "Examining Effectiveness of LST on Impulsiveness, Loneliness and Depression - Girl Students of Ahvaz Azad University." The results showed that social skills training reduces impulsivity and loneliness and increases the individual social adjustment in female students.

Moghaddam et al. (2016) conducted a study to determine the effectiveness of LST on depression and anxiety in divorced women of Imam Khomeini Relief Committee of Kerman in 2013. In this semi-experimental study, 48 women were randomly selected from among the women of Imam Khomeini Relief Committee and tested by GHQ questionnaire. The results obtained by using covariance analysis showed that the subjects of the experimental group showed better performance in both anxiety and depression scales.

(10) Conducted a study entitled "Examining the effectiveness of LST on stress, depression and coping styles among couples in Ardabil." They concluded that LST had a significant effect on the reduction of stress levels and couples' coping strategies. It seems that LST can be effective in reducing stress and using coping strategies for couples. With the understanding of this necessity, the present study was conducted to determine the effect of LST on emotional instability and impulsive behavior of schizophrenic patients in Zahedan.

Methodology

In this research, experimental, pre-test, and post-test design with control group was used. The experimental and control groups were randomly selected, a pre-test was carried out before the experimental interventions were performed on the experimental and control groups, and then a test was performed at the end of the intervention. The difference between pre-test and post-test in each group was examined regarding statistical significance. Thus, the effectiveness of LST (self-awareness), problem solving, decision-making, effective communication skill, and the establishment, and maintenance of interpersonal relationships were used as an independent variable to influence the emotional instability and impulsivity of Schizophrenic patients in Zahedan as a dependent variable.

Population, sample and sampling method

The population of this study was all schizophrenic patients admitted to Zahedan hospitals in 2017. The research sample consisted of 15 subjects in the experimental and 15 subjects in the control group who were selected through convenience sampling. Firstly, all schizophrenic patients admitted to Zahedan hospitals were identified and then 30 of them willing to cooperate were selected as through convenience sampling. After selecting the sample group and placing them randomly in two experimental groups, a briefing session was held for the officials. The control group was also coordinated, as the waiting group, to receive separate sessions of therapeutic interventions after the end of the research in accordance with research ethics. After these preparations, the program began for the experimental group. The first session was allocated to communication with the participants and to explain the rules for attending the treatment group, and at a separate meeting, this was done for the control group. The program included 10 LST sessions.

Research tools

A) Barratt's Questionnaire (197): The 11th version of impulsivity scale, which is a self-reporting scale with 10 items measuring impulsivity, and the subject must respond to any of the items in this questionnaire that is on a four-point Likert scale: never/rarely, sometimes, often, most of the times/always. Three items of the 10 items of this scale are scored in reverse. The minimum and maximum scores on the scale were 30 and 120, respectively (11) examined the validity of the Persian version of Barratt's Impulsivity Scale. The scale was implemented on a group of 259 students. The results of this study indicated the existence of three factors called attentional impulsivity, motor impulsivity, and lack of planning. The total reliability of the impulsivity questionnaire was analyzed using Cronbach's alpha and test retest method, which was 0.77 and 0.81, respectively. Overall, the results of this study provided enough empirical support for using this scale in clinical and research positions in Iran.

B) Eysenck Personality Questionnaire (EPQ) for adults: EPQ is a 90-point scale that measures discretionary psychosis, psychosisism, extroversion, and lies, and for each question item, there are two options (yes and no), in some of which yes gets 3 points and no zero points. Psychoticism subscale (including 33 questions) in EPQ was used to measure emotional instability. In the Iranian sample, Cronbach's alpha coefficient is presented as 0.72, 0.89, and 0.79, which indicates high and acceptable reliability. (12) conducted a study aimed at validating and standardizing the revised version of EPQ in different age groups of the Iranian population showing that the questionnaire has good reliability and validity.

Research procedures

After selecting the sample group and placing them randomly in two experimental and control groups, a briefing was held for hospital officials and patients. The control group was also coordinated, as the waiting group, to receive separate sessions of therapeutic interventions after the end of the research in accordance with research ethics. After these preparations, the program began for the experimental group. The first session was allocated to communication with the participants and to explain the rules for attending the treatment group, and then the patients were asked to complete the questionnaires with the help of the researcher and experimental observations. At a separate meeting, this was done for the control group. The program consisted of 20 sessions as follows:

Session	Description of the sessions
First session	Knowing each other and creating an effective relationship, expressing class rules, TLSs, get familiarity with life skills, defining life skills
Second session	Self-awareness training: Awareness of the role of self-awareness skills in healthy life, recognizing some of the characteristics of self-awareness of abilities and weaknesses, recognizing the interests
Third session	Empathy skills training: The ability to understand the feelings and thoughts of others, to value others, to recognize the barriers to expressing empathy, such as counseling, blaming, familiarizing with empathy practices
Fourth Session	Interpersonal skills training: Creating positive and effective interpersonal relationships with others, familiarizing with different communication styles and practices, methods of establishing interpersonal relationships, features of bad and good communication, teaching factors that should not be seen effective in communication, and what is best to be done familiarity with a variety of questions in an effective communication, verbal and nonverbal components, communication techniques, and verbal communication exercises and attention to tone
Fifth meeting	Effective Communication Skills Training: Understanding communication practices and choosing the best practices at the right time through role play and group activities, empowering female employees to communicate effectively.
Sixth session	Teaching Tension Coping Skills: understanding tension, stress and its types, stress resources and their impact on human being, understanding tension reduction strategies
Seventh session	Learning to recognize emotions and the skill to control anger and aggression: understanding excitement, especially anger and aggression, identifying signs of anger and the role of thoughts in creating and maintaining anger as well as identifying irrational thoughts when anger
Eighth session	Problem-solving skills training: Understanding the problem-solving skills and their importance, knowledge of available goals, the use of intellectual rainfall approach to find solutions and methods for achieving goals, identifying different stages of problem solving and applying the best solution.
Ninth meeting	Teaching Decision Skills: Understanding the role and importance of decision-making, defining decision-making, knowing mistaken decision-making methods, understanding effective factors in logical decision-making, decision-making methods, and four-step

Descriptive and inferential statistics were used to analyze the data. In the descriptive statistics, mean and standard deviation were used, and in the inferential statistics section, covariance analysis was used.

Findings of the research

Table 2 shows the descriptive data of the scores of the experimental and control groups in the pre-test and post-test of the emotional instability and impulsivity behavior of the patients. This table shows the frequency of scores, the minimum and maximum scores of the factors, and the mean and standard deviation of the pre-test and post-test of the control and experimental group.

Table 4.1. Mean and standard deviation of emotional instability and impulsivity behavior of patients in experimental and control groups in pretest and posttest stages

Variable	Stage	Statistical index →	Mean	Standard deviation	Frequency
		Group			
Attentional impulse	Pre-test	Experimental	25.73	3.36	15
		Control	21.33	5.70	15
	Post-test	Experimental	20.67	4.79	15
		Control	28.87	2.87	15
Motor Impulsivity	Pre-test	Experimental	21.87	3.37	15
		Control	18.80	5.14	15
	Post-test	Experimental	19.00	4.50	15
		Control	25.40	2.55	15
Planning impulsivity	Pre-test	Experimental	10.13	1.45	15
		Control	8.93	2.81	15
	Post-test	Experimental	9.20	2.54	15
		Control	11.87	1.55	15
Emotional instability	Pre-test	Experimental	45.60	8.21	15
		Control	38.87	6.97	15
	Post-test	Experimental	29.13	6.37	15
		Control	6.37	8.07	15

As presented in Table 1, in the pre-test stage, the mean and standard deviation of the attentional impulsivity of experimental group were 25.73 and 3.36, the control group 21.33 and 5.70, respectively. In post-test, the mean and standard deviation of the experimental group were 20.67 and 4.79, and in the control group 28.87 and 2.87 respectively. In pre-test stage, in motor impulsivity, the mean and standard deviation of the experimental group were 21.87 and 3.37, and the control group 18.80 and 5.14; and in the post-test, mean and standard deviation of the experimental group were 19.19 and 4.50, and the control group 25.40 and 2.55. In pre-test stage, in planning impulsivity, the mean and standard deviation of the experimental group were 10.13 and 1.45, and the control group 8.93 and 2.81; and in the post-test, mean and standard deviation of the experimental group were 9.20 and 2.54, and the control group 11.87 and 1.55. Moreover, in pre-test stage, in emotional instability, the mean and standard deviation of the experimental group were 45.60 and 8.21, and the control group 38.87 and 6.97; and in the post-test, mean and standard deviation of the experimental group were 29.13 and 6.37, and the control group 6.37 and 8.07.

Findings related to research hypotheses

This research includes the following hypotheses, each of which, along with the results obtained from its analysis, is presented in this section. Before examining the hypotheses, Levene's Test was used to observe the equality of variance of the variables of the research, the results of which are presented in Table 2. Moreover, the results of Kolmogorov-Smirnov test for the presumption of normal distribution of the scores in the population as well as the results of the presumption of the homogeneity of regression slopes test are shown in Tables 3 and 4 for emotional instability and impulsivity of patients.

Table 2. Results of Levene's Test on the presumption of equality of variance of scores of the variables of research in two groups

Variable	F	First degree of freedom	Second degree of freedom	The significance level
Attentional Impulsivity	4.81	1	28	0.037
Motor Impulsivity	4.66	1	28	0.040
Planning Impulsivity	8.22	1	28	0.008
Emotional instability	2.30	1	28	0.140

As can be seen in Table 4.2, the null hypothesis for equality of the variance of the scores of the two groups was confirmed in all of the main research variables (except for the three components of impulsivity). This means that the presumption of the equality of scores variance was confirmed in both the experimental and the control groups. However, when the volume of the samples is equal, the significance of Levene's Test does not have a significant effect on the alpha level of the nominal value.

Table 3. The results of Kolmogorov-Smirnov test on the presumption of normal distribution of the scores of emotional instability and impulsivity behavior of patients

Normal distribution of scores	Groups	Kolmogorov-Smirnov			Groups	Kolmogorov-Smirnov		
		Statistic	Degrees of freedom	Sig.		Statistic	Degrees of freedom	Sig.
Attentional Impulsivity	Experimental	0.186	15	0.171	Control	0.148	15	0.200
Motor Impulsivity	Experimental	0.201	15	0.104	Control	0.133	15	0.200
Planning Impulsivity	Experimental	0.197	15	0.122	Control	0.169	15	0.200
Emotional instability	Experimental	0.148	15	0.200	Control	0.178	15	0.200

As presented in Table 3, the null hypothesis for the normal distribution of the scores of the two groups was confirmed for emotional instability and impulsivity of patients. That means the presumption of the normal distribution of scores in the pre-test was confirmed in both groups.

Homogeneity of regression

While there is the assumption that variables in covariance analysis in the whole data should show linearity, it should also be assumed that the regression lines for each group should be the same. If the regression is heterogeneous then covariance will not be an appropriate analysis. The assumption of homogeneity of regression is a key issue in covariance (Giles, 2002). It is necessary to explain that in this research post-tests of quality of life, hope, and perceived stress and its components were considered as dependent variables and their pretest were considered as auxiliary variables (covariates). The homogeneity of slopes is assumed to exist when there is equality between the auxiliary variables (in this research pre-tests) and the dependent variables (in this post-tests) at all levels of the agent (experimental and control groups). What would be desirable would be a non-significant interactive relationship between dependent and auxiliary variables (covariates).

In this research, before analyzing the data, for regression slope homogeneity, there should be equality between auxiliary (pre-tests) and dependent (post-tests) variables at the operating levels (experimental and control groups).

Table 4. The results of testing the presumption of homogeneity of regression slopes of the research variables in the two groups in population

Variable	Source of change	F	The significance level
Attentional Impulsivity	Interaction Group * Pre-test	2.87	0.102
Motor Impulsivity		2.08	0.161
Planning Impulsivity		1.46	0.237
Emotional instability		2.08	0.161

As seen in Table 4, the F value of the interaction for all of the research variables is insignificant. Therefore, the assumption of homogeneous regression is confirmed.

Main hypothesis: LST effects emotional instability and impulsive behavior of schizophrenic patients.

Table 5. The results of multivariate covariance analysis (MANCOVA) on the mean score of post-test for emotional instability and impulsivity of patients in experimental and control groups with pre-test

Test name	Value	DF Hypothesis	DF Error	F	Sig. (p)	Eta squared	Statistical power
Pillai's trace	0.683	3	23	16.51	0.0001	0.68	1.00
Wilk's Lambda Test	0.317	3	23	16.51	0.0001	0.68	1.00
Hotelling's Trace	2.15	3	23	16.51	0.0001	0.68	1.00
Roy's Largest Root	2.15	3	23	16.51	0.0001	0.68	1.00

As shown in Table 5, with the pre-test control, the significant levels of all tests indicate a significant difference between patients in the experimental and control groups for at least in one of the dependent variables (emotional instability and impulsivity behavior of patients) ($p < 0.0001$ and $F = 16.51$). To find out which variable is different between the two groups, three analyses of covariance were carried out in MANCOVA, with the results presented in Table 4-6. The value of the effect or difference is equal to 0.68. In other words, 68 percent of the individual differences in the post-test scores of emotional instability and impulsive behavior of the patients are related to the effect of psychotherapy based on happiness (group membership). The statistical power is equal to 1.00. In other words, there was no possibility of a second type error.

Table 6. Results of one-way covariance analysis in MANCOVA text on the mean scores of post-test of emotional instability and impulsivity of patients in experimental and control groups with pre-test control

Variables	Source of changes	Sum of squares	DF	Mean of squares	F	Significance P	Eta square	Statistical power
Emotional instability	Pre-test	5983.06	1	5983.06	101.23	0.0001	0.80	1.00
	Group	1213.99	1	1213.99	20.54	0.0001	0.45	0.992
	Error	1477.52	25	59.10				
Impulsivity	Pre-test	1593.75	1	1593.75	43.78	0.0001	0.63	1.00
	Group	1442.42	1	1442.42	39.63	0.0001	0.61	1.00
	Error	0909.92	25	36.39				

As shown in Table 6, by controlling pre-test, there is a significant difference between the patients in the experimental group and the control group in terms of emotional instability ($P < 0.0001$ and $F = 20.54$). Therefore, the hypothesis is confirmed. In other words, according to the mean of emotional instability in the experimental group compared to the mean of the control group, LST decreased the emotional instability of the patients in the experimental group. The effect or difference is 0.45. In other words, 45% of the individual differences in the post-test scores of emotional instability relate to the impact of LST (group membership). The statistical power is equal to 0.992, i.e. if this research is repeated 1000 times; only eight times the null hypothesis may be erroneously verified.

There was a significant difference between the patients in the experimental group and the control group in terms of impulsivity ($P < 0.0001$ and $F = 39.63$) by controlling the pre-test. In other words, given the mean of impulsivity of the patients in the experimental group compared with the mean of the control group, LST reduced the impulsivity of the patients in the experimental group. The effect or difference is equal to 0.61; in other words, 61 percent of the individual differences in post-test scores of impulsivity are related to the effect of LST (group membership). The statistical power is equal to 1.00; in other words, there was no possibility of a second type error.

Discussion and conclusion

The results showed that LST was effective on emotional instability and impulsive behavior of schizophrenic patients.

The finding that anger management training has a significant and positive effect on the reduction of high blood pressure and anger is consistent with the findings of Safranzadeh et al. (2016), (13), (10), and (8).

There are some reasons to explain the findings of this hypothesis. Life skills target emotion, which is one of the early symptoms of mood instability. The core of LST is mindfulness and emotional ordering, which tells the patient to be aware of their emotions, thoughts, and behaviors, face the emotions, and act against strong emotional desires. These skills are very helpful when a person suffers depression, mania and hypomania attacks. In addition, the practice of thought and excitement diffusion for emotional ordering and the reduction of sustainability are highly effective. This disturbance often results in harm to communication, which can lead to anger and restlessness in periods of depression and mania, or leads to consequence of behavior in these periods, such as substance abuse, exaggerated relationships and gambling (14). In addition, interpersonal-skill training helps patients improve communication in their lives.

Teaching these skills helps patients to rebuild their communications when needed. Therefore, teaching communication techniques such as saying no, and negotiating skills for conflict resolution and assertiveness training to patients with schizophrenia disorder decreased emotional instability in these patients. The findings of this study showed the effectiveness of LST on impulsivity reduction of the subjects in the experimental group. In explaining the findings of this hypothesis, one can point out that LST helps these patients resolve conflicts and decisions and increases the effectiveness of the person in self-control. Distress coping skills helps deal with confounding situations to replace old coping strategies such as self-harm, impulsivity, and lack of planning with healthy coping strategies. The findings of this research can be applied in the fields of psychology, counseling and psychotherapy because LST has led to reduced emotional instability and impulsivity in patients with schizophrenia. Due to the specificity of the sample, of the limitations of this research were selecting through a convenient sampling method for patients referring to the centers of Zahedan and the number of samples. Therefore, caution should be exercised in the generalization of the results. This study investigated the effect of LST on emotional instability and impulsivity in schizophrenic patients. It is suggested that this research be repeated on a larger sample in different cities.

In addition, this treatment can be implemented on other psychological variables associated with this disorder. It is suggested that this training intervention be studied in comparison with other therapeutic approaches, such as cognitive therapy based on mindfulness, cognitive-analytical psychotherapy, and cognitive behavioral therapy, to compare the effects of these methods.

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