

Effectiveness of Group Counseling based on Reality Therapy on Academic Procrastination and Behavioral Self-Regulation of Students

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Abstract

Introduction: The current study was an attempt to shed light on the effects of group counseling based on reality therapy on academic procrastination and behavioral self-regulation of students.

Method: The study utilized a quasi-experimental method with a pretest-posttest and control group design. The population of the study included all male students studying in the first grade of high schools in Zaveh County. One of these high schools was selected based on convenience sampling method, and then, 24 students were selected as the sample of the study. They were then randomly assigned into two groups (control and experimental). The instruments used in the study included the Academic Procrastination Scale (APS) and Self-Regulation Questionnaire (SRQ). First, both groups were assessed (pretest) and then, the experimental group received group counseling based on reality therapy for eight sessions, while the control group received no intervention. In the posttest stage, both groups were assessed once more. To analyze the data, multivariate analysis of covariance was utilized.

Results: Findings revealed a significant difference between the two groups in terms of both academic procrastination and behavioral self-regulation.

Conclusion: Accordingly, it might be contended that group counseling based on reality therapy is effective in decreasing academic procrastination and improving behavioral self-regulation.

Keywords: Group Counseling, Reality Therapy, Procrastination, Self-regulation

Introduction

One of the adolescents' issues which is mostly brought up by teachers and counselors is their procrastination and also lack of self-regulation in managing and monitoring their duties. Procrastination, which might be simply defined as repetitive postponement of assignments, is one of the problems that most people suffer from in specific situations (1). Academic procrastination, however, befalls especially regarding assignments and academic affairs and has become a common problem among students and is often observed by parents, teachers, and counselors. According to previous studies (2), in academic procrastination, studying is postponed until the last moments before the exam. Furthermore, the duration of studying is less than what is planned to be; that is why academic procrastination is often followed by lack of academic achievement; and it negatively affects students' academic progress. Additionally, McCown and Johnson (3) contend that academic procrastination is directly associated with low scores, demotivation, and even school-leaving. Procrastination has also been reported to be the reason for underachievement in 40 percent of cases. Moreover, based on the students' self-reports, the direct negative relationship between procrastination and academic underachievement has been confirmed (4)

Although the students mention various reasons for their academic procrastination, anxiety about their achievement and lack of self-confidence are among the most important motivational reasons for procrastination (5). In line with this, Steel (6) considers procrastination a common manifestation of failure in self-regulation. Self-regulation refers to the ability of individuals to observe, monitor, and manage their behaviors, and it highlights the conscious awareness of individuals about their internal conditions and adjustment of their behavior in accordance with the external conditions. Zimmerman (7) regards the main concept of self-regulation based on self-assessment, and emphasizes the importance of conscious regulation of behaviors and emotions according to one's goals. Self-regulation necessitates a systematic direction towards pursuing personal goals and incorporates planning and activities such as detailed programs, determining strategies, regular doing of plans, and exact supervision (8). Thus, a self-regulated person is one who plans for his/her behaviors and emotions based on his/her goals, and takes the responsibility for his/her emotions and behaviors (9).

Reality therapy is one of the strategies that might be taken into consideration in making individuals responsible and committed since it tries to help people be responsible for involvement in their own issues. To put it another way, the essence of reality therapy is to help people take responsibility for their own actions and behaviors. Reality therapy strongly helps people consider and accept themselves as they actually are. In line with this perspective, goals would guide people to take the responsibility for whatever they do and say; and it is their decisions and not conditions which determine success or failure. Accordingly, Glasser's choice theory in reality therapy has been founded on controlling one's behavior and reaching a comprehensive understanding of reality (10).

Reality therapy helps children and adolescents commit themselves to planning and implementing the plan so that they would enjoy a better life. It also helps them reach a better understanding of themselves, and take measures to modify and improve their lives. In his choice theory, Glasser (11) highlights the strategies for reinforcing individuals' control on their lives. He believes that after concentration on reality, it is necessary to call people for doing an evaluative judgment of their actions and help them impartially judge themselves so that they might identify their defects and realize the necessity of making suitable choices.

Reality therapists contend that the patients choose problematic behavior as a way to deal with their failure resulting from incorrect understanding of reality. Thus, treatment becomes possible only when they could choose a suitable behavior based on a critical review of their incorrect behavior (12). Therefore, the leader of the group in group counseling based on reality therapy tries to help the members to firstly identify their own needs and wishes, secondly, to do a critical reconsideration of them to know how reasonable they are, and thirdly, think whether their behaviors help them meet their needs. In

this way, the members will reach a reasonable evaluation of themselves without any blame, humiliation, and punishment (13).

Some studies have demonstrated the efficacy of reality therapy. As an example, Loyed (14) showed that teaching the principles of reality therapy to students helps them meet three important needs: fun, freedom, and power. McClung and Hogleund showed the effectiveness of Glasser-Baldrige model on students' success and improvement of educational quality (15). Henderson et al. also reported that the Glasser's model makes people capable and motivates them to change through facilitating education, encouragement, and guidance (16). As with the effects of reality therapy on students' responsibility, Wubbolding mentions to the results of a research in which a responsibility room had been established at a high school (10). This not only improved the students' behavior and working habits, but also provided a secure environment for meeting their needs. Furthermore, Kirven interviewed some high school students and demonstrated that reality therapy decreases students' dependence on their parents and helps them strengthen their independent thinking and have more autonomy and freedom of choice (17). Mateo et al. also reported that a psycho educational intervention based on choice theory increases the autonomy of students which, in turn, improves their academic performance (18). Similarly, Mohammadi et al. showed that group counseling based on reality therapy significantly affects the autonomy of female high school students and increases their self-regulation (19). Valizadeh et al. demonstrated that educational programs based on reality therapy decrease parents' conflicts and increase children's self-confidence (20). Hosseini also believes that group reality therapy might be taken as a therapeutic-educational method to increase social adaptability and self-regulation of adolescents (21). Yeganeh also showed that group reality therapy decreases state anger and increases adolescents' responsibility (22).

Despite these studies, almost no research has investigated the effects of this approach in procrastination and self-regulation of Iranian students. Given these points, the present study intends to examine the efficacy of group counseling based on reality therapy on procrastination and self-regulation of students. If the current research supports the efficiency of this method to improve students' motivation and responsibility, school counselors may employ this approach more confidently in educational settings.

Method

The present study utilized a quasi-experimental method with a pretest-posttest and control group design. Research population included all first grade male students of Zaveh County high schools (2014-2015). One of these high schools was selected based on convenience sampling method, and then, 24 students were selected as the sample of the study. They were then randomly assigned into two groups (control and experimental).

In order to collect data, the following instruments were

utilized:

Academic Procrastination Scale

This scale has been developed by Solomon and Rothblum (4). It consists of 15 items and two components: preparation for exams and preparation for assignments. Solomon and Rothblum reported the Cronbach alpha to be 0.87. This scale has been also used by Motiee, Heidari, and Sadeghi (23). In that study, the validity of the instrument was reported to be satisfactory and its reliability was reported to be 0.81 and 0.86 respectively. In the present study, the Cronbach alpha for this questionnaire turned out to be 0.79.

Self-Regulation Questionnaire (SRQ)

SRQ has been developed by Brown, Miller, and Lawendowski to measure self-regulation and its components (24). It consists of 63 items and seven subscales: receiving relevant information, evaluation of

information and comparing it to the norms, triggering change, searching for options, formulating a plan, implementing the plan, and assessing the plan effectiveness. A relatively high reliability has been reported for this instrument. The developers of this scale have reported its reliability to be 0.95 (test-retest method) and 0.91 (internal consistency method) respectively. In Iran, Dehghani Nazar has reported its test-retest reliability and internal consistency to be 0.94 and 0.91 respectively (24).

At first, both groups were assessed (pretest) and then, the experimental group received group counseling based on reality therapy for eight sessions of 1.5 hours, while the control group received no intervention. In posttest stage, both groups were assessed once more.

The contents of all group counseling sessions have been presented in Table 1.

Table 1. Contents of the educational sessions (group counseling based on reality therapy)

Session	purpose and content
1	Familiarity with members and explaining rules and objectives: Creating an emotional relation among the members and counselor, stating participation rules, necessity of regular attendance and confidentiality, assessing members' attitude towards procrastination and self-regulation, explaining advantages of group counseling, and strengthening a feeling of belonging to group among the members.
2	Familiarity with choice theory and five basic needs: In this session, five basic needs presented in choice theory (Survival, Love & Belonging, Power, Freedom, and Fun) were explained with examples and the way they might influence our life was also clarified.
3	Explanation about basic needs: Elaborating on the point that basic needs might be different among different people and hence, strategies might also be different. Then, strategies and works that the members could do to increase and strengthen their efficiency and decrease the procrastination were reviewed.
4	Teaching the components of human's behavior to members (concept of general behavior): Talking about general behavior and its components including action, thinking, feeling, and physiology. Educating the point that we often directly dominate just thinking and action, and the other components are out of our control. To explain the general behavior, the example of car is used. The importance of the members' choices and responsibilities that they should take for their choices are also emphasized.
5	Choosing better situations and achieving internal control: In this session it was explained that people could select better situations and become aware of the value of internal control and also know to what extent they are affected by external factors. Additionally, reasonable choices and planning based on them were explained as important factors for achieving goals.
6	Strategies to formulate a new behavior: In this session, the students were helped to learn methods and techniques based on reality therapy so as to replace their wrong choices with correct ones.
7	Facilitating to develop responsibility and cooperation spirit: In this session, the members' problems were brought up considering their wishes, current actions, determination of the path, assessment of measures, and planning to achieve intended goals. Furthermore, the necessity of commitment to the contracts and taking responsibility for choices were emphasized.
8	Reviewing previous sessions, conclusion, and administering posttest: A summary of sessions was reviewed and the group members made conclusions with the counselor's guidance.

Results

Given the nature of variables and the scales (interval type) and also the research design (quasi-experimental method with pretest-posttest and control group design), in order to analyze the data, analysis of covariance was employed. Table 2 shows the descriptive statistics of the scores of procrastination and its components during pretest and posttest.

Table 2 indicates that the mean scores of preparation

for exams and preparation for assignments has increased in experimental group in the posttest stage as compared to the pretest stage. In order to investigate the observed difference between pretest and posttest score, analysis of covariance was used. However, previously the assumption of normality of distribution and the assumption of homogeneity of variance were confirmed through Kolmogorov-Smirnov test and Levene test ($p \geq 0.5$) respectively. As Table 3 indicates, after controlling the

effect of pretest, the impact of the reality therapy educational program on academic procrastination and its components is significant ($p \leq 0.05$). Table 4 represents the descriptive statistics of the participants' scores on self-regulation and its components during pretest and posttest stages.

As Table 4 reveals, the mean scores of the experimental group have increased in receiving information, evaluating of information, triggering change, searching of options, formulating a plan, implementing of plan, effectiveness of plan, and self-regulation in the posttest stage as compared to pretest stage.

Table 2. Descriptive statistics of procrastination for both groups in pretest and posttest stages

Dimension	group	stage	M	SD
Preparation for exams	Ex.	Before intervention	18.85	2.80
		After intervention	14.95	3.93
	Co.	Before intervention	19.33	3.00
		After intervention	17.45	1.95
Preparation for assignments	Ex.	Before intervention	29.12	2.01
		After intervention	22.33	3.65
	Co.	Before intervention	30.59	2.89
		After intervention	25.35	1.85

Table 3. Analysis of covariance for effectiveness of group counseling based on reality therapy on total procrastination and its components

Variable	Source of Change	Sum of Squares	df	Mean of Squares	F	Sig.
Preparation for exams	Group	4.76	1	151.65	87.28	0.00
	Error	66.02	21	1.73		
Preparation for assignments	Group	21.34	1	21.34	4.29	0.00
	Error	353.64	21	11.93		

Table 4. Descriptive statistics of self-regulation scores for both groups in pretest and posttest stages

Dimension	Group	stage	Mean	SD
Receiving of Information	Ex.	Before intervention	205.30	39.06
		After intervention	231.25	25.53
	Co.	Before intervention	205.69	21.93
		After intervention	206.13	34.06
Evaluating of Information	Ex.	Before intervention	205.39	23.66
		After intervention	239.58	22.00
	Co.	Before intervention	202.45	34.20
		After intervention	209.68	27.70
Triggering of Change	Ex.	Before intervention	203.45	23.10
		After intervention	245.03	30.80
	Co.	Before intervention	204.56	25.80
		After intervention	202.45	21.70
Searching of Options	Ex.	Before intervention	198.36	2.80
		After intervention	218.65	3.93
	Co.	Before intervention	203.45	3.00
		After intervention	210.23	2.26
Formulating of a Plan	Ex.	Before intervention	203.42	2.60
		After intervention	205.36	2.46
	Co.	Before intervention	201.56	2.50
		After intervention	198.35	4.20
Implementing of Plan	Ex.	Before intervention	201.66	2.70
		After intervention	216.35	2.70
	Co.	Before intervention	203.85	4.20
		After intervention	202.89	2.90
Effectiveness of Plan	Ex.	Before intervention	209.85	39.06
		After intervention	227.85	25.53
	Co.	Before intervention	202.36	21.93
		After intervention	205.65	34.06

In order to examine the observed difference between pretest and posttest, analysis of covariance was used. However, the assumption of normality of distribution and

the assumption of homogeneity of variance were confirmed through Kolmogorov-Smirnov test and Levene test ($p \geq 0.5$) respectively.

Table 5. Analysis of covariance for effectiveness of group counseling based on reality therapy on total self-regulation and its components

variable	Source of Change	Sum of Squares	df	Mean of Squares	F	Sig.
Receiving Information	Group	651.22	1	651.22	1.98	0.00
	Error	22501.75	21	652.30		
Evaluating Information	Group	1524.00	1	1524.00	3.49	0.00
	Error	112115.60	21	3125.77		
Triggering a Change	Group	1426.22	1	1426.22	4.87	0.00
	Error	61258.75	21	1428.44		
Searching Options	Group	3.90	1	3.90	8.02	0.00
	Error	29562.50	21	829.03		
Formulating a Plan	Group	1369.10	1	1369.10	15.79	0.10
	Error	154875.70	21	3258.83		
Implementing the Plan	Group	569.60	1	569.60	45.23	0.00
	Error	89251.00	21	2492.21		
Effectiveness of Plan	Group	3625.50	1	3625.50	2.36	0.00
	Error	15624.40	21	3387.82		

As Table 5 shows, there is a significant difference between the mean score of two groups in self-regulation and its components except for formulating a plan ($p \leq 0/05$).

Discussion

The results of the present study are discussed in two main aspects:

The findings of the study regarding the first research hypothesis confirmed the significant difference between the experimental group and control group in terms of the academic procrastination of the students. In other words, it might be maintained that the students who had received the intervention (group counseling based on reality therapy), reported less procrastination as compared with those who had not received such interventions. This finding is consistent with Loyed (14), Cameron (25), McClung and Høglund (15), Farzam (26), Mehrbakhsh (27), Nikbakht (28), Mohsenzadeh, Jahan Bakhshi, and Keshavarz (29). In order to interpret this finding, it might be said that since reality therapy attempts to help people become involved in their personal issues and learn to behave with more responsibility, it could result in making people more responsible and committed. Hence, the students taking part in reality therapy counseling sessions may have become more able to deal with their assignments and duties and show less levels of procrastination. Furthermore, they might have learnt that they could reach a realistic understanding of their behavior and life through reconsidering their choices. This, in turn, helps them develop a more effective planning for their lives and decreases their procrastination.

On the other hand, in the educational sessions, they learnt to assess their previous behaviors, identify the reasons for their previous failures, and plan for their future more effectively. In this way, they would have become more able to handle the negative feelings related to their failures and plan for success in future instead of

procrastinating the affairs. Glasser (11) contends that humans need to accept their responsibilities for change and if clients have taken measures that have led to failure, now they should face reality and try to make more positive changes. In the course of reality therapy, people should make moral judgments about the correctness or incorrectness of their actions. The criterion for this judgment is the extent to which their actions are useful in meeting their needs. After that, if they consider their actions inappropriate for meeting the intended needs, they should devise a multistage detailed plan to develop new behaviors and actions that may lead to success.

As with the second hypothesis, the findings supports the difference between the experimental group and control group in terms of self-regulation scores. To put it clearly, the results of the study showed that the students who had participated in group counseling based on reality therapy, reported higher self-regulation as compared to those who had not received the counseling sessions. This finding is consistent with Glasser (30), Henderson et al. (16), Mateo et al. (18), Mohammadi et al. (19), and Valizadeh et al. (20). To interpret this finding, it should be taken into consideration that reality therapy prepares adolescents to manage and self-regulate their lives by encouraging them to be more responsible. In group reality therapy sessions, the members learn to effectively manage, plan, and self-regulate their affairs. In this way, they would become able to more skillfully manage their actions since according to Glasser's theory, in reality therapy process, after undergoing the first two stages (concentration on reality and evaluative judgment of one's activities), a correct strategy is chosen and some effective actions are practiced. This, in turn, not only strengthens their self-regulation skills, but also promotes their appreciation of themselves and causes them to have a more positive self-image. As a result, their self-regulation increases. In self-regulation, the individual makes judgments about their behavior and if it is in line with their standards, they would feel happy. In case the behavior is regarded as

inappropriate, they would try to make some changes in their behavior so as to approach the standards. Then, they make further judgments to see whether the newly made changes have led to the desired standards or not. When they observe no distance between their standards and behaviors, this process is stopped (31). That is why, Lujan (32) believes that a counseling program based on reality therapy is a psychological philosophy that leads to the highest levels of confidence in individuals. It also allows the clients to evaluate themselves and make appropriate choices to move on in their lives.

Conclusion

The findings of the current study may have some practical implications for research in the realm of academic achievement in schools and pave the ways for the strategies to facilitate educational goals. It is worthy of notice that the findings of this research is limited to the high schools in Zaveh County; therefore, generalization of the results should be done with care. Future research may investigate the efficacy of this counseling protocol in feminine schools. Additionally, follow-up assessment may provide more support for the conclusions.

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