Original Research

Investigating the Role of Family Cohesion, Social Self-Efficacy and Adjustment in Predicting High-Risk Behaviors in Adolescents in Kamiyaran City

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Abstract

Background: This research was conducted with the aim of investigating the role of family cohesion, social self-efficacy and adaptability in predicting high-risk behaviors among teenagers in Kamiyaran.

Method: The descriptive research method was of the correlation type, and in terms of its purpose, it was a part of applied research. The statistical population included all female students of the first year of secondary education in Kamiyaran city in the second half of 2022. The sample size was estimated using Morgan table of 330 people who were selected by multi-stage cluster sampling method. Data collection was done using the Iranian Adolescent Riskiness Scale (IARS), Razavieh and Samani's Family Cohesion Questionnaire (2019), Smith and Betz's Social Self-Efficacy Scale (2000), and the Students' Social Adaptability Scale. Data analysis was done using inferential tests of Pearson correlation and multivariate regression.

Results: Results showed that there was a significant relationship between family cohesion, social self-efficacy and compromise with high-risk behaviors, and therefore the variables of family cohesion, social self-efficacy and compromise have the ability to predict high-risk behaviors in adolescents.

Conclusion: Therefore, by improving the level of family cohesion, social self-efficacy and adaptability, high-risk behaviors can be prevented in teenagers.

Keywords: Family Cohesion, Social Self-Efficacy, Compromise, Risky Behaviors.

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Introduction

The prevalence of risky behaviors is one of the serious issues that threaten health, which has been considered by health organizations, law enforcers and social policy makers as one of the most important problems in society in recent years due to rapid social changes. (1). For example, it is predicted that by 2030, the number of diseases and deaths caused by smoking alone will reach 10 million people per year. If the physical, mental, and social consequences of other high-risk behaviors such as drug use, violence, and high-risk sexual behavior are also taken into account, the damage will be multiplied (2). Risky behavior refers to any continuous behavior that causes real and potential harm to health and causes injuries and waste, such as drug use, alcohol use, drug abuse, stimulant and psychoactive substance abuse, and risky sexual behaviors (3). According to research results, 25% to 50% of all teenagers and young people in America between the ages of 10 and 20 are at risk of educational, emotional, economic, and social opportunity limitations, which can lead them to engage in behaviors Risky activities such as acts of violence, vandalism, unprotected sexual activities, alcohol and drug abuse, running away from school and dropping out (4). Research conducted in Iran also shows the prevalence of high-risk behaviors such as smoking, hookah, alcohol, and drugs among young people and teenagers. According to the forensic statistics of the country, the most common causes of death of young people under 25 years of age in Iran are primarily traffic injuries, followed by alcohol poisoning, drug poisoning, suicide, and finally cancer (5). On the other hand, some subcultures related to teenage friendly groups sometimes encourage trying risky behaviors such as smoking and drugs and this category of people are at the peak of experiencing behaviors such as drug use and sexual behaviors in their early life (6). Consistent with the concept of developmental equifinality, numerous combinations of risk factors may lead to increased engagement in risk behaviors, and across these varied risk factors, risk-taking behavior has been consistently associated with a range of negative outcomes across development. According to the age structure of the country and considering that teenagers are the most vulnerable segment of the society against risky behaviors, it is obvious that any loss and failure in physical and mental health and as a result of reducing the ability of this movement-making layer, inevitably leads to the slow progress of the society And on the other hand, their lack of physical and mental health may have a negative effect on the health of the society in the long run, and it has a significant effect on both family health and academic performance (7). The best way to prevent such problems is to identify the event variables, which is ultimately a valuable source for reducing risky behaviors and influencing health problems, improving health, coping with stress factors in life and improving quality of life (8). Several mechanisms may explain the relation between risk behavior and subsequent violence exposure. Adolescents' exposure to violence can include sexual abuse and assault, physical abuse and assault, and witnessing domestic or community violence. These incidents can include violence perpetrated by either peers or adults, family members or non-family members, and known individuals or strangers. In fact, the healthy growth of a person in any period is the result of factors, the most important of which is the family. In this period of life, a person does not have enough experience, his parents know him as a child. Adolescents think that they have grown up and want to be independent, they tend towards their peers and distance themselves from their parents (9). Meanwhile, warm relationships and internal cohesion of the family can modify the tendency towards risky behavior as an external protective factor. Family cohesion refers to the feeling of solidarity, bond and emotional commitment that members of a family have towards each other (10). Therefore, protective factors within the family context may shield adolescents from the risk of these behaviors. Research has shown that families that are cohesive and also create a supportive and strengthening environment for

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their children, reduce the likelihood of high-risk behaviors and anti-social behaviors such as aggression and bullying in their teenagers (11). Being exposed to negative experiences in the family leads to severe personality conflicts, violence, hostility, and aggression towards oneself and parents, and finally the emergence of antisocial behaviors in children (12).

Among other variables that can be examined in relation to the tendency to risky behaviors in teenagers, is their sense of social self-efficacy. The theory of self-efficacy originates from the theory of social cognition and includes self-efficacy and expectation of the result as the main construct (13), this theory defines self-efficacy as people's judgments about their abilities, capacities and capabilities to perform a specific task. Researches have also shown that self-efficacy is one of the factors that increase a person's ability to adapt to special situations, and when facing stressful factors, having a sense of control over conditions can affect people's life outcomes (14). Research has shown that adolescents who have a low perception of their social self-efficacy are prone to psychological problems and have lower mental health, and the possibility of suicide and risky behaviors in these people is very high (15).

Another variable that can be related to teenagers' tendency towards risky behaviors is adjustment. Adjustment, as one of the constructs related to mental health, means compliance with social requirements, compliance with the principles and laws of society, and the efficiency of a person in social communication (16). Adjustment refers to the feeling of a person coming to terms with himself and his new conditions, in other words, it refers to the ability to change behavior in response to environmental changes, so that a person balances what he wants and what the new conditions in society have created for him (17). Adjustment can be considered as a mechanism to reduce psychological and social harms and improve the level of adaptation, and it has led to the improvement of general health, self-regulation, reduction of depression, improvement of social behavior and the power to face daily life events and incidents which shows its effects in different levels of personal and social life (18).

In their research, Tourani and Akhundzadeh (2023) examined the effect of self-compassion training on self-esteem and high-risk behaviors of adolescents. The results showed that the average age of people in the control and test groups was 14.04 ± 0.84. The independent t-test before the intervention did not show any significant difference between the two test and control groups in some aspects, such as tendency to dangerous driving and relationship with the opposite sex ($P<0.05$). After the intervention, the independent t-test showed a significant difference between the two test and control groups in all areas of the Adolescent Risk Scale (IARS) as well as the total score (IARS) ($P<0.05$). The independent t-test before the intervention did not show any significant difference between the test and control groups in any of the Cooper-Smith self-esteem scales (SEI) and also the total score (SEI) ($P<0.05$), while the independent t-test after The intervention showed a strong significant difference between the two test and control groups in all scales of Cooper Smith's self-esteem (SEI) as well as the total score (SEI) ($P<0.05$) (19).

Nemat Elahi and Taheri (2023) investigated the relationship between types of family capital and the tendency to risky behaviors. The findings indicate that among the family capital variables, 3 cultural, economic and social capital variables have an indirect and significant relationship with high-risk behavior in the order of the intensity of the relationship coefficient; however, no significant relationship was found with the symbolic capital variable. The average risk behavior is different according to gender, school type and residence type. In the regression model, the independent variables have explained 0.64% of the dependent variable. Also, the theoretical model of the research was confirmed according to the data collected in the structural equation model (20).

Mina and Amini Menesh (2021) conducted a study under the title of predictors of tendency

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towards risky behaviors in teenage girls: the role of emotional disregulation, differentiation and self-expression. The multiple correlation coefficient was equal to MR=0.52 (P<0.01) and 27.1% of the variance related to the tendency to risky behaviors was explained by the aforementioned variables. According to the results of this research, among the predictor variables, assertiveness and differentiation predict high-risk behaviors and explain 27.1% of its variance in total (21).

In their research, Zelazny et al. (2021) found that during adolescence, psychiatric diagnoses such as depression and hyperactivity are related to risky behavior, which is reported more in girls than boys (22). Lamb (2019) in "The relationship between social cohesion and violence in the family and community context with a focus on violence against children, women, youth and collectives" showed that the lack of cohesion in families, especially in economically depressed societies, is one of the main determinants of committing most forms of interpersonal violence (23).

Therefore, in summing up what has been said, it seems that there is a relationship between risk-taking and the three variables of family cohesion, social self-efficacy, and adjustment, and considering the consequences that high-risk behaviors bring to the individual, family, and society, the research In the context of high-risk behaviors in the sensitive period of adolescence, it is essential, in this regard, this research was conducted to answer the question, is it possible to predict high-risk behaviors based on family cohesion, social self-efficacy, and adjustment in adolescents?

Method

The current research was a part of applied research in terms of its purpose, and descriptive correlational in terms of its implementation method. In this research, the prediction of high-risk behaviors as a criterion variable was done through the variables of family cohesion, social self-efficacy and adjustment as predictors. The statistical population of this research included all the female students of the first secondary school in Qorve city in the second half of 2021, and based on the statistics announced by the secondary education expert of the Kamiyaran Education Department, the number of these students was estimated to be 1932; Using Morgan's table, the number of samples was estimated to be 330 people who were selected by multi-stage cluster sampling method. First, based on the geographical location of Kamiyaran city, all girls' schools of the first secondary period were divided into four districts, and then 4 schools were selected from each district and 3 classes were selected from each school and 12 classes were finally selected by multi-stage cluster sampling method. Finally, the research tools were distributed among the selected students, whose number was 330, and this act continued until the number of 330 complete questionnaires was obtained. The research tools are as follows:

- Iranian Adolescent Risk Scale (IARS): The scale of risk taking of Iranian teenagers was created by Mohammadizadeh and Ahmad Abadi (2009). It includes 39 items to measure the vulnerability of adolescents against 7 categories of high-risk behaviors (suicidal behavior, violence, smoking, drug use, alcohol use, orientation to the opposite sex, and sexual relations) that the respondents agree and disagree with this item. They express in a scale of 5 options from completely agree (5) to completely disagree (1). Considering the social and cultural conditions of the Iranian society and the widespread prevalence of some high-risk behaviors that are not mentioned in the Iranian Adolescent Riskiness Scale (IARS), the hookah smoking subscale with 7 items was added to the main scale by Kor (2013) and thus the number the total items of the scale increased to 46 items. The Kaiser-Meyer-Olkin (KMO) sampling adequacy test has reported 0.95 as the validity of this test and at a very favorable and satisfactory level, and Bartlett's sphericity test was statistically significant with this test. Cronbach's alpha value for the questionnaire for the scale of suicidal thoughts is 0.71, violence 0.74, smoking 0.92, drug use 0.88, alcohol use 0.90, orientation to the opposite sex 0.84, sexual relations 84 0.0 and the whole scale is 0.95 (24).

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- the family cohesion questionnaire of Razaviyeh and Samani (2000): This questionnaire is based on the theoretical foundations of family cohesion, inspired by the hybrid model of Olson (1999) and by Razaviyeh and Samani (2000). This scale has 28 questions through which one can find out the level of family cohesion and determine the correlation between family members, which is the most important pillar of family cohesion. Scoring is based on the Likert scale (I completely disagree, 1; I disagree, 2; I neither agree nor disagree, 3; I agree, 4; I completely agree; 5). The lower limit of scores will be 28 and the upper limit will be 140. If the scores of the questionnaire are between 28 and 56, the level of family cohesion in this society is weak. If the scores of the questionnaire are between 56 and 84, the level of family cohesion is at an average level. If the scores are above 84, the family cohesion is very good.

The reliability or reliability of a tool is its degree of stability in measuring whatever it measures, that is, how much the measuring tool gives the same results under the same conditions. The reliability of this questionnaire was obtained by Jamshidi (2008) with Cronbach's alpha test of 0.82. Rahmani, Merqati Khoei, Sadeghi and Allah Qoli (2011) obtained the reliability of this questionnaire based on Cronbach's alpha method of 0.86 (25).

- measure of social self-efficacy of Smith and Betz (2000): This instrument was created by Smith and Betz (2000) and consists of 25 items that measure the level of self-confidence in various social situations in a five-point scale, and the answers to the items range from 1 (I do not trust myself at all) They score up to five (I completely trust myself). For example, one of these situations is like this: "Expressing my opinions among people who are discussing about my favorite topic". Of course, it should be noted that in the present study, three items were removed due to cultural incompatibility. These items were related to making a date with the opposite sex and participating in a dance party. Therefore, the minimum score in this scale can be 22 and the maximum score can be 110.

Smith and Betts (2000) have reported the reliability of the tool by implementing it on 354 undergraduate students (90 boys and 264 girls) using the internal consistency method (Cronbach's alpha) equal to 0.94 and using the retest method with a three-week interval of 0.82. 0.86 for boys and 0.80 for girls). The construct validity of this tool has also been reported by its creators in a convergent and divergent way through correlation with scales of social trust and desirable shyness (26).

- Students' social adjustment scale: The general adjustment questionnaire of Stroud (Stroud, Durbin, Saigal & Knobloch-Fedders) et al. (2010) was used, which uses 30 questions to evaluate students in terms of general adjustment and also in three emotional, educational and social dimensions (10 questions in each dimension). For scoring, a score of zero is assigned to answers that match the adjustment, and a score of one is assigned to non-conforming answers. The sum total of the scores shows the general adjustment of the person and the score of the person in each area shows the adjustment of the person in that area. A low score indicates a higher adjustment and a high score indicates a lower adjustment. This test has good validity and reliability in all three social, emotional, and educational levels. The creators of the test have obtained the reliability coefficient of this test with the methods of bisecting, retesting, and Richardson's methods, 0.92, 0.92, and 0.92, respectively. The reliability of social, emotional, educational and total adaptation subscales were also 0.92, 0.98, 0.91, 0.89. The order of content validity of this test has been confirmed by 27 psychological experts.

Implementation method: First, by referring to the security of the education department of Kamiyaran city and obtaining the necessary permits to conduct this research in the schools covered by this department, the educational expert of the said department was referred and the necessary statistics and information, including the number and names of the first secondary schools was acquired. And after selecting the sample and coordinating with the principal and teachers of the school, the tests

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were started as follows: After providing general explanations about the purpose of the test and the importance of doing this research, the questionnaires were distributed among the students of the research sample, in order to prevent anxiety, students were given enough time to answer the questionnaires, and then the data obtained was analyzed.

The following statistical methods have been used in this research: a) Descriptive statistics methods for preliminary analysis of data including mean, standard deviation, minimum and maximum scores. b) Inferential statistics methods including Pearson correlation and multivariate regression. Also, to check the hypotheses of the research, the alpha level of $p<0.05$ was considered and the collected information and data were analyzed using SPSS22 software.

Results

The demographic results of the research showed that the number of first grade students was 24.2%, second grade was 39.7% and third grade was 36.1%. Also, 15.8% had a GPA of 10 to 12, 34.2% had a GPA of 13 to 15, 38.2% had a GPA of 16 to 18, and 11.8% had a GPA of 19 to 20.

The descriptive results of the research showed that, respectively, the mean and standard deviation of the total score of risky behaviors were 134.62 and 17.43; the total score of intolerance of uncertainty is 70.76 and 3.76; the total score of social self-efficacy was 63.11 and 3.91 and the total adjustment score was 18.81 and 6.82.

In this section, each hypothesis is presented along with the results obtained from its analysis.

Also, the results of the Kolmogorov-Smirnov test showed that the significance levels of all variables are more than 0.05. Therefore, the data of the research variables are normal, so the normality of the mentioned variables justify the use of parametric tests to deduce the research hypotheses.

The first sub-hypothesis: there is a relationship between family cohesion and high-risk behaviors in teenagers.

To investigate this hypothesis, multivariable regression analysis was used, the results of which are presented in Table 1.

Based on the results of the above table, the observed F value of the relationship between family cohesion and risky behaviors is 4.981 and the correlation between them is 0.38, which is significant at $p \leq 0.005$ level.

Therefore, it can be concluded that the first research hypothesis that there is a relationship between family cohesion and risky behaviors is confirmed. Considering the significance of the regression of the relationship, the coefficients related to the prediction equation are presented in Table No. 2.

The regression coefficients of each of the 8 variables of the components of high-risk behaviors show that the subscales of smoking, drug use, and orientation to the opposite sex ($p\leq 0.05$) can significantly explain the variance of the family cohesion variable.

The second sub-hypothesis: there is a relationship between social self-efficacy and high-risk behaviors in adolescents.

To investigate this hypothesis, multivariable regression analysis was used, the results of which are presented in Table 3.

Based on the results of the above table, the observed F value of the relationship between social self-efficacy and risky behaviors is 3.533 and the correlation between them is 0.24, which is significant at $p \leq 0.005$ level. Therefore, it can be concluded that the second research hypothesis that there is a relationship between social self-efficacy and risky behaviors is confirmed. Considering the significance of the regression of the relationship, the coefficients related to the prediction equation are presented in Table 4.

The regression coefficients of each of the 8 variables of the components of high-risk behaviors show that: the subscales of violence, drug use and alcohol use ($p \leq 0.05$) and orientation to the opposite sex ($p \leq 0.01$) can significantly explain the variance of the social self-efficacy variable.

The third sub-hypothesis: there is a relationship between adjustment and high-risk behaviors in teenagers.

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To investigate this question, Pearson correlation matrix analysis was used, the results of which are presented in Table 5.

According to Table 5, the following results have been obtained:

The relationship between the total score of social adjustment with the variables of suicidal behavior (-0.456), violence (-0.761), alcohol consumption (-0.876), hookah smoking (-.953) and orientation to the opposite sex (-0.775) has been obtained, which confirms the significance of the relationship between these variables, in other words, there is a negative and significant relationship between social adjustment and risky behaviors.

The relationship between the total score of emotional adjustment with the variables of violence (-0.341), smoking (-0.320), drug use (-0.654), alcohol use (-0.643), orientation to the opposite sex (-0.656) and having sexual relations (-0.222) have been obtained, which confirms the significance of the relationship between these variables, in other words, there is a negative and significant relationship between emotional adjustment and high-risk behaviors.

The relationship between the total score of educational adjustment and the variables of smoking (-0.246), drug use (-0.375), and hookah smoking (-0.238) has been obtained, which confirms the significance of the relationship between these variables. In other words, there is a negative and significant relationship between educational adjustment and risky behaviors.

Discussion

Based on the results of data analysis, there is a relationship between family cohesion and high-risk behaviors in teenagers, and the first hypothesis of the research was confirmed. The institution of the family is an interactive and interconnected system where each of its members affects each other according to their position and role. Parents have the most important role in the family, and if they use effective factors in education, they can make a significant contribution to the growth, development and personality development of their children, and as a coach, they can prevent risky behaviors in them. One of the most important and influential factors in raising children is to observe favorable relationships between parents. The origin of these favorable relations of parents is to actualize their emotions. Affection is the concept of attention, desire and tendency to help each other, which together with mercy and compassion are expressed in various ways towards the other. Parents influence the educational process of each other and their children in a positive and efficient way by channeling their emotional potential. These findings are consistent with the results of researches (20) and (23).

Based on the results of data analysis, there is a relationship between social self-efficacy and high-risk behaviors in adolescents, and the second hypothesis of the research was confirmed. High self-efficacy increases the sense of sufficiency in teenagers and makes them deal with their problems more effectively. Many high-risk behaviors of teenagers are due to their low self-esteem. In fact, self-efficacy by increasing self-esteem in teenagers prevents them from feeling empty, which prevents many of their negative behaviors. The obtained results are consistent with the research findings (15).

Based on the results of data analysis, there is a relationship between adjustment and high-risk behaviors in teenagers, and the third hypothesis of the research was confirmed. Maladaptive individuals have a strong tendency to interpret ambiguous information as threatening, which may lead to increased levels of worry and anxiety about interpreting the concepts in question. In addition, studies show that teenagers basically face new variable conditions upon entering secondary school; this educational level is a period of life in which cognitive and social changes occur at a high speed. Adjustment is an aspect that affects the psychological, social and personality characteristics of teenagers of this age group. Therefore, from this point of view, it seems predictable that adjustment is the basis of less risky behaviors. The findings of this hypothesis are consistent with the results of research (27).

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Conclusion

The family system is the environment most proximal to adolescents and is among the most influential factors in adolescent adjustment. A growing body of research demonstrates that family cohesion, defined as emotional bonding and supportiveness among family members, serves as a protective factor for adolescents. A number of studies have demonstrated direct effects of family support, broadly defined, on adolescent risk behavior (28). Emotions and emotions in the family are the main determinants of children's healthy growth. This ability helps maintain calmness and self-control in tense, critical and stressful situations. One of the most important characteristics of families with an inappropriate emotional atmosphere is weak social relationships accompanied by stress and anxiety. Because of this weakness and to escape from experiencing anxiety caused by social relationships in real situations of everyday life, the people of these families turn to spaces that cause less anxiety in them therefore, they are not responsive to the emotional and emotional needs of their children and do not meet the needs of their children, and consequently, they make their children prone to behavioral problems. In this regard, the study of Meranda and colleagues (2001) has shown that children who experienced bad behavior from their mothers suffer more from dissociative disorders and externalized behavioral problems. The research of Van Aken and colleagues (2007) also shows that the mother's emotional stability indirectly affects children's aggressive behavior through maternal support (11). Beyond its direct effects, some studies have examined family cohesion as a buffer for adolescents who have experienced traumatic stress. For example, Deane and colleagues (2018) found that family cohesion and support protected adolescents against the negative effects of stress disorder on subsequent aggression (29).

Adolescence is a period of life characterized by a variety of physical, psychological, and social changes and challenges. This period can be especially challenging for individuals who experience psychological risk factors such as exposure to trauma, low self-esteem, hopelessness, or associations with negative peer groups. Self-efficacy is described as a positive or salutogenic psychological factor – one that potentially protects or buffers against negative psychological influences. Self-efficacy affects how people think, feel, motivate, and act. Self-efficacious people are more successful and use their imaginations and thoughts to direct, motivate and act towards their goals. As a result, these people will be less impulsive and less likely to behave thoughtlessly and irrationally. On the other hand, people who have less self-efficacy, have doubts about their abilities and will have a weaker planning ability. They think about the consequences of their actions on the one hand, and judge people on their ability to perform a task, or adapt to a certain situation. Sometimes the lack of feeling of effectiveness and the inability to adapt to the environment in reality leads the teenager to the imaginative satisfaction of these needs by committing risky behaviors such as drug and alcohol abuse. Even sometimes, parents' self-efficacy is effective on teenagers' tendency to risky behaviors. Viora et al. in 2008 stated that increasing parental self-efficacy increases children's adaptation and reduces the likelihood of high-risk behaviors (13). Therefore, considering the importance of the role of self-efficacy in the occurrence of high-risk behaviors of teenagers, it is recommended that officials and families think of measures to increase the self-efficacy of teenagers.

The maladjustment model is one of the new perspectives in explaining generalized anxiety disorder, which was proposed by Dugas and colleagues (2004)(Dugas, schewartz & Francis); According to this model, anxious people perceive uncertain or ambiguous situations as stressful and disturbing, and as a result, in response to such situations, they experience chronic worries. These people believe that worry helps them to deal effectively with frightening situations or to prevent such high-risk incidents. Worry, in turn, leads to a negative orientation to the problem and cognitive avoidance, and these

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themselves in a vicious cycle cause the maintenance of worry and a person's tendency to risky behaviors in order to reduce anxiety and worry (16).

Another explanation regarding the relationship between incompatibility and risky behaviors is its connection with the concept of personal control. Personal control provides a cognitive basis for health and reduces the amount of anxiety that is experienced. Uncertain and ambiguous situations can lead to the belief that none of a person's responses can control future consequences. As a result of such a mental schema, a person suffers from worry, anxiety, fear and as a result risky behaviors such as drinking alcohol. Another factor is the predictability of the stimulus or situation. Safety is the result of knowing the environment, giving order, predictability and making it legal, therefore, the unpredictability of a stimulus or situation leads a person to incompatible and risky behaviors (18).

One of the limitations of this research is the relativity of the generalizability of the research findings for the entire society, because the current research was conducted only in one city and the situation of one city cannot be a suitable representative for the whole country and should be based on the similarity of the situation and Cultural differences are noted. Also, the current research was conducted on the subjects at a specific point in time, and naturally, it cannot cover the process of change and evolution of the level of employee burnout over time, therefore, it is suggested to conduct similar researches in other regions of the country and on different age and gender levels so that the results can be generalized with full confidence. It is also suggested to conduct a follow-up period in future research. According to the findings of the present research, it is suggested to organize specialized courses and retraining using the theory of mindfulness for consultants and industrial and organizational psychologists. In this regard, in addition to the individual characteristics that were stated about the effectiveness of the theory of mindfulness, it seems important to mention that some environmental components are effective in stress and burnout in some employees, which is suggested in the course of the training provided should also address this issue: A- Supportive relationships with attention and the existence of a network of people who support each other, B- High but reasonable standards and expectations of the organization and society regarding individual behavior and C- Creation of opportunities for participation in social activities by managers and Heads of organizations for employees.

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Authors Contributions

The author contributed to the data analysis. Drafting, revising and approving the article, responsible for all aspects of this work.

Ethical Consideration

The research data and literature have not been copied from any works author upon reasonable request.

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Tables

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Table 1: Multivariate regression analysis related to the relationship between family cohesion and risky behaviors

source of variance	sum of squares	df	mean square	F	P	R	R2	SE
regression	304.860	8	20.324	4.981	0.001	0.38	0.151	4.550
left over	1718.918	322	20.710					
Total	2023.778	330						

Table 2: Coefficients of the equation predicting the relationship between family cohesion and risky behaviors

Model	Non-standard coefficients	standard error	Standard coefficients	t	P
Constant	30.928	4.512		13.855	0.001
Suicidal behaviors	0.159	0.205	0.118	1.775	0.041
Violence	-0.070	0.193	-0.051	0.365	0.761
smoking	-0.235	0.229	-0.117	-3.025	0.008
drug use	0.095	0.157	0.098	3.606	0.006
alcohol consumption	0.044	0.205	0.032	0.216	0.825
hookah	-0.023	0.188	-0.020	-0.124	0.902
Orientation to the opposite sex	0.048	0.178	0.032	3.270	0.002
having sex	0.014	0.164	0.011	0.087	0.931

Table 3: Multivariate regression analysis related to the relationship between social self-efficacy and risky behaviors

source of variance	sum of squares	df	mean square	F	P	R	R2	SE
regression	33.508	8	11.169	3.533	0.001	0.24	0.131	4.577
left over	1990.269	322	0.950					
Total	2023.778	330						

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Table 4: Coefficients of the equation predicting the relationship between social self-efficacy and risky behaviors

Model	Non-standard coefficients	standard error	Standard coefficients	t	P
Constant	29.223	6.746		17.332	0.001
Suicidal behaviors	0.711	0.795	0.195	0.894	0.375
Violence	0.890	1.419	0.234	-3.627	0.033
smoking	1.072	0.778	0.333	1.377	0.174
drug use	1.035	0.522	0.168	-3.982	0.048
alcohol consumption	-0.737	0.394	-0.152	-3.868	0.013
Hookah	-0.223	0.309	-0.041	-0.721	0
Orientation to the opposite sex	1.967	0.354	0.319	-5.551	0.001
having sex	1.979	0.394	0.288	1.018	0.201

Table 5: Correlation matrix between cognitive fusion and emotional schemas

Variable	Suicidal behaviors	Violence	smoking	drug use	alcohol consumption	hookah	Orientation to the opposite sex	having sex	social adjustment	Emotional adjustment	Educational adjustment
Suicidal behaviors	1										
Violence	0.415**	1									
Smoking	0.184**	-0.396**	1								
drug use	0.069	-0.396**	0.719**	1							
alcohol consumption	**0.570	**-0.798	0.846**	0.760**	1						
hookah	-0.062	0.121	-0.024	-0.0	0.013	1					
Orientation to the opposite sex	0.458*	0.11	0.344*	-0.055	0.344*	0.101	1				
having sex	0.567	0.109	0.893**	0.361**	0.068	0.138*	0.069	1			
social adjustment	0.456*	-0.761*	0.101	0.324	*-0.876	-0.953**	-0.775**	0.021	1		
Emotional adjustment	0.045	-0.341**	-0.320**	-0.654**	-0.643**	0.011	-0.656*	-0.222**	0.013	1	
Educational adjustment	0.432	0.111	-0.246**	**-0.375	0.102	-0.328*	0.764	0.802	0.853**	0.851**	1

**Correlation is significant at the 1 percent level (two-sided)
*Correlation is significant at the 5 percent level (two-sided)

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