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The Effectiveness of Group Impulse Control Therapy on Coping Strategies and Substance Use Among Individuals With Substance Use Disorders

Safoura. Rostamfarkhani[1], Rashin. Abdollahi[2*]

1 Department of Psychology, WT.C., Islamic Azad University, Tehran, Iran
2 Associate Professor, Department of Psychology, Amin University of Law Enforcement Sciences, Tehran, Iran
*Correspondence: Rashinabdollahi@yahoo.com

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ABSTRACT

The present study aimed to investigate the effectiveness of group impulse control therapy on coping strategies and substance use among individuals with substance use disorders. This study employed an applied, quasi-experimental design with a pretest–posttest control group and a follow-up phase. The statistical population consisted of individuals using cannabis who referred in 2024 to the Rah-e Omid Counseling and Addiction Treatment Center. Using convenience sampling, 30 participants were selected and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The experimental group received eight sessions of group impulse control therapy based on behavioral chain modification within a cognitive–behavioral framework, while the control group received no intervention during the study period. Data were collected using the Coping Strategies Questionnaire and the Substance Use Tendency Questionnaire. Descriptive statistics were used to summarize the data, and inferential analyses were conducted using multivariate and univariate analysis of covariance (MANCOVA and ANCOVA) to control for pretest effects. All statistical analyses were performed using SPSS version 27, with the significance level set at 0.05. The results of ANCOVA indicated a statistically significant effect of group impulse control therapy on coping strategies after controlling for pretest scores, $F(1, 27) = 19.47$, $p < 0.001$, $\eta^2 = 0.419$. In addition, a significant effect of the intervention was found on substance use, $F(1, 27) = 102.44$, $p < 0.001$, $\eta^2 = 0.791$, demonstrating a substantial reduction in substance use among participants in the experimental group compared with the control group. Group impulse control therapy is an effective psychological intervention for improving coping strategies and reducing substance use among individuals with substance use disorders and may be considered a valuable component of addiction treatment programs.

Keywords: group impulse control therapy; coping strategies; substance use; substance use disorders; cognitive–behavioral intervention

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Introduction

Substance use disorders represent one of the most complex and persistent challenges in contemporary mental health systems, exerting profound psychological, social, and economic consequences at both individual and societal levels. In recent decades, patterns of substance misuse—particularly the use of cannabis and other psychoactive substances—have become increasingly prevalent among young adults and vulnerable populations, necessitating the development of psychologically grounded, evidence-based

interventions that address underlying cognitive, emotional, and behavioral mechanisms rather than focusing solely on abstinence. Empirical evidence consistently demonstrates that substance misuse is rarely an isolated behavior; rather, it is embedded within maladaptive coping patterns, deficits in self-regulation, impaired impulse control, and ineffective responses to stressors (1). Accordingly, contemporary addiction research has increasingly emphasized transdiagnostic processes such as impulsivity, emotion dysregulation, and coping strategies as key targets for intervention.

From a psychological perspective, impulsivity is widely recognized as a central vulnerability factor in the initiation, maintenance, and relapse of substance use behaviors. Impulsivity encompasses a tendency toward rapid, unplanned reactions to internal or external stimuli without sufficient consideration of negative consequences, often reflecting deficits in inhibitory control and delayed gratification (2). Extensive theoretical and empirical work has linked elevated impulsivity to heightened craving, poor treatment adherence, and reduced capacity to resist substance-related cues, underscoring its critical role in addictive behaviors (3). Neurobehavioral models further suggest that impulsivity interacts with stress reactivity and reward sensitivity, creating a cycle in which individuals repeatedly engage in substance use as an immediate, maladaptive means of regulating affective states (1).

Coping strategies constitute another pivotal construct in understanding substance use and recovery trajectories. Within the transactional model of stress and coping proposed by Lazarus and Folkman, coping strategies are defined as cognitive and behavioral efforts to manage internal or external demands that are appraised as taxing or exceeding personal resources (4). Maladaptive coping styles, such as avoidance, denial, or emotion-focused disengagement, have been robustly associated with higher levels of psychological distress, emotion dysregulation, and substance misuse, whereas adaptive coping strategies—such as problem-solving, cognitive reappraisal, and seeking social support—serve protective functions (5). Research among student and clinical populations has demonstrated that deficits in coping skills significantly predict vulnerability to addictive behaviors, particularly under conditions of chronic stress or interpersonal conflict (6, 7).

The intersection of impulsivity and coping strategies is particularly salient in substance-using populations. Individuals with poor impulse control often lack the capacity to tolerate distress or delay gratification, leading them to rely on substances as an immediate coping mechanism for negative emotions or situational stressors (2). Studies conducted in Iranian contexts have shown that substance users exhibit significantly higher levels of irrational beliefs, emotional reactivity, and maladaptive coping patterns compared with non-using counterparts, suggesting that cognitive–behavioral vulnerabilities play a decisive role in substance misuse (8). Qualitative investigations of cannabis use among students further highlight that impulsive decision-making, peer pressure, and ineffective coping with academic and emotional stressors are recurrent themes in lived experiences of addiction (9).

Group-based psychological interventions have emerged as a particularly effective modality for addressing these interconnected mechanisms. Group formats offer unique therapeutic advantages, including peer modeling, normalization of experiences, social reinforcement, and opportunities for skills rehearsal in a supportive environment (10). Systematic reviews of group treatments for substance use disorders indicate that interventions grounded in cognitive–behavioral principles, skills training, and emotion regulation demonstrate moderate to strong effects on reducing substance use and improving psychosocial functioning

(10, 11). Moreover, integrated and gender-responsive group interventions have been shown to enhance engagement and retention, particularly among populations with co-occurring psychological difficulties (12).

Impulse control training represents a structured cognitive–behavioral approach specifically designed to modify the behavioral chains that lead to impulsive and addictive behaviors. Drawing on behavioral chain analysis, this approach conceptualizes substance use as the outcome of a sequence of triggers, automatic thoughts, emotional responses, impulsive actions, and reinforcing consequences. By systematically targeting each link in this chain, impulse control interventions aim to enhance awareness, disrupt maladaptive patterns, and promote deliberate, goal-directed behavior (13). Empirical findings suggest that impulse control training can significantly reduce impulsivity and improve self-regulation capacities, particularly when delivered in a group format that allows for feedback, role-playing, and experiential learning (13).

Recent advances in addiction psychology further emphasize the role of emotion regulation and mindfulness as complementary mechanisms within impulse-focused interventions. Meta-analytic evidence indicates that interventions enhancing emotion regulation skills yield significant reductions in substance misuse and improvements in adaptive coping, highlighting the interdependence of emotional and behavioral control processes (11). Similarly, mindfulness-based components have been shown to mediate the relationship between impulsive sensation seeking and readiness for change among individuals with substance use disorders, suggesting that increased present-moment awareness can buffer impulsive tendencies (14). These findings support the integration of impulse control, coping skills training, and emotional awareness within comprehensive treatment protocols.

Within educational and community contexts, life skills training and coping-based interventions have demonstrated efficacy in reducing stress, anxiety, and maladaptive behaviors, particularly among adolescents and young adults (15, 16). Structural modeling studies conducted among individuals undergoing substance treatment further reveal that coping strategies and self-efficacy mediate the effects of behavioral brain systems on addiction-related outcomes, underscoring the centrality of coping processes in recovery (17). Collectively, these findings highlight the need for interventions that explicitly target impulse control while simultaneously strengthening adaptive coping repertoires.

Despite the growing body of evidence supporting cognitive–behavioral and group-based interventions, there remains a relative paucity of controlled studies examining the combined effects of group impulse control therapy on both coping strategies and substance use outcomes, particularly among cannabis users within treatment-seeking populations. Many existing studies focus on either impulsivity or coping in isolation, limiting the understanding of how changes in these domains interact over the course of treatment. Furthermore, culturally grounded research within non-Western contexts remains essential to ensure the relevance and applicability of intervention models to local populations and clinical settings (5, 18).

Given the established associations among impulsivity, maladaptive coping strategies, and substance misuse, and considering the demonstrated efficacy of cognitive–behavioral group interventions, systematic evaluation of group impulse control therapy is warranted. Such evaluation not only contributes to the empirical literature but also provides practical guidance for clinicians and policymakers seeking effective, scalable interventions for substance use disorders. By examining both coping strategies and substance use simultaneously, the present study addresses a critical gap in the literature and aligns with contemporary transdiagnostic approaches to addiction treatment (2, 11).

Accordingly, the aim of the present study was to investigate the effectiveness of group impulse control therapy on coping strategies and substance use among individuals with substance use disorders.

Methods and Materials

Study Design and Participants

The present study was applied in terms of purpose and employed a quasi-experimental methodology with a pretest–posttest control group design and a treatment follow-up phase. In this design, the effect of the therapeutic intervention (impulse control therapy) on the dependent variables was examined in both the experimental and control groups, and in order to evaluate the stability of treatment effects, a follow-up phase was conducted at a specified time interval after the implementation of the intervention. This design allows for the examination of both short-term and long-term effectiveness of the intervention and demonstrates adequate internal validity in controlling for confounding variables.

The statistical population of the present study included all individuals who used cannabis and referred in 2024 to the Rah-e Omid Counseling and Addiction Treatment Center. The sample size consisted of 30 participants selected through convenience sampling, with 15 individuals assigned to the control group and 15 to the experimental group. Convenience sampling is a non-probability sampling method in which the researcher selects participants who are readily accessible at the time of the study. These individuals may be drawn from students, staff, patients, or any group whose presence in the research setting is easy and rapid.

Inclusion Criteria

1. Referral to Rah-e Omid centers in 2024.
2. Use of cannabis.
3. Willingness and ability to participate in group sessions and respond to the research instruments.

Exclusion Criteria

1. Physical or psychological problems that prevent regular attendance at sessions.
2. Lack of willingness to continue cooperation or sudden withdrawal from sessions.
3. Concurrent use of other substances that could affect the results.

In the present study, both library-based and field methods were used to collect data. In the library-based section, information related to the theoretical foundations of the research was extracted from books, specialized journals, university theses, and reputable websites, and in the field section, questionnaires were used for data collection.

Measures

Coping Strategies Questionnaire: The Coping Strategies Questionnaire was developed by Lazarus and Folkman (1980) and revised in 1985. This questionnaire consists of 66 items rated on a 4-point Likert scale ranging from 0 to 3. It includes eight coping components: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape–avoidance, planful problem solving, and positive reappraisal. The Lazarus questionnaire has been standardized in Iran on a sample of 750 middle-aged couples and a sample of 763 second- and third-grade high school students. The Cronbach's alpha coefficients for the scales ranged from 0.61 to 0.79, indicating acceptable reliability. Content validity of the questionnaire has been reported as satisfactory by subject-matter experts.

Substance Use Questionnaire: This questionnaire was developed by Mousavi and colleagues in 1999. The Substance Use Tendency Questionnaire is a researcher-developed instrument designed based on several scientific sources, including Farjad et al. (1999, as cited in Mirhesami, 2009). The questionnaire contains 16 items and three dimensions (environmental [family and relatives], individual, and social), and its overall aim is to assess the level of tendency toward substance use and addiction among individuals. The scoring of the Mousavi et al. (1999) Substance Use Tendency Questionnaire is based on a 5-point Likert scale ranging from very low (score of 1) to very high (score of 5). Accordingly, to obtain the total questionnaire score, the scores of all items are summed. The purpose of this questionnaire is to measure the degree of inclination and tendency toward substance use and addiction in the target population. Abdolmaleki (2016) estimated the Cronbach's alpha coefficient of this questionnaire to be 0.85.

Intervention

The group impulse control therapy was implemented based on the behavioral chain modification approach derived from Parkinson's impulse control treatment model (1997) and grounded in the cognitive–behavioral framework. The intervention was delivered in eight structured group sessions, each lasting approximately 45 minutes, and focused on teaching participants the "behavioral chain," including triggers, thoughts, emotions, behaviors, and consequences, and how each component contributes to impulsive substance use. Across sessions, participants were progressively guided to identify high-risk internal and external situations, recognize cognitive and emotional triggers, and understand the functional relationship between impulsive thoughts, affective states, and maladaptive behaviors. Core therapeutic techniques included motivational interviewing, coping skills training, problem-solving, refusal skills, assertiveness training, cognitive restructuring, mindfulness-based awareness, emotion regulation, behavioral commitment, contingency planning using if–then action plans, delay techniques, and relapse prevention strategies. Each session followed a consistent structure comprising assessment of participants' current status, review of homework assignments, delivery of new psychoeducational and skills-based content, and assignment of real-life practice tasks to be completed before the next session. Emphasis was placed on enhancing insight into the short- and long-term consequences of impulsive behaviors, strengthening adaptive coping strategies, increasing use of social support, and consolidating treatment gains through rehearsal, role-playing, and feedback. The final session focused on integration of learned skills, reinforcement of progress, management of criticism through assertive responding, stress reduction techniques, and preparation for post-treatment follow-up to maintain behavioral change and reduce impulsivity-related substance use.

Data Analysis

In the present study, data analysis was conducted using both descriptive and inferential statistical methods. In the descriptive statistics section, indices such as mean and standard deviation were used to describe demographic characteristics and the main research variables. In the inferential statistics section, multivariate and univariate analysis of covariance (MANCOVA and ANCOVA) were employed to examine the effect of the independent variable (group impulse control therapy) on the dependent variables (coping strategies and level of substance use).

Prior to conducting covariance analyses, statistical assumptions including normality of data distribution, homogeneity of variances, and homogeneity of regression slopes were examined to ensure the validity of the analytical results. In addition, Cronbach's alpha coefficient was used to assess the reliability of the measurement instruments, indicating the internal consistency of the questionnaires.

The level of significance for hypothesis testing was set at 0.05. All statistical analyses were performed using SPSS version 27, which provides extensive capabilities for conducting statistical tests, data processing, and examining relationships among variables.

Findings and Results

Table 1 presents the adjusted means and standard deviations of the study variables, including coping strategies and substance use, for the experimental and control groups after controlling for pretest scores using analysis of covariance. This table provides a comparative overview of group differences following the intervention and highlights the magnitude and statistical significance of the observed effects.

Table 1. Adjusted Means and Standard Deviations of Coping Strategies and Substance Use by Group

Variable	Group	Adjusted Mean	Standard Deviation	Mean Difference	Significance Level (p)
Coping Strategies	Experimental	58.99	3.57	−22.28	0.001
	Control	81.27	3.57		
Substance Use	Experimental	41.41	1.10	−15.72	0.001
	Control	57.13	1.10		

As shown in Table 1, the adjusted mean score for coping strategies in the experimental group (M = 58.99, SD = 3.57) was substantially lower than that of the control group (M = 81.27, SD = 3.57), and this difference was statistically significant (p = 0.001), indicating a meaningful improvement in adaptive coping strategies following group impulse control therapy. Similarly, the adjusted mean score for substance use in the experimental group (M = 41.41, SD = 1.10) was significantly lower than that observed in the control group (M = 57.13, SD = 1.10), with a statistically significant mean difference of −15.72 (p = 0.001). These findings demonstrate that participation in the group impulse control intervention was associated with significant reductions in substance use and favorable changes in coping-related outcomes compared with the control condition.

Table 2. Results of Analysis of Covariance (ANCOVA) for Coping Strategies and Substance Use

Dependent Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size (η^2)
Coping Strategies	Group Membership	3722.479	1	3722.479	19.467	0.001	0.419
	Pretest	4992.389	1	4992.389	26.108	0.001	0.492
	Error	5162.944	27	191.220			
Substance Use	Group Membership	1850.130	1	1850.130	102.439	0.001	0.791
	Pretest	1725.026	1	1725.026	95.512	0.001	0.780
	Error	487.640	27	18.061			

As presented in Table 2, the ANCOVA results indicated a statistically significant effect of group membership on coping strategies after controlling for pretest scores, $F(1, 27) = 19.47$, $p = 0.001$, with a large effect size ($\eta^2 = 0.419$), suggesting that group impulse control therapy produced meaningful changes in coping strategies beyond baseline levels. The pretest covariate was also significant, $F(1, 27) = 26.11$, $p =$

0.001, indicating that initial coping strategies scores significantly contributed to posttest variance. Similarly, for substance use, a highly significant effect of group membership was observed after adjusting for pretest scores, $F(1, 27) = 102.44$, $p = 0.001$, with a very large effect size ($\eta^2 = 0.791$), demonstrating a substantial reduction in substance use attributable to the intervention. The pretest covariate for substance use was likewise significant, $F(1, 27) = 95.51$, $p = 0.001$, confirming the importance of baseline substance use levels in predicting post-intervention outcomes. Overall, these findings provide strong empirical support for the effectiveness of group impulse control therapy in improving coping strategies and reducing substance use.

Discussion and Conclusion

The present study examined the effectiveness of group impulse control therapy on coping strategies and substance use among individuals with substance use disorders, and the findings provide strong empirical support for the efficacy of this intervention. The results indicated that, after controlling for pretest scores, participants in the experimental group showed significantly greater improvements in coping strategies and significantly lower levels of substance use compared with the control group. The large effect sizes observed for both coping strategies and substance use suggest that the intervention was not only statistically significant but also clinically meaningful. These findings are consistent with contemporary models of addiction that conceptualize substance use as a maladaptive response to deficits in self-regulation, impulse control, and stress coping capacities (1, 2).

The observed improvement in coping strategies among participants receiving group impulse control therapy can be explained by the theoretical foundations of the intervention. Impulse control therapy, grounded in cognitive–behavioral principles, emphasizes increasing awareness of behavioral chains, identifying triggers, and developing alternative cognitive and behavioral responses. This structured focus directly targets coping processes by helping individuals replace avoidance- and emotion-focused coping with more adaptive strategies such as problem-solving, cognitive reappraisal, self-control, and seeking social support. Prior research has consistently demonstrated that adaptive coping strategies serve as protective factors against psychological distress and addictive behaviors, whereas maladaptive coping increases vulnerability to substance use (4, 5). The current findings align with these studies by showing that enhancing impulse control within a group-based framework leads to measurable improvements in coping capacities.

The significant reduction in substance use observed in the experimental group further underscores the role of impulse control as a central mechanism in addiction treatment. Impulsivity has been repeatedly identified as a core risk factor for substance misuse, relapse, and poor treatment outcomes, particularly when individuals are exposed to stress or substance-related cues (2, 3). By training participants to recognize high-risk situations, delay impulsive responses, and apply planned coping strategies, the intervention likely disrupted the automatic patterns that maintain substance use. These findings are consistent with neurobehavioral models suggesting that improved inhibitory control and delayed gratification reduce reliance on substances as a means of immediate emotional regulation (1).

The results of the present study are also in line with prior empirical evidence demonstrating the effectiveness of group-based cognitive–behavioral interventions for substance use disorders. A comprehensive review of research-supported group treatments highlighted that group interventions focusing on skills training and behavioral regulation are particularly effective in reducing substance use and

improving psychosocial functioning (10). Similarly, systematic and meta-analytic evidence indicates that interventions targeting emotion regulation and self-control produce significant reductions in substance misuse and related psychological symptoms (11). The current findings extend this literature by showing that impulse control therapy, when delivered in a group format, simultaneously enhances coping strategies and reduces substance use.

The group format itself may have contributed substantially to the observed outcomes. Group therapy provides opportunities for peer modeling, normalization of experiences, mutual support, and reinforcement of adaptive behaviors, all of which are especially relevant for individuals struggling with substance use. Participants are able to observe others successfully applying coping strategies, receive feedback, and practice assertive and refusal skills in a safe environment. Previous studies have emphasized that integrated and supportive group interventions enhance motivation, treatment engagement, and readiness for change among individuals with substance use disorders (12). These mechanisms likely amplified the effects of impulse control training in the present study.

The findings related to coping strategies are also consistent with research conducted in educational and community settings, which has shown that coping skills training reduces stress, anxiety, and maladaptive behaviors. Studies among student populations have demonstrated that structured training in coping skills and life skills leads to significant improvements in emotional regulation and stress management (15, 16). Moreover, research has shown that stress coping strategies play a key role in explaining emotional dysregulation and behavioral problems, further supporting the relevance of coping-focused interventions (6, 7). The present study confirms that these principles are equally applicable within substance-using populations.

Cultural context is another important factor in interpreting the findings. Research conducted in Iranian populations has highlighted the role of irrational beliefs, ineffective coping, and impulsive decision-making in substance use behaviors (8, 9). The effectiveness of group impulse control therapy in the present study suggests that this intervention is culturally adaptable and capable of addressing context-specific stressors, social pressures, and cognitive patterns associated with substance use. This is particularly important given calls for culturally grounded interventions that reflect the lived experiences and social realities of treatment-seeking individuals (5, 18).

In addition, the findings resonate with recent evidence emphasizing the role of mindfulness and emotional awareness as mediators in reducing impulsivity and enhancing readiness for change. Although mindfulness was not the primary focus of the present intervention, components such as awareness of triggers, delay techniques, and cognitive restructuring may have indirectly enhanced mindful responding. Prior research has shown that mindfulness mediates the relationship between impulsive sensation seeking and treatment readiness, suggesting that increased awareness reduces automatic, impulsive reactions (14). This may partially explain the substantial reductions in substance use observed in the experimental group.

Finally, the strong effects observed for both coping strategies and substance use highlight the importance of integrated, transdiagnostic approaches in addiction treatment. Rather than targeting substance use alone, interventions that simultaneously address impulse control, coping skills, emotional regulation, and cognitive processes appear to yield more robust and sustainable outcomes. Structural and modeling studies have similarly shown that coping strategies and self-efficacy mediate the effects of underlying behavioral systems

on addiction outcomes, reinforcing the central role of these mechanisms in recovery (17). The present study contributes to this growing body of evidence by empirically demonstrating the effectiveness of group impulse control therapy within this integrated framework.

Despite the strengths of the present study, several limitations should be acknowledged. First, the sample size was relatively small and was selected using convenience sampling, which may limit the generalizability of the findings to broader populations of individuals with substance use disorders. Second, the study relied on self-report questionnaires to assess coping strategies and substance use, which may be subject to social desirability bias or inaccurate recall. Third, although a follow-up phase was included, the duration of follow-up was limited, and longer-term outcomes remain unclear. Finally, the study focused primarily on cannabis users, which may restrict the applicability of the findings to individuals using other substances.

Future research should aim to replicate these findings using larger and more diverse samples and employing randomized controlled trial designs to strengthen causal inferences. Longitudinal studies with extended follow-up periods are recommended to assess the durability of treatment effects over time. Additionally, future studies could examine potential mediators and moderators, such as emotion regulation, mindfulness, or social support, to clarify the mechanisms through which impulse control therapy exerts its effects. Comparative studies evaluating impulse control therapy against other evidence-based interventions may also provide valuable insights into relative effectiveness.

From a practical perspective, the findings suggest that group impulse control therapy can be effectively integrated into addiction treatment programs and counseling centers. Clinicians are encouraged to incorporate structured impulse control training and coping skills development into routine practice, particularly for clients who struggle with impulsivity and stress-related substance use. Emphasizing group-based formats may enhance engagement and peer support while reducing treatment costs. Practitioners should also consider tailoring the intervention to individual needs and cultural contexts to maximize relevance and effectiveness.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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