

The Effect of the Solution-Focused Approach Intervention Program on Anger Management and Violent Behavior in Adolescents: A Systematic Examination

Çözüm Odaklı Yaklaşım Müdahale Programının Adölesanlarda Öfke Yönetimine ve Şiddet Davranışına Etkisi: Sistemik İnceleme

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ABSTRACT Objective: The aim of this systematic review is to examine the effect of the Solution-Focused Approach intervention applied to adolescents on anger management and violent behavior with experimental studies. **Material and Methods:** The systematic review was created in line with the recommendations of the PRISMA systematic review guide. ScienceDirect, PubMed, Google Scholar and TR Dizin databases were used in the review. The literature review was carried out between 08.06.2021 to 16.07.2021. In this systematic review, studies that applied a solution-focused approach to adolescents and examined anger management and violence behaviors were reviewed. The obtained studies were systematized and evaluated in terms of their methods and results. **Results:** As a result of the literature review, 4 articles were included in the review. These studies, in which solution-focused approach intervention was applied, were found to be effective in reducing anger and violent behaviors and increasing anger management. In addition, it was determined that the solution-oriented approach intervention increased social adaptation skills, coping with disappointment, and developing constructive behaviors, decreased aggressive behavior, and it was found that it made significant positive contributions to adolescents. **Conclusion:** In this study, it was concluded that, in general, Solution-Focused Approach interventions reduced anger levels, increased anger management skills, and reduced violent behaviors in adolescents with anger control problems. However, it has been observed that there is a limited number of studies on the effect of Solution-Focused Approach therapies on the psychological, physical, or behavioral symptoms experienced by students regarding their tendency to violence.

Keywords: Adolescent; solution-focused brief therapy; anger management; violence; systematic review

ÖZET Amaç: Bu sistemik derlemenin amacı, adölesanlara uygulanan Çözüm Odaklı Yaklaşım müdahalesinin öfke yönetimine ve şiddet davranışına etkisini yapılmış deneysel araştırmalar ile incelemektir. **Gereç ve Yöntemler:** Bu araştırma, PRISMA sistemik inceleme kılavuzunun önerileri doğrultusunda oluşturulmuştur. Taramada; ScienceDirect, PubMed, Google Scholar ve TR Dizin veri tabanları kullanılmıştır. Literatür taraması 08.06.2021-16.07.2021 tarihleri arasında yapılmıştır. Bu sistemik derlemede, adölesanlar üzerinde çözüm odaklı yaklaşımın uygulandığı ve öfke yönetimi ile şiddet davranışlarının incelendiği çalışmalar taranmıştır. Elde edilen çalışmalar, yöntemleri ve bulguları açısından sistemize edilerek değerlendirilmiştir. **Bulgular:** Literatür taraması sonucunda, 4 makale derleme kapsamına alınmıştır. Çözüm odaklı yaklaşım müdahalesinin uygulandığı bu çalışmaların öfke ile şiddet davranışlarını azaltmada ve öfke yönetimini artırmada etkili olduğu görülmüştür. Ayrıca çözüm odaklı yaklaşım müdahalesinin sosyal uyum becerilerini, hayal kırıklığı ile baş etmeyi ve yapıcı davranışları geliştirebilme düzeylerini artırdığı saldırganlık davranışını azalttığı belirlenmiş ve adölesanlara önemli olumlu katkılar sağladığına dair bulgulara ulaşılmıştır. **Sonuç:** Bu çalışmada, Çözüm Odaklı Yaklaşım müdahalelerinin öfke kontrol problemi yaşayan adölesanlarda öfke düzeyini azalttığı, öfke yönetimi becerilerini artırdığı ve şiddet davranışlarını azalttığı sonucuna ulaşılmıştır. Ancak şiddet eğilimine yönelik öğrencilerin yaşadıkları psikolojik, fiziksel ya da davranışsal belirtilere Çözüm Odaklı Yaklaşım terapilerinin etkisine yönelik kısıtlı sayıda araştırma olduğu görülmüştür.

Anahtar Kelimeler: Adölesan; kısa süreli çözüm odaklı terapi; öfke yönetimi; şiddet; sistemik derleme

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Adolescence is the most intense phase of biological and social change in the life cycle.¹⁻³ Adolescents constitute 23.6% of the world's population, that is, approximately 1.8 billion individuals.⁴ In this period, with the identity formation process, cognitive development accelerates and an increase in emotion intensity is experienced. In addition, choosing a profession, relationships with the opposite gender, being independent from parents cause difficulties and conflicts peculiar to this period.^{2,3,5} Difficulties and conflicts in this period can lead to a decline in academic performance, low self-esteem and self-efficacy, anxiety, depression, anger, substance use, and dropping out of school.⁶⁻⁸ Adolescents who are in the process of biopsychosocial change and growth may encounter some risks.^{8,9} Many emotional changes can occur during this period. Anger is one of the most common emotions experienced by adolescents during this period. Adolescents may have problems with effective communication and anger management. Adolescents who do not know how to deal with their feelings of anger can engage in various violent problematic behaviors by expressing their anger in inappropriate ways.¹⁰⁻¹² Aggressive behaviors that develop due to the tendency of violence in adolescents pose a problem in terms of public health.¹³ The transformation of anger into violent behavior can lead to problems in school and work life, personal relationships, and general quality of life.^{9,14-17} Today, the understanding of education emphasizes the need for students to lead a safe life in the school environment and to make the school more attractive to solve the problems experienced. Students' feeling safe and peaceful at school will contribute to many important issues from academic motivation to psychological health.¹⁸ For this reason, continuing the process by providing effective and empathetic care and necessary support to adolescents who are victims of violence can help them cope with the physical and psychological consequences of violence.

Recently, the use of the Solution-Focused Approach (SFA), which focuses on the solution rather than the problem, has become widespread in anger management and violent behavior. It is stated that this approach has a positive effect on anger and violence.¹⁹⁻²¹ The SFA is an initiative that respects indi-

viduals, believes in the potential of individuals, and focuses on the future where the problem can be solved. In the SFA, the counselor enables the client to express their negative feelings and thoughts in a positive way.^{22,23} In the SFA, it is important for clients to be able to create realistic solution proposals and identify situations in their lives where a solution is found, and it works.^{23,24}

The SFA focuses on the future, where the problem can be solved, instead of focusing on the past. In the SFA, the counselor tries to understand the client's desired future in detail, rather than understanding and correcting the problem. The counselor identifies the resources and strengths of the client and ensures that they are used and reinforced. Access to the resources provides an important opportunity for the individual to discover their skills and abilities.^{22,23}

The SFA has been adopted as an appropriate approach for a wide variety of problems experienced in schools. Examples of problems seen in schools are that students are closed to learning, teachers have difficulties in coping with students, teachers do not know how to respond to students' problems, and stressors outside the school put pressure on students. As a result of these, general problems such as high levels of stress, bullying, violence, groupings, academic failure, and discipline problems occur.^{22,24,25} School administrations try to prevent these behaviors and create a positive and safe environment. However, counselors in schools may not be able to provide sufficient support due to the large number of students, time constraints or lack of counselors.^{22,24} It is important for the consultants to maintain short-term and comprehensive studies to increase their effectiveness. The SFA seems to be suitable for consultants and students in this respect.^{22,25}

In the adolescent period, it is recommended to use unique approaches when providing psychological counseling.^{26,27} When working with adolescents, it is necessary to implement short-term initiatives, to cooperate, to care about their thoughts, values, and perspectives.²⁷ For the solution of violent incidents and negative behaviors, preventive and developmental alternative approaches that can have long-term effects should be followed.^{9,18,24} All these are in line

with the principles of the SFA. The results of the research support that the SFA can be used to prevent, reduce, control and relieve psychological symptoms of adolescents' risky behaviors.^{14,28,29} No systematic review has been found in the literature examining the effect of the SFA intervention on anger management and violent behavior in adolescents.

MATERIAL AND METHODS

AIM

The aim of this systematic review is to examine and analyze the empirical evidence for the effects of the SFA on anger management and violent behavior in adolescents.

The research questions are as follows;

- Is the SFA intervention effective in providing the anger management in adolescents?
- Is the SFA intervention effective in reducing the violent behaviour in adolescents?

DESIGN

In this study, a systematic review was carried out to evaluate the effect of the SFA on anger management and violent behaviour in adolescents. This systematic review was created using the procedures of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) systematic review guidelines.³⁰ This research was conducted in accordance with the Principles of the Declaration of Helsinki.

SEARCH STRATEGY AND REVIEW PROCESS

In this study, studies published in English and Turkish without time limit were examined to identify the studies that applied the SFA intervention in providing anger management and reducing violent behavior in adolescents. The literature search was conducted between 08.06.2021 to 16.07.2021 using ScienceDirect, PubMed, Google Scholar and TR Dizin databases (Table 1). Accessed studies were selected according to inclusion and exclusion criteria with reference to PICOS elements. These elements are Population (P), Interventions (I), Comparative group (C), Outcome (O), and Study design (S).³⁰

Inclusion criteria is following (Table 2):

- Population: The target audience consists of adolescents between the ages of 10-19.
- Intervention: The SFA Intervention
- Comparison: If there is a comparison group, no intervention is made in the group or no the SFA is applied.
- Outcome: Evaluation of anger or violent behavior related to anger.
- Study design: Experimental, quasi-experimental and longitudinal.

Exclusion criteria is following:

- Population: Children under 10 years old and adults over 19 years old.
- Intervention: Other psychotherapy.

TABLE 1: Search strategy for databases.

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ScienceDirect	((adolescents OR youth) AND (Solution-Focused OR Solution-Oriented) AND (violence OR Assaultive Behavior) AND (anger OR aggressive) AND (experimental)) Filtered: Research Article
PubMed	((adolescents OR youth OR young OR teen OR students) AND (Solution-Focused OR Solution-Focused approach OR Solution-Focused Group OR Solution-Focused Brief OR Solution-Oriented) AND (violence OR Bullying OR Assaultive Behavior OR School Violence) AND (anger OR aggressive))
Google Scholar	(adolescents OR youth OR young OR teen OR students) AND (Solution-Focused OR Solution-Focused Brief OR Solution-Oriented) AND (violence OR Assaultive Behavior OR School Violence) AND (anger OR aggressive) AND (intervention OR experimental)
TR Dizin	((adolescents OR youth OR young OR teen OR students) AND (Solution-Focused Therapy OR Solution-Focused approach OR Solution-Focused Group Therapy OR Solution-Focused Brief Therapy AND Solution-Oriented) AND (violence OR Bullying OR Assaultive Behavior OR School Violence) AND (anger OR aggressive))

TABLE 2: Plan of systematic review according to PICOS.

PICOS Component	Key Words
Population	adolescents OR youth OR young OR teen OR students
Intervention	Solution-Focused OR Solution-Focused approach OR Solution-Focused Group OR Solution-Focused Brief OR Solution-Oriented
Comparison	-
Outcome	(violence OR Bullying OR Assaultive Behavior OR School Violence) AND (anger OR aggressive)
Study design	intervention OR experimental

PICOS: Population (P), Interventions (I), Comparative group (C), Outcome (O), and Study design (S).

- Comparison: If there is a comparison group, applying other psychotherapy to the group.

- Outcome: Evaluations made other than anger level and violent behavior.

- Study design: Qualitative studies, systematic review, and meta-analyses.

DATA EXTRACTION AND REVIEW OF THE STUDIES

The database access process for eligible studies was initially carried out by one researcher, and each review phase of the process was evaluated independently by 2 researchers. A study that met the inclusion criteria and had biased/rejected views been excluded by consensus. For the studies included in the study, the study design, the characteristics of the study sample, the study environment, the intervention methodology, the duration of the intervention, the evaluation of the intervention, the anger and violent behaviour results of the adolescents were evaluated.

RESULTS

RETAINING STUDIES FOR REVIEW

The detailed literature search and exclusion process is illustrated in the PRISMA flowchart in [Figure 1](#). As a result of the literature review, 7,766 studies were reached in the first step. Repeated studies were excluded in the second step. In the third step, articles not related to the purpose of our study according to the title and/or abstract were excluded. In the fourth step, full-text articles that met the inclusion and exclusion criteria were reviewed, and in the last step, the remaining 4 articles were reviewed.

Five articles reviewed as full text were excluded for the following reasons. Two studies do not have full texts in English and Turkish, one study applied other

therapy to the adolescent group, and 2 studies aimed to change behavior towards cyberbullying. The remaining four studies were included for the review.³¹⁻³⁴ All studies included in the systematic review are interventional studies. The studies were conducted in three countries: 2 in Indonesia, 1 in Turkey and 1 in Korea. The characteristics of the included studies, their sample, the SFA intervention and the results of the study are summarized in [Table 3](#).

DISCUSSION

Experimental, quasi-experimental, and longitudinal studies were examined in this systematic review, in which the effect of the SFA intervention on anger management and violent behavior in adolescents was examined. In four studies that met the specified criteria, it was concluded that the SFA interventions generally reduced anger levels and increased anger management skills in adolescents with anger control problems.

In the studies included in the systematic review, it was determined that the SFA interventions had a positive effect on adolescents with anger control problems.³¹⁻³⁴ Programs applied to the participants were applied as a group. In the program, the basic techniques, strategies and techniques of the SFA were used. In 2 studies, the SFA program consisted of 4 sessions and was applied for approximately 60 minutes once a week.^{33,34} In one study, it was applied in 10 sessions, once a week for 45 minutes.³² In the other study, a group SFA program was applied with 6 sessions per week, each session for 2 hours.³¹ One of the factors that can affect the effectiveness of interventions is the length of therapy. The duration of the sessions in the studies varies between at least 45 minutes and 2 hours for each session.³¹⁻³⁴

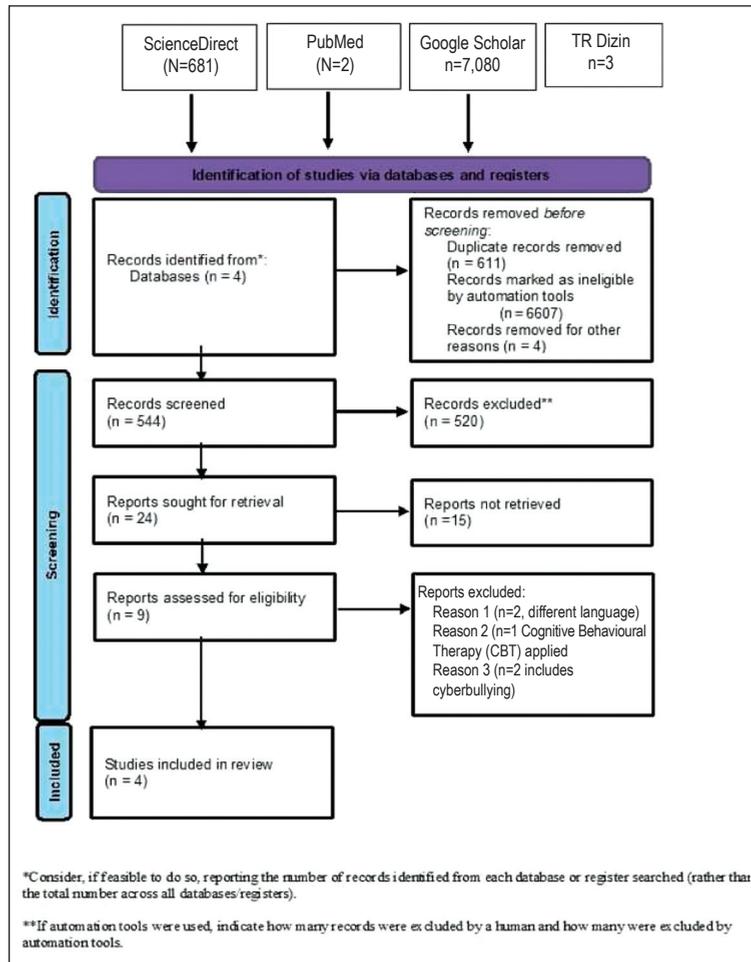


FIGURE 1: PRISMA flow diagram of study retention process for the systematic review.

The general content of the programs applied to the intervention groups are miracle question, rating question, reading the future, giving praise, giving feedback and ending. In some studies, the contents of the sessions are given in detail. In addition, techniques such as relaxation exercises, role-playing and journaling were also applied to the individuals in the intervention group.³² In line with these data, it can be said that the SFA interventions are successful in reducing anger level and increasing anger management. In the studies evaluated, it was seen that the different applications in the program (such as relaxation exercise, keeping a diary, giving pre-session training sessions, applying questionnaires to the participants and filling out observation papers at each the SFA session) content applied to the intervention group did not indicate whether they made a difference in the results after the intervention.

Among the four studies, only one study reported that there was no significant effect on verbal aggression scores of 2 students who received the SFA intervention. In the research conducted by Fitriyah in 2018, the effectiveness of Short-Term Solution Focused Therapy (SFT) in reducing the aggressive behavior of students in the Tuban Region was evaluated. As a result of the study, it has been shown that the SFA is effective in reducing aggressive behavior (physical aggression, verbal aggression, anger, hostility) in all its aspects. Again, in the same study, it was concluded that short-term SFT was effective in developing students' frustration, coping ability and constructive behavior skills. In the other 2 studies, a decrease in anger score and an increase in anger management score occurred in adolescents who received the SFA intervention.³²⁻³⁴

TABLE 3: Studies applying solution-focused approach to anger management and violent behavior.

Source	Aim	Setting	Methods	Instrument	Results
Purwoko & Fitriyah ²⁴ (Indonesia) (Anger Management in Adolescents Behind Romantic Breakup: Implementation of Solution-Focused Brief Therapy)	In this study, it was aimed to increase anger management with a short-term the SFA intervention applied to adolescents after romantic breakup	This study was conducted in 3 high schools in Tuban District. For the preliminary study, 263 students (Mean=16.36) aged 16-17 were included. Afterwards, the 5 students with the highest anger score behind romantic breakup were included in the interventional part of the study.	- This research is a quantitative study using ABA single subject research type design. The anger scores of these 5 students were measured ten times (once a week) for 10 weeks. - In these meetings, meetings 1-3 were called (A1) to measure the anger score at the beginning, meetings between 4-7 (B) to measure the short-term the SFA intervention condition, and meetings between 8-10 to re-measure the initial state (A2). - Data collection tools: anger questionnaire and anger management self-monitoring. - The short-term the SFA intervention consisted of four meetings with various techniques and started from the fourth meeting. - Each meeting lasted for about an hour and the development of individual competencies with themes was evaluated for students to be able to control their anger well. First meeting of the short-term the SFA intervention Theme: Searching for anger behavior Main technique: Building a collaborative relationship, pre-therapy exchange Focus: Identifying the core of the anger problem and triggering factors Second meeting of the short-term the SFA intervention Theme: Preparation for change Main technique: Scalling question Focus: Supporting behavior change by recognizing potentials Third meeting of the short-term the SFA intervention Theme: Overcoming frustration Main technique: Unusual and miracle questions Focus: Exploring potentials to relieve frustration Fourth meeting of the short-term the SFA intervention Theme: Constructive behavior Main technique: Unusual and miracle questions Focus: Maintaining constructive behavior role -The techniques used in this study are collaborative relationship building, pre-therapy change, unusual question, miracle question, scalling question, therapist feedback, and termination.	- Buss-Perry Aggression Questionnaire Scale - Self-monitoring on anger management skills	- After the short-term the SFA intervention, all participants had a decrease in their anger score and an increase in their anger management score.
Fitriyah ²³ (Indonesia) Reducing Aggressive Behavior Using Solution-Focused Brief Counseling.	The aim of this study is to test the effectiveness of Short-Term SFT in reducing the aggressive behavior of students in Tuban District, East Java.	-The research is in a single-group quasi-experimental design. -162 high school students studying in Tuban participated in the research. The 6 students with the highest scores in the aggressive behavior questionnaire results were included in the Short-Term SFT intervention.	-Short Term SFT intervention was carried out once a week for four weeks. Each session lasted an average of 60 minutes. Questionnaires were administered to the participants and observation papers were filled in each short-term SFT session.		-While the short-term SFT intervention showed that it was effective in reducing all aspects of aggressive behavior in four students, it did not reduce the verbal aggression aspects of 2 students. -Both the ability to overcome frustration and constructive behavioral skills scores increased with each short-term SFT session. Therefore, it can be concluded that short-term SFT helps students to improve their ability to overcome frustration and constructive behaviors and thus has an effect on reducing the student's aggressive behavior. <i>continue</i> →

TABLE 3: Studies applying solution-focused approach to anger management and violent behavior (continued).

Source	Aim	Setting	Methods	Instrument	Results
<p>Siyez & Tan Tuna²² (Turkey) The Effect of Solution-Focused Psycho-Education Program on Anger Control and Communication Skills of High School Students</p>	<p>The aim of this study is to examine the effect of anger control psycho-educational program based on solution-focused counseling approach on anger control and communication skills of high school students.</p>	<p>This research is a quasi-experimental study with pre-test post-test control group. - 3x2 (experimental, control and placebo group x pretest-posttest) mixed design was used in the study. - 25 students (experimental group=8, control group=9, placebo group=8) who met the criteria for participation in the education program were assigned to the experimental, control and placebo groups.</p>	<p>In this study, the members of the intervention group participated in the solution-focused approach-based anger control psycho-education program, each of which lasted one class hour (45 minutes) and consisted of 10 sessions. - Techniques such as miracle question, nightmare question, rating question, reading the future, praising, relaxation exercise, role playing, and keeping a diary were used in the intervention group in which the anger control psychoeducation program based on solution-focused approach was applied. - In the first session of the 10-session solution-oriented training program, the group members were provided to meet and mingle, to have information about the group rules and to create their individual goals within the group process. - Between the second and sixth sessions, it was studied on recognizing the emotion of anger, recognizing the symptoms of anger, understanding the causes of anger, learning different ways of expressing anger, and recognizing alternative ways to control anger. - Between the seventh and ninth sessions, awareness of the importance of communication skills in controlling anger, active listening and empathy skills were emphasized. - In the tenth session, the previous sessions were evaluated and the feelings and thoughts about the group process were shared, and it was worked on leaving the group members to leave the group with positive feelings. - Subjects in the placebo group participated in the 10-session university entrance exam and job promotion study group, each session lasting 45 minutes. - No application was made to the subjects in the control group.</p>	<p>Anger and Anger Expression Style Scale was used.</p>	<p>Compared to the adolescents in the control and placebo groups, the adolescents in the experimental group had a significant decrease in their anger, anger-out and anger-holding levels, while there was a significant increase in their anger control levels.</p>
<p>Shim²³ (Korean) Shin, Effects of a Solution-Focused Program on the Reduction of Aggressiveness, and the Improvement of Social Readjustment for Korean Youth Probationers</p>	<p>The aim of this study is to reveal the effects of SFA on reducing aggression and improving social reintegration for Korean Youth Probationers.</p>	<p>This study was created with a pre- and post-test control group design. - Forty adolescents who wanted to participate in the study were randomly assigned to the experimental and control groups. - In this study, observation and interview methods were also used.</p>	<p>In the intervention group, 1 week after the initial education course, a group SFA program was applied, 6 sessions per week, 2 hours per session. The intervention group was divided into 2 groups of 10 people each. The aim and effectiveness of the program were explained in the first education lesson, and preparatory interviews were held to enable the participants to better understand the program. Its main leaders were clinical social workers. While one leader led the sessions, the other leader observed and recorded the group's interactions during the sessions. - The control group was given only 6 individual support sessions, with each session lasting approximately 45 minutes. The content of the SFA-based group program - In this program, the basic propositions, strategies and techniques of the SFA approach were used. The aim of the program is to reduce the behaviors that the participants think are problematic and need change, and to improve their social adaptation skills. - The first step is program guidance and relationship building, the second step is setting goals and approving minor changes in themselves and their peers, the third step is maintaining changes and reaffirming changed behaviors, the fourth step is reinforcing changes and progress plans, and the fifth step is evaluating goal achievement and approving changes.</p>	<p>Aggressive behavior was measured by the "Buss-Durkee Hostility Inventory."</p>	<p>As a result of the intervention, the aggression of the intervention group decreased by 8.44 compared to the pretest score (p<0.05). In the control group, it increased by 5.87 points (p<0.05). This result shows that significantly reduced the aggression of the intervention group.</p>

SFA: Solution-Focused Approach; SFT: Solution Focused Therapy.

In the remaining study, a decrease in the aggression scores of the adolescents and an increase in their social adaptation skills were determined (self-esteem, family life, living habits, relationships with others, difficulty controlling emotions and problem-solving capacity).³²

In the studies examined, it was observed that the control group was generally introduced to the profession with an individual support session or a university entrance exam.^{31,32} Only, Siyez and Tan Tuna included both placebo and control groups in their study. In the study, while the SFA intervention program was applied to a group, the university entrance exam and profession were introduced to the placebo group, and no application was made to the participants in the control group. In the study with these two comparison groups, the adolescents in the intervention group had a significant decrease in trait anger, anger-out and anger-holding levels, while there was a significant increase in anger control levels compared to the adolescents in the control and placebo groups. In addition, Shin created a control group in his research and gave the control group only 6 individual support sessions, each session lasting approximately 45 minutes. In the other 2 studies, no control group was formed. It was observed that anger and aggression scores decreased and anger management scores increased after the intervention of the anger management program prepared with the principles and techniques of the SFA. When the results of the studies are examined in general, the behavioral results are seen at a good level.³¹⁻³⁴

The 2 studies included in the study showed that the SFA helped students to overcome frustration and constructive behaviors and to improve their social adaptability, and thus had an effect on reducing the student's aggressive behavior.^{31,33} In the other two studies included in the study, it was found that the SFA program increased anger management.^{32,34} In line with the results of the studies, it is seen that more studies are needed to investigate the effect of the SFA program on the physical and psychological symptoms of anger and aggression.

In the studies evaluated within the scope of this systematic review, it was observed that follow-up

studies on whether the SFA effect continues or not were not included.³¹⁻³⁴ Another point obtained from the studies included in the review is that there are differences in the frequency and duration of the intervention in the weekly studies. In the studies included in the study, the duration of intervention ranged from 4 weeks to 10 weeks.^{32,33} Significant findings have emerged in most of the studies and positive developments have been revealed.³¹⁻³⁴ It is important to carry out follow-up studies for individuals for the effectiveness and sustainability of the SFA interventions. Thus, future studies will provide findings on the long-term effects of the SFA interventions, with appropriate frequency and longer duration of follow-up studies.

It was determined that the studies included in this systematic review frequently focused on anger, anger management, aggression, developing social adaptation skills, coping with frustration, and creating constructive behaviors. It has been found that the SFA therapies provide significant positive contributions to adolescents on these issues. However, it has been observed that there is a limited number of studies on the effect of the SFA therapies on the psychological, physical, or behavioral symptoms experienced by students regarding their tendency to violence. In future studies, it is important to evaluate the effect of the SFA on anger symptoms and anger management levels in adolescent with a high tendency to violence. Although the positive effect of the SFA intervention in increasing anger management and reducing violent behaviors is known, the violence tendency component was never examined in 2 studies.^{32,34} We suggest that the SFA-based interventions should be supported by more experimental studies in reducing and preventing violent behaviors, which are seen as an important problem in adolescents. In future studies, the preparation and implementation of the anger management program prepared with the principles and techniques of the SFA will provide important benefits in evaluating the psychological results for individuals in different sample groups (primary education-secondary education-higher education). In addition, it is recommended to use the SFA interventions that can be used as an alternative solution to protect and improve

the mental health of adolescents and to take precautions against possible risks and diseases.

CONCLUSION

This systematic review reveals that the SFA-based anger level decrease and violent behavior prevention programs can play an important role in providing anger management in adolescents and may produce positive results for adolescent individuals. It has been observed that the SFA program in adolescents is effective and safe in providing anger management. In addition, it was stated that significant results were obtained in developing aggression, social adaptation skills, coping with disappointment and constructive behaviors. In the studies evaluated, it is seen that the SFA intervention programs are an effective approach in reducing anger symptoms and violent behaviors in adolescents after the application and produce positive results. Although all the studies included in the review were experimental and quasi-experimental studies, it was observed that there were some methodological differences. For this reason, it is recommended to have follow-up periods after the interven-

tion and to examine the violence tendency variable in adolescents for future studies.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Ebru Akbaş, Eda Kılınç; **Design:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Control/Supervision:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Data Collection and/or Processing:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Analysis and/or Interpretation:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Literature Review:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Writing the Article:** Ebru Akbaş, Eda Kılınç, Zühâl Çamur; **Critical Review:** Ebru Akbaş, Eda Kılınç.

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