

EFFECTIVENESS OF A LIFE SKILLS PSYCHOEDUCATIONAL INTERVENTION MODULE (LISPSYM) IN REDUCING AGGRESSIVE BEHAVIOUR AMONG MALE ADOLESCENTS IN JUVENILE CORRECTIONAL INSTITUTIONS

EFICÁCIA DE UM MÓDULO DE INTERVENÇÃO PSICOEDUCACIONAL DE COMPETÊNCIAS PARA A VIDA (LISPSYM) NA REDUÇÃO DO COMPORTAMENTO AGRESSIVO ENTRE ADOLESCENTES DO SEXO MASCULINO EM INSTITUIÇÕES CORRECCIONAIS JUVENIS

Article received on: 10/23/2025

Article accepted on: 1/23/2026

Alida Ali*

*Faculty of Education, National University of Malaysia, Bangi, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-4800-740X>
alidastudent711@gmail.com

Salleh Amat*

*Faculty of Education, National University of Malaysia, Bangi, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-5687-3041>
sallehba@ukm.edu.my

Mohd Izwan Mahmud*

*Faculty of Education, National University of Malaysia, Bangi, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-7874-0274>
izwan@ukm.edu.my

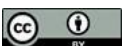
The authors declare that there is no conflict of interest

Abstract

Rehabilitation of aggressive behaviour among adolescents in juvenile correctional institutions remains a critical challenge, particularly in the development of structured and evidence-based intervention frameworks. This study aimed to evaluate the effectiveness of the Life Skills Psychoeducational Intervention Module (LISPSYM) in reducing overall aggression and its four subscales—physical aggression, verbal aggression, anger, and hostility—among male adolescents in juvenile correctional institutions. A quasi-experimental design was employed involving 64 male adolescents selected through purposive sampling and assigned to a treatment group (n = 32) and a control group (n = 32). The treatment group participated in twelve structured LISPSYM sessions, while the control group received standard institutional programmes. Data were collected at pre-test, post-test, and follow-up using the validated Buss and Perry Aggression Questionnaire (BPAQ). Repeated-

Resumo

A reabilitação do comportamento agressivo entre adolescentes em instituições correcionais juvenis permanece um desafio crítico, particularmente no desenvolvimento de estruturas de intervenção estruturadas e baseadas em evidências. Este estudo teve como objetivo avaliar a eficácia do Módulo de Intervenção Psicoeducacional de Habilidades de Vida (LISPSYM) na redução da agressividade geral e de suas quatro subescalas — agressão física, agressão verbal, raiva e hostilidade — entre adolescentes do sexo masculino em instituições correcionais juvenis. Foi utilizado um delineamento quase-experimental envolvendo 64 adolescentes do sexo masculino, selecionados por amostragem intencional e designados a um grupo de tratamento (n = 32) e a um grupo controle (n = 32). O grupo de tratamento participou de doze sessões estruturadas do LISPSYM, enquanto o grupo controle recebeu os programas



measures ANOVA revealed significant and sustained reductions in overall aggression and all subscales within the treatment group, with large effect sizes (η^2). Consistent with Jessor's Problem Behavior Theory (1977), the findings indicate that structured psychoeducational interventions can modify maladaptive behaviour by strengthening psychosocial competencies and adaptive coping skills. The study highlights LISPSYM as a culturally relevant and practical framework to support behavioural regulation and social reintegration among institutionalised adolescents.

Keywords: Aggressive, Life Skills, Behaviour, Psychoeducational, Intervention.

institucionais padrão. Os dados foram coletados no pré-teste, pós-teste e acompanhamento (follow-up) utilizando o Questionário de Agressividade de Buss e Perry (BPAQ) validado. A ANOVA de medidas repetidas revelou reduções significativas e sustentadas na agressividade geral e em todas as subescalas dentro do grupo de tratamento, com grandes tamanhos de efeito (η^2). Em consonância com a Teoria do Comportamento Problemático de Jessor (1977), os resultados indicam que intervenções psicoeducacionais estruturadas podem modificar o comportamento mal-adaptativo ao fortalecer as competências psicossociais e as habilidades de enfrentamento adaptativas. O estudo destaca o LISPSYM como uma estrutura culturalmente relevante e prática para apoiar a regulação comportamental e a reintegração social entre adolescentes institucionalizados.

Palavras-chave: Agressividade. Habilidades De Vida. Comportamento. Psicoeducacional. Intervenção.

1 INTRODUCTION

Adolescence is a critical developmental transition between childhood and adulthood, defined by the American Psychological Association (2002) as spanning ages 10 to 18 and characterised by rapid biological, psychological, and social changes. During this period of identity exploration and heightened emotional sensitivity, adolescents are increasingly exposed to societal challenges such as educational disruption, violence, social exclusion, and mental health risks, which may contribute to maladaptive behaviours, including aggression. Aggressive behaviour involves actions that violate social norms or legal standards and cause physical or psychological harm, thereby undermining individual well-being and social functioning (Mambra & Kotian, 2022). Consistent with Problem Behavior Theory, such behaviours arise from the interaction between individual vulnerabilities and environmental risk factors. Therefore, psychosocial and life skills-based interventions are essential to equip adolescents with strategies for emotional regulation, interpersonal competence, and constructive coping (WHO, 2021).

2 LITERATURE REVIEW

Globally, approximately 14% of adolescents experience mental health conditions, often associated with factors such as discrimination, social exclusion, risky behaviours, physical health challenges, and violations of basic human rights (WHO, 2024a). The number of male residents in correctional institutions exceeds that of females, reflecting a trend in juvenile delinquency such as aggression, which is more pronounced among males (Department of Social Welfare, 2020; Department of Statistics Malaysia, 2023).

Aggressive behaviour among adolescents is a complex phenomenon influenced by biological predispositions, psychological traits, and environmental contexts, including family relationships, peer dynamics, and community environments (Bandura, 1973). The growing prevalence of juvenile delinquency worldwide, encompassing behaviours such as bullying, gang-related violence, and severe aggression, reflects this multifactorial influence (Griffith *et al.*, 2021). Research has identified individual contributors to adolescent aggression, including narcissistic traits, empathy deficits, threatened self-esteem, and unmet needs for recognition (Cusack *et al.*, 2018; Jang *et al.*, 2024; Leniarska *et al.*, 2024).

Experiences of social rejection have consistently been linked to increased anger and aggressive behavior, as adolescents may react to feelings of exclusion with frustration and hostility (Leary *et al.*, 2006; Kjærviik & Bushman, 2021; Orakzai, 2022; Sari *et al.*, 2023; Valachová & Lisá, 2025). Moreover, repeated exposure to violent or unethical content on social media can increase antisocial tendencies by reducing prosocial values and encouraging moral disengagement (Bender *et al.*, 2018; Han *et al.*, 2020). Aggressive behaviour during adolescence can disrupt educational and community environments and may lead to long-term psychological, social, and behavioural consequences, particularly among male adolescents (McGregor *et al.*, 2023; Nasution *et al.*, 2023; Mukred *et al.*, 2024). These outcomes point to the importance of early, evidence-based interventions that are developmentally appropriate and culturally sensitive.

Research increasingly shows that psychoeducational intervention and life skills education are effective in addressing aggressive and antisocial behavior in adolescents. For these interventions to be successful, they need to be inclusive and sensitive to the context, particularly for adolescents in rehabilitation or correctional institutions (WHO,

2021). Emotional regulation training and social-cognitive skills programmes have been shown to reduce aggressive tendencies and improve self-control across educational and institutional settings (Berkowitz, 1993; Cohen, 1988; Menesini *et al.*, 2003; Baldry & Farrington, 2004). Within counseling practice, psychoeducational group interventions are widely used to help adolescents develop resilience, coping skills, and self-esteem (Geroski & Kraus, 2002; Kenny, 2009). Research shows that these interventions are effective in addressing behavioral challenges such as disciplinary problems, aggressive and antisocial behaviors, social skills deficits, bullying, and chronic stress (Evans *et al.*, 2000; Baker, 2001; Hall, 2006; Schechtman & Ifargan, 2009). Studies conducted in school and rehabilitation settings further indicate that structured psychoeducational approaches can enhance emotional regulation, social functioning, and behavioural adjustment among adolescents (Abdul Rahman, 2019; Hussin *et al.*, 2023). A needs analysis by Amat *et al.* (2022) further highlighted the importance of culturally and contextually appropriate psychoeducational life skills interventions for reducing aggressive behavior among male adolescents in rehabilitation institutions. These findings are consistent with global evidence showing that life skills training can reduce aggressive behavior and enhance psychosocial competencies among adolescents (Malhotra & Godara, 2025).

Several international intervention programs provide additional support for the effectiveness of psychoeducational and life skills-based approaches. For example, the New Perspectives (NP) prevention programme demonstrated reductions in delinquency severity and recidivism among at-risk adolescents across diverse populations (de Vries *et al.*, 2014). Psychoeducational interventions have been shown effectively reduce aggression levels among male undergraduates and younger adolescents in both educational and institutional settings (Hoogsteder *et al.*, 2021; Muhammad *et al.*, 2021; Ihdalumam, 2024; Kayaoglu, 2024). Large-scale programmes such as Promoting Alternative Thinking Strategies (PATHS) have also enhanced emotional competence, problem-solving skills, and conflict resolution abilities, contributing to reductions in aggressive behavior (WSIPP, 2023). Previous research has also demonstrated that assertiveness training interventions using a quasi-experimental design are effective in enhancing adolescent growth and development (Zhukov, 2020). This study, which

employed purposive sampling involving 16 participants, found significant improvements in adolescents' developmental tasks, particularly in emotional and psychosocial domains.

Numerous studies have demonstrated the effectiveness of psychosocial and life skills-based interventions in promoting adolescent mental health and reducing maladaptive behaviors. When adolescents improved their life skills and mental health, they are less likely to act out in self-destructive ways. For example, the Helping Adolescents Thrive (HAT) intervention strengthened implementation guidelines for mental health promotion and prevention planning and contributed to reduce risky behaviors and self-harm associated with substance use (WHO, 2021). Similarly, the Early Adolescent Skills for Emotions (EASE) intervention and Brief Caregiver Psychoeducation programmes implemented in Burundi were found to reduce symptoms of depression, anxiety, and aggressive behaviour, while improving overall mental well-being among adolescents (WHO, 2021). Evidence from quasi-experimental studies further supports the applicability of structured psychosocial interventions in adolescent development. Collectively, these findings highlight the relevance of structured, skills-based psychoeducational interventions for addressing behavioral and emotional challenges among adolescents, thereby providing empirical support for the design and implementation of the present LISPSYM intervention.

Despite this growing body of evidence, culturally aligned psychoeducational intervention modules tailored specifically to Malaysian adolescents remain limited. To address this gap, the Life Skills Psychoeducational Intervention Module (LISPSYM) was developed as a structured, culturally relevant intervention for institutionalized adolescents. The development of the Life Skills Psychoeducational Intervention Module (LISPSYM) was guided by the Sidek Module Development Model, a comprehensive and systematic framework that emphasizes needs analysis, module design, content development, validation, and evaluation to ensure the effectiveness and reliability of intervention modules (Sidek, 2005). LISPSYM emphasizes multidimensional life skills and psychosocial competencies aimed at reducing aggressive behaviour across four domains: physical aggression, verbal aggression, anger, and hostility.

3 MATERIALS AND METHOD

3.1 Research design and participants

This study employed a quasi-experimental design to examine the effectiveness of the Life Skills Psychoeducational Intervention Module (LISPSYM) in reducing aggressive behaviour among male adolescents in juvenile correctional institutions. A total of 64 male adolescents aged between 15 and 17 years participated in the study. Participants were recruited from two juvenile correctional institutions, with one institution assigned as the treatment group (TG) and the other as the control group (CG). Each group comprised 32 participants. Random assignment was not feasible due to ethical constraints and administrative requirements, as some residents were concurrently involved in other rehabilitation programmes within the institution, therefore, a quasi-experimental design was adopted to ensure ecological validity. A purposive sampling technique was used to select participants who met the inclusion criteria, namely adolescents identified as exhibiting aggressive behaviour based on institutional records and preliminary screening. The treatment group received the LISPSYM intervention, whereas the control group continued to participate in standard juvenile correctional institutions programmes that did not include structured life skills education or psychoeducational intervention. The sample size exceeded 30 participants per group, which is considered adequate for quasi-experimental research and inferential statistical analysis, in line with established methodological recommendations (Cohen *et al.*, 1988; Gay & Airasian, 2006; Fraenkel *et al.*, 2012).

Aggressive behaviour was assessed using the Aggression Questionnaire developed by Buss and Perry (1992). The instrument consists of 29 items measuring four sub-scales of aggression, physical aggression, verbal aggression, anger, and hostility. Responses are rated on a likert-type scale, with higher scores indicating higher levels of aggressive behaviour. The Aggression Questionnaire has been widely used in adolescent populations and has demonstrated satisfactory validity and reliability across diverse cultural contexts. To facilitate effective intervention delivery, the 32 participants in the treatment group were divided into three psychoeducational subgroups: Group A (n = 11), Group B (n = 11), and Group C (n = 10). This grouping strategy is consistent with

recommended small-group sizes of six to fifteen participants for psychoeducational and group counselling interventions (Gazda *et al.*, 2001; Nazariah *et al.*, 2010). Small-group clustering is also appropriate in quasi-experimental designs involving multiple intervention subgroups (Wiersma, 2000).

3.2 Intervention procedures

The intervention was implemented using a psychoeducational group approach through application of the Life Skills Psychoeducational Intervention Module (LISPSYM). The module was developed based on the World Health Organization's Ten Core Life Skills Framework (WHO, 1993, 1994, 1997, 1999, 2006, 2020), which includes self-awareness, empathy, effective communication, interpersonal relationship skills, creative thinking, critical thinking, problem-solving, decision-making, coping with emotions, and coping with stress. These competencies are developmentally appropriate for adolescents and directly relevant to the management of aggressive behaviour. LISPSYM comprises twelve structured sub-units delivered through interactive psychoeducational group sessions. The module demonstrated strong psychometric properties, with a content validity index of 0.803 and an internal consistency reliability coefficient of 0.933. Prior to intervention implementation, three registered counselors participated in a three-day Training of Trainers (ToT) programme to ensure standardized facilitation and adherence to the intervention protocol.

Ethical approval for the study was obtained from the relevant institutional authorities prior to data collection. Participation was voluntary, and informed consent was obtained from all participants and institutional representatives. Participants were assured of confidentiality and anonymity, and all data were handled in accordance with ethical research standards throughout the study. The psychoeducational sessions were conducted twice weekly over a six-week period. Upon completion of the intervention, a post-test assessment was administered to both the treatment and control groups. A follow-up assessment was conducted four weeks after the post-test to examine the stability and sustainability of intervention effects over time (Salkind, 2010). Short-term follow-up intervals of approximately four weeks are commonly employed in behavioural and

psychosocial intervention research to evaluate the initial maintenance of treatment effects while reducing attrition and contextual variability (Shadish *et al.*, 2002; Kazdin, 2017).

3.3 Data analysis

Data were analyzed using Repeated Measures Analysis of Variance (ANOVA) to evaluate changes in aggressive behaviour across three measurement points: pretest, post-test, and follow-up test. Analyses were conducted for overall aggressive behaviour as well as for each of the four sub-scales: physical aggression, verbal aggression, anger, and hostility. Prior to inferential analysis, assumptions of normality and homogeneity of variance were examined. Levene's test was used to assess the homogeneity of variances between the treatment and control groups. Where violations of sphericity were detected, Greenhouse–Geisser corrections were applied to adjust degrees of freedom. Effect sizes were reported using partial eta squared (partial η^2) to indicate the magnitude of intervention effects. All statistical analyses were performed using IBM SPSS Statistics version 23.

4 RESULTS AND DISCUSSIONS

4.1 Results

Descriptive statistics were computed to examine mean scores and standard deviations for aggressive behaviour and its four sub-scales - physical aggression, verbal aggression, anger, and hostility are across three measurement points: pretest, post-test, and follow-up test. Table 1 presents the mean scores for the treatment group (TG) and control group (CG).

Table 1

Mean scores of pretest, post-test and follow-up test for the aggressive behaviour variable and all sub-scales

Variable/Subscales	Group	Pretest		Post-test		Follow-up test	
		Mean	SD	Mean	SD	Mean	SD
Aggressive behaviour	TG	3.28	0.24	2.08	0.24	2.21	0.38
	CG	3.28	0.25	3.41	0.25	3.16	0.30
Physical Aggression	TG	3.09	0.40	1.98	0.32	2.24	0.44
	CG	3.13	0.42	3.38	0.43	3.32	0.57
Verbal aggression	TG	3.45	0.74	2.32	0.49	2.35	0.56
	CG	3.43	0.74	3.66	0.57	3.70	0.41
Anger aggression	TG	3.40	0.52	2.08	0.42	1.92	0.66
	CG	3.37	0.59	3.23	0.43	3.56	0.62
Hostility aggression	TG	3.17	0.50	1.95	0.38	2.35	0.81
	CG	3.19	0.43	3.37	0.45	2.03	0.76

Sources: Pallant (2020)

Overall, both groups demonstrated comparable baseline levels of aggressive behaviour at pretest, indicating equivalence prior to intervention. Following the intervention, the treatment group exhibited a substantial reduction in mean scores for overall aggression and all sub-scales at post-test, with reductions largely maintained at the follow-up assessment. In contrast, the control group showed an increase or minimal change in aggressive behaviour across measurement points. Based on Pallant's (2020) interpretation guidelines, mean scores were categorized as low (0.00–1.66), moderate (1.67–3.33), or high (3.34–5.00). At pretest, both the treatment group ($M = 3.28$, $SD = 0.24$) and control group ($M = 3.28$, $SD = 0.25$) demonstrated moderate-to-high levels of aggressive behaviour. At post-test, the treatment group's mean score decreased to a moderate level ($M = 2.08$, $SD = 0.24$) and remained stable at follow-up ($M = 2.21$, $SD = 0.38$). Conversely, the control group showed an increase at post-test ($M = 3.41$, $SD = 0.25$), followed by a slight decrease at follow-up ($M = 3.16$, $SD = 0.30$).

A similar pattern was observed across all four aggression sub-scales. The treatment group demonstrated consistent reductions from pretest to post-test for physical aggression, verbal aggression, anger, and hostility, with mean scores remaining below baseline levels at follow-up. In contrast, the control group generally exhibited increases or minimal reductions across most sub-scales. These descriptive findings provide preliminary evidence that the LISPSYM intervention was associated with meaningful

reductions in aggressive behaviour among participants in the treatment group. Prior to conducting inferential analyses, the assumption of homogeneity of variances was examined using Levene's test. Levene's test indicated that the assumption of homogeneity of variances was met for overall aggressive behaviour and all sub-scales (all $p > .05$), confirming that the data were suitable for further analysis using repeated-measures ANOVA. The results of the Repeated Measures ANOVA for aggressive behaviour and sub-scales are presented in Table 2.

Table 2

Analysis repeated measures ANOVA test for the aggressive behaviour variable and sub-scales

Aggressive Behaviour Variable/ Sub-scales	Type of Test	SS	df	MS	F	Sig.	Partial η^2
Aggressive Behaviour	Group Test	14.90	1.94	7.681	100.52	.000	.618
	Test Correction	9.19	120.22	.076			
Physical aggression	Group Test	16.35	1.96	8.36	46.40	.000	.428
	Test Correction	21.84	121.28	.18			
Verbal aggression	Group Test	19.75	1.84	10.71	26.74	.000	.301
	Test Correction	45.79	114.33	.40			
Anger aggression	Group Test	23.81	1.90	12.50	41.65	.000	.402
	Test Correction	35.44	118.03	.30			
Hostility aggression	Group Test	27.23	1.68	16.17	44.25	.000	.416
	Test Correction	38.15	104.42	.36			

* $p < 0.05$ (significant level 95%)

To evaluate the effectiveness of LISPSYM in reducing aggressive behaviour over time, repeated-measures ANOVA was conducted for overall aggressive behaviour and each of the four sub-scales. The analysis examined group (between treatment and control groups) by time (pretest, post-test, follow-up) interaction effects. Mauchly's Test of Sphericity indicated that the assumption of sphericity was met for overall aggressive

behaviour, $\chi^2(2) = 1.949$, $p = .377$. Where violations of sphericity were detected for sub-scale analyses, Greenhouse–Geisser corrections were applied to adjust the degrees of freedom accordingly.

The results revealed a statistically significant group-by-time interaction effect for overall aggressive behaviour, $F(1.94, 120.22) = 100.51$, $p < .001$, partial $\eta^2 = .618$, indicating a large effect size. Significant interaction effects were also observed for all sub-scales: physical aggression, $F(1.96, 121.28) = 46.40$, $p < .001$, partial $\eta^2 = .428$; verbal aggression, $F(1.84, 114.33) = 26.74$, $p < .001$, partial $\eta^2 = .301$; anger, $F(1.90, 118.03) = 41.65$, $p < .001$, partial $\eta^2 = .402$; and hostility, $F(1.68, 104.42) = 44.25$, $p < .001$, partial $\eta^2 = .416$. According to Cohen's (1988) guidelines, these values represent moderate to large effect sizes. These findings indicate that changes in aggressive behaviour across the three measurement points differed significantly between the treatment and control groups, with the treatment group demonstrating greater and more sustained reductions following the LISPSYM intervention. To further examine group differences across measurement points, pairwise comparisons were conducted using the Bonferroni adjustment to control for Type I error. The results are summarized in Table 3.

Table 3

Pairwise comparisons test of the mean differences for the aggressive behaviour variable across the pretest, post-test, and follow-up test according to the TG and CG

Measures	(I) Group	(J) Group	Mean Difference (I-J)	Std. error	Sig.
Aggressive Behaviour	TG	CG	-.757*	.045	.000
	CG	TG	.757*	.045	.000
Physical aggression	TG	CG	-.839*	.070	.000
	CG	TG	.839*	.070	.000
Verbal aggression	TG	CG	-.888*	.086	.000
	CG	TG	.888*	.086	.000
Anger aggression	TG	CG	-.928*	.085	.000
	CG	TG	.928*	.085	.000
Hostility aggression	TG	CG	-.374*	.092	.000
	CG	TG	.374*	.092	.000

* $p < 0.05$ (significant level 95%)

The analysis revealed significant mean differences between the treatment and control groups for overall aggressive behaviour ($M = -0.757, p < .001$) and all sub-scales: physical aggression ($M = -0.839, p < .001$), verbal aggression ($M = -0.888, p < .001$), anger ($M = -0.928, p < .001$), and hostility ($M = -0.374, p < .001$). The largest mean difference was observed for the anger sub-scale, while the smallest was for hostility. Overall, these results provide strong empirical support for the effectiveness of the LISPSYM psychoeducational intervention in significantly reducing aggressive behaviour and its associated sub-scales among adolescents in the treatment group.

4.2 Overall effectiveness and sustainability of LISPSYM

The present study examined the effectiveness of the Life Skills Psychoeducational Intervention Module (LISPSYM) in reducing aggressive behaviour among male adolescents residing in juvenile correctional institutions. The findings provide strong empirical evidence that participation in LISPSYM resulted in significant and sustained reductions in overall aggression as well as in all four aggression sub-scales - physical aggression, verbal aggression, anger, and hostility - compared to adolescents in the control group. Importantly, these reductions were sustained at the follow-up assessment, indicating the stability of intervention effects over time. The observed reductions in aggressive behaviour are consistent with previous empirical studies demonstrating the effectiveness of psychoeducational and life skills-based interventions in improving emotional regulation, interpersonal functioning, and behavioural self-control among adolescents (Menesini *et al.*, 2003; Muhammad *et al.*, 2021; Malhotra & Godara, 2025). The large effect sizes observed across overall aggression and most sub-scales further highlight the practical significance of LISPSYM as a structured intervention within juvenile rehabilitation contexts, where behavioural management and psychosocial development are critical priorities.

4.3 Theoretical implications: extension of problem behavior theory

From a theoretical perspective, the findings provide strong support for Jessor's Problem Behavior Theory (1977), which conceptualises adolescent problem behaviours as the outcome of interactions between individual vulnerabilities and environmental influences. According to this framework, strengthening protective psychosocial factors can mitigate maladaptive behaviours. By emphasizing self-awareness, emotional regulation, decision-making, and interpersonal skills, LISPSYM appears to have enhanced participants' ability to regulate emotional impulses and respond more adaptively to social challenges, thereby reducing aggressive tendencies. These findings extend Problem Behavior Theory by demonstrating how structured life skills training functions as a protective psychosocial mechanism in institutional settings.

4.4 Anger and physical aggression as key mechanisms of change

The particularly strong reductions observed in anger and physical aggression suggest that the module's focus on coping with emotions and stress may play a central role in behavioral change. Anger is widely recognised as a proximal antecedent of aggressive behaviour, especially in high-risk correctional institutional environments characterised by interpersonal conflict and heightened emotional arousal. The module's emphasis on coping with emotions and stress may have played a crucial role in disrupting the escalation from emotional arousal to overt aggressive behaviour. This finding underscores the importance of targeting emotional regulation processes when addressing aggressive behaviour among institutionalised adolescents. Through emotional regulation and stress management, LISPSYM may have disrupted the progression from emotional activation to overt aggressive behaviour. This finding highlights the importance of addressing affective processes when designing interventions aimed at reducing aggression among institutionalised adolescents.

4.5 Hostility as a cognitively entrenched dimension of aggression

In contrast to other subscales, hostility demonstrated comparatively smaller, though still statistically significant, reductions. Hostility is often conceptualised as a more cognitively entrenched component of aggression, reflecting enduring negative beliefs and attitudes toward others. As such, deeper changes in hostility may require longer-term or more intensive interventions. Consequently, meaningful change in hostility may require longer-term or more intensive cognitive-focused interventions. This pattern aligns with previous studies suggesting that cognitive dimensions of aggression are generally more resistant to short-term intervention than affective or behavioural components particularly within institutional contexts.

4.6 Policy implications

From a policy perspective, the findings underscore the need to institutionalise structured life skills-based psychoeducational programmes within national juvenile rehabilitation frameworks. Embedding evidence-based modules such as LISPSYM into standard rehabilitation curricula may enhance behavioural regulation, reduce aggressive tendencies, and promote sustainable reintegration among at-risk adolescents.

4.7 Cultural relevance, study limitations, and directions for future research

The findings also underscore the importance of cultural relevance in intervention design. LISPSYM was developed within the Malaysian sociocultural context, integrating life skills frameworks that resonate with local norms and institutional realities. This cultural alignment may have enhanced participant engagement and facilitated deeper internalisation of skills, thereby strengthening intervention outcomes. The results highlight the importance of contextual adaptation when implementing psychoeducational programmes across diverse cultural and institutional settings. The cultural relevance of LISPSYM is reflected in its alignment with Malaysian institutional norms, collectivist values, and structured group-based learning approaches commonly used in local rehabilitation settings.

Despite the strengths of the study, several limitations should be acknowledged. First, the sample consisted exclusively of male adolescents residing in juvenile correctional institutions, which may limit the generalisability of findings to female adolescents or those in non-institutional or community-based settings. Future studies should examine the effectiveness of LISPSYM across different genders, age groups, and educational contexts to enhance external validity. Second, the quasi-experimental design, while appropriate for institutional settings, did not involve random assignment at the individual level. Third, future studies should incorporate multi-informant assessments and behavioural observations.

Although baseline equivalence between groups was established, future research employing randomized controlled trial designs would further strengthen causal inferences. Third, aggressive behaviour was assessed using self-report measures, which may be influenced by social desirability or response bias. Future research employing randomised controlled trial designs would further strengthen the evidence base. Third, reliance on self-report measures may introduce social desirability or response bias. Incorporating multi-informant assessments and behavioural observations would provide a more comprehensive evaluation of intervention effects. Finally, longer follow-up periods are recommended to assess the durability of behavioural change following reintegration into school or community environments.

5 CONCLUSION

This study demonstrates that the Life Skills Psychoeducational Intervention Module (LISPSYM) effectively reduces aggression among male adolescents in juvenile correctional institutions. Grounded in Jessor's Problem Behavior Theory (1977), LISPSYM strengthens emotional regulation, interpersonal competence, and adaptive coping, producing significant and sustained reductions in overall aggression, physical aggression, verbal aggression, anger, and hostility. The intervention is structured, culturally relevant, and evidence-based, offering practical benefits for rehabilitation, life skills development, and social reintegration. LISPSYM also holds promise for adaptation in mainstream educational and preventive mental health settings. Future research should

explore its applicability across diverse populations and contexts to enhance generalisability and support broader adolescent mental health promotion.

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to Universiti Kebangsaan Malaysia (UKM) for supporting this research. We express our gratitude to the principals, counsellors, and rehabilitation officers of the participating correctional institutions for their cooperation. Special thanks are extended to the facilitators who managed the intervention sessions and to all research participants for their commitment throughout the study. We also acknowledge all individuals who contributed directly or indirectly to the successful completion of this study.

ETHICAL CONSIDERATIONS

Ethical approval for this study was obtained from the relevant correctional institutions, and all participants provided written informed consent prior to their participation.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING

This research was funded by Faculty of Education, National University of Malaysia, Bangi, Malaysia, Grant Number GG2024-077

REFERENCES

- Abdul Rahman, A. M. (2019). The Effectiveness of Cognitive Behaviour Group Counselling on Bullies amongst the Secondary Schools Students in Malaysia (17-28). *Jurnal Pendidikan Bitara UPSI*, 17-28. <https://ejournal.upsi.edu.my/index.php/JPB/article/view/2365>
- Amat, S., Ali, A., Mahmud, M. I., Mohd Kari, D. N. P., Abu Bakar, A. Y., Mohd Ismail, Z. M., Ku Johari, K. S., & Kamarulzaman, M. (2022). Needs analysis of soft skills psychoeducational intervention module among aggressive adolescents. *Journal of Positive School Psychology*, 6(5), 4452–4461. <http://journalppw.com>

- American Psychological Association. (2002). *Developing adolescents: A reference for professional*. <https://www.apa.org/pi/cyf/develop.pdf>
- Baker, S. B. (2001). Coping-skills training for adolescents: Applying cognitive behavioral principles to psychoeducational groups. *The Journal for Specialists in Group Work*, 26(3), 219–227. <https://doi.org/10.1080/01933920108414213>
- Baldry, A. C., & Farrington, D. P. (2004). Evaluation of an intervention program for the reduction of bullying and victimization in schools. *Aggressive Behavior*, 30(1), 1–15. <https://doi.org/10.1002/ab.20000>
- Bandura, A. (1973). *Aggression: A social learning analysis*. Prentice Hall.
- Bender, P. K., Plante, C., & Gentile, D. A. (2018). The effects of violent media content on aggression. *Current Opinion in Psychology*, 19, 104–108. <https://doi.org/10.1016/j.copsyc.2017.04.003>
- Berkowitz, L. (1993). *Aggression: Its causes, consequences, and control*. McGraw-Hill.
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology*, 63(3), 452–459. <https://doi.org/10.1037/0022-3514.63.3.452>
- Castillo-Eito, L., Armitage, C. J., & Norman, P. (2020). How can adolescent aggression be reduced? A multi-level meta-analysis. *Clinical Psychology Review*, 78, Article 101853. <https://doi.org/10.1016/j.cpr.2020.101853>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
- Cusack, P., Cusack, F. P., McAndrew, S., McKeown, M., & Duxbury, J. (2018). An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings. *International Journal of Mental Health Nursing*, 27(3), 1162–1176. <https://doi.org/10.1111/inm.12432>
- de Vries, S. L., Hoeve, M., Asscher, J. J., & Stams, G. J. J. M. (2014). The effects of the prevention program “New Perspectives” (NP) on juvenile delinquency and other life domains: Study protocol for a randomized controlled trial. *BMC Psychology*, 2(1), Article 10. <https://doi.org/10.1186/2050-7283-2-10>
- Evans, S. W., Axelrod, J. L., & Sapia, J. L. (2000). Effective school-based mental health interventions: Advancing the social skills training paradigm. *Journal of School Health*, 70(5), 191–194. <https://doi.org/10.1111/j.1746-1561.2000.tb06471.x>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education* (8th ed.). McGraw-Hill.
- Gay, L. R., & Airasian, P. (2006). *Educational research: Competencies for analysis and application* (8th ed.). Pearson Prentice Hall.

- Gazda, G. M., Ginter, E. J., & Horne, A. M. (2001). *Group counseling and group psychotherapy: Theory and application*. Allyn & Bacon.
- Geroski, A. M., & Kraus, K. L. (2002). Process and content in school psychoeducational groups. *The Journal for Specialists in Group Work*, 27(2), 233–245. <https://doi.org/10.1080/742848694>
- Griffith, J. M., Clark, H. M., Haraden, D. A., Young, J. F., & Hankin, B. L. (2021). Affective development from middle childhood to late adolescence: Trajectories of mean-level change in negative and positive affect. *Journal of Youth and Adolescence*, 50(8), 1550–1563. <https://doi.org/10.1007/s10964-021-01425-z>
- Hall, K. R. (2006). Solving problems together: A psychoeducational group model for victims of bullies. *The Journal for Specialists in Group Work*, 31(3), 201–217. <https://doi.org/10.1080/01933920600777790>
- Han, L., Xiao, M., Jou, M., Hu, L., Sun, R., & Zhou, Z. (2020). The long-term effect of media violence exposure on aggression of youngsters. *Computers in Human Behavior*, 106, Article 106257. <https://doi.org/10.1016/j.chb.2020.106257>
- Hoogsteder, L. M., Schippers, E. E., Sweers, N., & Stams, G. J. J. M. (2021). A quasi-experimental pilot study of the effects of responsive aggression regulation therapy (Re-ART) outpatient for young adults. *Journal of Forensic Sciences*, 66(3), 971–981. <https://doi.org/10.1111/1556-4029.14648>
- Hussin, U. R., Mahmud, Z., & Mohd Karim, D. N. F. (2023). Psychoeducation group counselling to enhance emotional intelligence among Malaysian secondary school students. *Journal of Counseling, Education and Society*, 4(2). <https://doi.org/10.29210/08jces48300>
- Ihdalumam, A., & Meiyuntariningsih, T. (2024). Psychoeducation on emotion regulation as an effort to prevent aggressiveness in adolescents at a state junior high school. *Journal of Arts, Humanities and Social Science*, 1(3), 45–50. <https://doi.org/10.69739/jahss.v1i3.201>
- Jabatan Kebajikan Masyarakat (2020). *Laporan Statistik JKM*. www.jkm.gov.my.
- Jabatan Perangkaan Malaysia. (2023). *Statistik kanak-kanak, Malaysia, 2023*. [www.dosm.gov.my\(=Malay&admin_view=1](http://www.dosm.gov.my(=Malay&admin_view=1)
- Jang, S. J., Chang, S. J., & Lee, H. (2024). Intensive care nurses' impostor phenomenon: Associations with narcissistic personality, shame-proneness, and guilt-proneness. *Australian Critical Care*. Advance online publication. <https://doi.org/10.1016/j.aucc.2024.08.006>
- Jessor, R., Jessor, S. L., & Jessor, S. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. Academic Press.

- Kayaoglu, K., & Köse, M. (2024). Effect of cognitive-behavioral therapy–based anger management training on anger and aggression levels of individuals convicted of violent crimes. *Journal of Psychosocial Nursing and Mental Health Services*, 62(10), 51–58. <https://doi.org/10.3928/02793695-20240509-02>
- Kazdin, A. E. (2017). *Research design in clinical psychology* (5th ed.). Pearson.
- Kenny, M. C. (2009). Child sexual abuse prevention: Psychoeducational groups for preschoolers and their parents. *The Journal for Specialists in Group Work*, 34(1), 24–42. <https://doi.org/10.1080/01933920802600824>
- Kjærviik, S. L., & Bushman, B. J. (2021). The link between narcissism and aggression: A meta-analytic review. *Psychological Bulletin*, 147(5), 477–489. <https://doi.org/10.1037/bul0000323>
- Leary, M. R., Twenge, J. M., & Quinlivan, E. (2006). Interpersonal rejection as a determinant of anger and aggression. *Personality and Social Psychology Review*, 10(2), 111–132. https://doi.org/10.1207/s15327957pspr1002_2
- Leniarska, M., Zeigler-Hill, V., Turek, A., & Zajenkowski, M. (2024). Can narcissists be thankful? Narcissistic personality traits and aspects of gratitude. *Personality and Individual Differences*, 229, Article 112749. <https://doi.org/10.1016/j.paid.2024.112749>
- Malhotra, N., & Godara, P. (2025). Effect of life skills training on aggression of adolescents with conduct problems and delinquency proneness. *International Journal of Indian Psychology*, 13(2), 1859–1867. <https://doi.org/10.25215/1302.172>
- Mambra, A. J. K., & Kotian, S. (2022). A systematic review of interventions to reduce aggressive behaviour among higher secondary students. *International Journal of Law, Management & Humanities*, 5(3), 661–678. <https://doi.org/10.1000/IJLMH.113117>
- McGregor, A., Baird, N., Jensen, L., & Benson, A. J. (2023). Narcissism and seeing red: How perceptions of social rank conflict fuel dominance. *Personality and Individual Differences*, 214, Article 112328. <https://doi.org/10.1016/j.paid.2023.112328>
- Menesini, E., Codecasa, E., Benelli, B., & Cowie, H. (2003). Enhancing children’s responsibility to take action against bullying: Evaluation of a befriending intervention in Italian middle schools. *Aggressive Behavior*, 29(1), 1–14. <https://doi.org/10.1002/ab.80012>
- Mohammad Aziz Shah Mohamed Arip, Samad, N. A., & Kee, P. (2010). Modul-modul kelompok siri 2: Aplikasi pendekatan dan teknik bimbingan. Penerbit UPSI.
- Muhammad, N., Saha, S., Baroi, B., & Ferdous, J. (2021). Reducing aggressive behavior among undergraduate students through psychoeducation. *Jagannath University Journal of Life and Earth Sciences*, 6(1), 49–58. https://jnu.ac.bd/journal/assets/pdf/6_1_313.pdf

- Mukred, M., Mokhtar, U. A., Moafa, F. A., Gumaei, A., Sadiq, A. S., & Al-Othmani, A. (2024). The roots of digital aggression: Exploring cyber-violence through a systematic literature review. *International Journal of Information Management Data Insights*, 4(1), Article 100281. <https://doi.org/10.1016/j.jjime.2024.100281>
- Nasution, S. F. (2023). Bibliotherapy utilizing electronic publications to increase the self-confidence of teenagers victims of bullying. *Mimbar Ilmu*, 28(3), 539–548.
- Orakzai, S. B. (2022). Youth and violence. In L. R. Kurtz (Ed.), *Encyclopedia of violence, peace, & conflict* (3rd ed., pp. 114–120). Academic Press. <https://doi.org/10.1016/B978-0-12-820195-4.00062-6>
- Pallant, J. (2020). *SPSS survival manual: A step-by-step guide to data analysis using IBM SPSS* (7th ed.). Routledge
- Wiretna, D., Saputra, W. N. E., Muarifah, A., & Barida, M. (2020). Effectiveness of solution-focused brief counseling to reduce online aggression of students. *Universal Journal of Educational Research*, 8(3), 1092–1099. <https://doi.org/10.13189/ujer.2020.080344>
- Salkind, N. J. (Ed.). (2010). *Encyclopedia of research design*. SAGE Publications. <https://doi.org/10.4135/9781412961288>
- Sari, A. P., Bafirman, Rifki, M. S., Syafrianto, D., & Kurniawan, R. (2023). The impact of Maumere gymnastics on blood pressure reduction in hypertensive patients. *Journal Sport Area*, 8(3), 328–339. [https://doi.org/10.25299/sportarea.2023.vol8\(3\).11727](https://doi.org/10.25299/sportarea.2023.vol8(3).11727)
- Schechtman, Z., & Ifargan, M. (2009). School-based integrated and segregated interventions to reduce aggression. *Aggressive Behavior*, 35(4), 342–356. <https://doi.org/10.1002/ab.20311>
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Houghton, Mifflin and Company. <https://psycnet.apa.org/record/2002-17373-000>
- Sidek, M. N., & Jamaludin, A. (2005). *Pembinaan modul: Bagaimana membina modul latihan dan modul akademik*. Serdang: Penerbit Universiti Putra Malaysia.
- Simons-Morton, B., Haynie, D., Saylor, K., Crump, A. D., & Chen, R. (2005). The effects of the Going Places program on early adolescent substance use and antisocial behavior. *Prevention Science*, 6(3), 187–197. <https://doi.org/10.1007/s11121-005-0005-2>
- Valachová, M., & Lisá, E. (2025). Frustrated cyber-abuser: Narcissistic traits in the context of basic psychological needs and cyber dating abuse. *Computers in Human Behavior*, 162, Article 108465. <https://doi.org/10.1016/j.chb.2024.108465>
- Washington State Institute for Public Policy. (2023). *Promoting alternative thinking strategies (PATHS)*. <https://www.wsipp.wa.gov/BenefitCost/Program/94>

- Wiersma, W. (2000). *Research methods in education: An introduction* (7th ed.). Allyn & Bacon.
- World Health Organization. (1993). *Life skills education for children and adolescents in schools*. World Health Organization.
- World Health Organization. (1994). *Life skills education for children and adolescents in schools*. World Health Organization. <https://iris.who.int/handle/10665/63552>
- World Health Organization. (1997). *Life skills education for children and adolescents in schools: Introduction and guidelines*.
- World Health Organization. (1999). *Partners in life skills education (WHO/MNH/MHP/99.2)*. World Health Organization.
- World Health Organization. (2006). *Life skills education for children and adolescents in schools*. World Health Organization.
- World Health Organization. (2020). *Life skills education school handbook: Prevention of noncommunicable diseases*. World Health Organization. <https://iris.who.int/handle/10665/63552>
- World Health Organization, & United Nations Children's Fund. (2021). *Helping adolescents thrive toolkit*. World Health Organization. <https://iris.who.int/handle/10665/341327>
- World Health Organization. <https://iris.who.int/handle/10665/379010>
- World Health Organization. (2024a). *Adolescents in a changing world*. World Health Organization. <https://iris.who.int/handle/10665/376910>
- Zhukov, M. (2020). Assertiveness training therapy for adolescent development. *International Journal of Science and Society*, 2(3), 50–58. <https://doi.org/10.54783/ijsoc.v2i3.126>

Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

How to cite this article (APA)

Ali, A., Amat, S., & Mahmud, M. I. EFFECTIVENESS OF A LIFE SKILLS PSYCHOEDUCATIONAL INTERVENTION MODULE (LISPSYM) IN REDUCING AGGRESSIVE BEHAVIOUR AMONG MALE ADOLESCENTS IN JUVENILE CORRECTIONAL INSTITUTIONS. Veredas Do Direito, e234752. <https://doi.org/10.18623/rvd.v23.n4.4752>