



Enhancing Academic Engagement and Academic Adjustment among Elementary Students Using Group Reality Therapy

Sadegh Ahmadi^{1*}, Maryam Golibagh², Mohammad Saeid Ahmadi³, Leily Falahatimarvast⁴

1- MA student in Curriculum Studies, Tabriz University, Tabriz, Iran

2- MA in Positive Psychology, Department of Psychology, Islamic Azad University, E-Campus, Tehran, Iran

3- Assistant Professor of Psychology, Department of Educational Sciences, Farhangian University, Tehran, Iran

4- MA in General Psychology, Imam Javad University, Yazd, Iran

* Corresponding author's Email: sadegahmadi76@gmail.com

Abstract: The current study aimed to assess the impact of group reality therapy on the academic engagement and academic adjustment in elementary school students. This investigation followed a semi-experimental design with pre-test and post-test assessments, including a control group. The study population encompassed all male sixth-grade students in Zone One of Zanjan (Iran) in 2022. Thirty students were chosen through convenience sampling and randomly assigned to two groups, each consisting of 15 participants. Data collection involved the Academic Engagement Questionnaire (Fredricks et al., 2004) and the School Adjustment Scale (Sinha and Singh, 1993). Initially, both groups underwent pre-tests, after which the experimental group received group reality therapy sessions based on Glasser's (2001) model, spanning eight sessions of 90 minutes each. Conversely, no intervention was administered to the control group. Subsequently, post-tests were conducted for both groups. The hypotheses were analyzed using one-way and multivariate analysis of covariance. The results demonstrated a significant increase in the mean scores of academic engagement ($F = 523.6, p < 0.001$) and academic adjustment ($F = 844.9, p < 0.001$) within the experimental group compared to the control group, after controlling for pre-test scores. These findings furnish compelling evidence supporting the effectiveness of group reality therapy-based education in enhancing motivational aspects such as academic engagement and academic adjustment among elementary school students. As a result, it is advisable for school counselors to implement this intervention to promote motivational and emotional constructs in students.

Keywords: Group Reality Therapy, Academic Engagement, Academic Adjustment, Elementary School Students

Introduction

Nowadays, student incompatibility in schools is considered one of the educational community's challenges (Bergland, 2021). However, adaptability in humans is perceived as a trait that plays a fundamental role in their mental and physical well-being (Babakhani, 2019). Zeidner and Kloda (2013) argue that adaptability exists when an individual's current situation aligns with their expectations. Adaptability encompasses various areas, such as adaptability in transitioning to new environments or situations in interpersonal relationships and adaptability in educational settings, often referred to as school adjustment or academic adjustment (Wang, 2018). School adjustment involves an individual's ability to cope with academic demands and school activities (Valka, 2015). Students who are adaptable to school view their school completion as a growth experience and can effectively utilize their abilities

to be academically competent ([Moore et al., 2017](#)). Misbehavior and student incompatibility affect the entire learning process and pose challenges ([Jadidi, 2020](#)). Given the significance of the concept of school adaptability, it is essential to consider related factors. In this regard, academic engagement is one of the factors related to school adaptability ([Mohammadi Baghmolaei & Yousefi, 2017](#)).

Academic engagement involves constructive, voluntary, and desirable participation and learner cognitive engagement in learning tasks ([Duchesne et al., 2019](#)). Academic engagement is a construct that describes investment and proactive behavior in learning activities ([Galla et al., 2014](#)). Academic engagement comprises behavioral, emotional, and cognitive dimensions ([Azizmohammadi et al., 2022](#); [Momeni & Radmehr, 2018](#)). The behavioral dimension refers to observable academic behaviors, such as effort and persistence when facing difficulties during academic tasks and seeking help from teachers or peers for learning and comprehension. The emotional dimension of engagement relates to learners' emotional and affective reactions in the classroom and school. In essence, emotional engagement includes intrinsic interest in academic content, valuing the material, having positive emotions, and lacking negative emotions like hopelessness, anxiety, and anger when performing academic tasks and learning. Cognitive engagement involves various cognitive processing types that students use for learning and consists of cognitive and metacognitive strategies ([Hajjalizadeh, 2016](#)). Students with high academic engagement have greater attention and focus on learning goals, avoid maladaptive and undesirable behaviors, and perform better on exams ([Dinçer & Doğanay, 2017](#)).

Research literature suggests that academic engagement can significantly impact the enhancement of students' school adjustment ([van Rooij et al., 2018](#); [Yanes-Cabrera & Escolano Benito, 2017](#)). One of the effective methods for improving the psychological well-being of students is group reality therapy ([Hakak, 2013](#)). Glasser's Reality Therapy is one of the common therapeutic interventions in the field of cognitive psychology that aims to describe human behavior, determine behavioral rules, and achieve satisfaction, happiness, and success. In this therapeutic approach, facing reality, taking responsibility, recognizing basic needs, making ethical judgments about the rightness or wrongness of behavior, focusing on the here and now, internal control, and ultimately achieving a sense of accomplishment, which directly relates to self-esteem, are emphasized ([Caterin, 2008](#)).

In reality therapy, the emphasis is on the process of education more than the process of treatment. Therefore, rather than labeling it as a remedial method, it should be considered a preventative approach in which personal involvement, responsibility, success, positive planning, and action are emphasized. This theory pays special attention to individuals' efforts toward self-fulfillment and success. According to this theory, the disease or medical model of behavior is not acceptable. Regardless of the diagnosis, kindness, support, empathy, and strengthening various reality tools are essential ([Mohammadi et al.,](#)

2012). In this approach, efforts are made for individuals to identify short-term and long-term goals in their lives, explicitly define them, evaluate ways to achieve these goals, choose methods that will lead to desirable results, and experience a more positive perception of themselves (Shafiabadi, 2014). In essence, reality therapy is an internal control system that explains why and how individuals make choices that determine their lives (Wubbolding, 2010).

So far, the effectiveness of group reality therapy in reducing negligence and increasing self-regulation has been confirmed in students (Motaharinasab et al., 2021), students' academic enthusiasm (Soleimani et al., 2018), increasing academic motivation and reducing academic negligence in students (Nikbakht et al., 2014), increasing the social individual compatibility of high school girls (Soltani et al., 2020), and enhancing the social compatibility of individuals with generalized anxiety disorder (Asadzadeh et al., 2019). Therefore, the review of previous research has shown that there has been no direct study on the effectiveness of group reality therapy on academic engagement and school adjustment of elementary school students. Additionally, since students play a crucial role in future social responsibilities, they need high levels of academic engagement and school adaptability. Reality therapy helps individuals gain control over their behavior and choices in life. Therefore, examining the strategies and factors that are effective in enhancing academic engagement and school adjustment can assist students in overcoming their educational issues and challenges and establish better and more suitable adjustment within their educational environment. Therefore, the aim of this current research was to assess the impact of group reality therapy on the levels of academic engagement and academic adjustment in elementary school students. The study aimed to address whether group reality therapy proves effective in improving the academic engagement and academic adjustment of these students.

Material and Methods

This research was a semi-experimental study using a pretest-posttest design with a control group. The study population consisted of all sixth-grade male elementary students in region 1 of Zanjan (Iran) in 2022. The study sample included 30 participants who were selected through accessible sampling and randomly assigned to two groups of 15 participants: the experimental group and the control group. Inclusion criteria consisted of being male, being in the sixth grade of elementary school, having mental health based on counseling records, not having psychiatric illnesses based on counseling records, not having a history of substance abuse based on counseling records, not being under treatment or using other effective methods, informed consent, and willingness and desire to participate in the research. The exclusion criteria included a lack of willingness to participate in educational sessions, absence from more than two sessions, and incomplete questionnaires.

Data collection instruments included the following questionnaires:

1. Academic Engagement Questionnaire: This 15-item scale, developed by [Fredricks et al. \(2004\)](#), measures behavioral engagement (questions 12-15), emotional engagement (questions 7-11), and cognitive engagement (questions 1-6) on a five-point Likert scale ranging from "never" (score 1) to "always" (score 5). The score range is from 15 to 75, with higher scores indicating higher academic engagement. [Fredricks et al. \(2004\)](#) reported content validity and reported the reliability of this scale as 0.86 using Cronbach's alpha. In a study by [Azadi Dehbidi and Foolad Chang \(2019\)](#), the structural validity of this questionnaire was assessed through factor analysis and confirmatory factor analysis, and the acceptable reliability was obtained for emotional engagement (0.76), behavioral engagement (0.84), and cognitive engagement (0.77). In the present study, the reliability of the overall scale was 0.86 using Cronbach's alpha.

2. Academic Adjustment Questionnaire: This 24-item questionnaire, developed by [Sinha and Singh \(1995\)](#), is scored from "does not fit at all" (score 1) to "fits perfectly" (score 7). Higher scores indicate a poor academic and school status, and lower scores are related to an interest in study and school. [Sinha and Singh \(1995\)](#) reported the internal consistency reliability of the main version of this scale as 0.51 through internal consistency with the grading given by experts for 60 students. The results of these calculations indicated that this distribution did not differ from a normal distribution. In a study by [Askari et al. \(2021\)](#), the content and face validity of this questionnaire were confirmed by three professors of psychology at Kerman Azad University. The Cronbach's alpha reliability coefficient was 0.91. In the present study, the reliability of the questionnaire was 0.79 using Cronbach's alpha.

To conduct the study, approval was first obtained, and then, among the sixth-grade boys' schools, one school was selected. After random selection and placement of members in two groups of 15, pretests were taken from both groups. Next, the experimental group received group reality therapy for eight 90-minute sessions (Table 1), while the control group received no training. Posttests were then administered to both groups. Since the elementary school students participating in the study were minors, the informed consent form was completed by their parents. Parents were provided with explanations regarding the research objectives and were given the right to withdraw their children from the study at any time. The pretest and posttest results were analyzed using SPSS version 22 software for descriptive statistics, including frequency, mean, and standard deviation of scores, and inferential statistics to test the research hypotheses, including one-way analysis of covariance (ANCOVA) for single-variable analysis and multivariate analysis of covariance (MANCOVA) for multi-variable analysis.

Table 1. The summary of the group reality therapy sessions

Session	Aim	Content
1	Introduction	Conducting the pre-test, familiarizing the members with each other, stating the rules and goals, creating an emotional relationship between the members, as well as creating a sense of belonging to the group in the members.
2	Familiarity with choice theory and five basic needs	providing the necessary explanation about teaching choice theory and the five basic needs (survival, love and belonging, need for power, freedom and fun); how they affect life; Members are asked to review their needs during the week and prioritize them based on five basic needs.
3	Teaching the components of behavior	Teaching to identify the behavioral components and how each one works, teaching thinking, action, feeling and physiology and teaching to integrate the components of behavior to shape the overall behavior.
4	Creating a healthy mood for a relationship	Investigating and identifying seven destructive and incompatible behavioral habits (unnecessary criticism, blaming, complaining, whining, threatening, punishing and appeasing); Emphasizing the necessity of leaving these incompatible and destructive behaviors to control others and replacing them with seven effective communication factors including (support, encouragement, acceptance, trust, respect, listening and dialogue)
5	Learning self-restraint and behavior self-control methods	Teaching self-restraint methods, including keeping calm in situations of anger and using behavioral techniques such as deep breathing, counting forwards or backwards, role playing, in order to manage members in critical situations and prevent injury.
6	Creating responsible behavior by creating a spirit of cooperation	In this session, members are divided into smaller groups of 2 to 4 people and collaborate with each other in doing activities such as painting and drawing. By participating in these cooperative activities, members learn more and more the sense of belonging and responsibility.
7	New behavior planning strategies	In this session, students learn ways to replace the wrong choice with the right choice. Also, students learn to avoid irresponsible behaviors by choosing appropriate behaviors
8	Summary and post-test	Group members write to themselves what changes they have made during the training sessions. Letters are read to members and members give feedback to the letters. The summary of the meetings is reviewed and the group members draw conclusions with the help of the consultant, the implementation of the post-test

Results

The descriptive findings related to the mean and standard deviation of pretest and posttest academic engagement and academic adjustment in students, categorized by the experimental and control groups, are presented in Table 2.

Table 2. Descriptive statistics of pretest and posttest variables in the experimental and control groups

Group	Variable	Pretest		Posttest	
		Mean	SD	Mean	SD
Control	Behavioral engagement	10.16	3.81	10.67	3.10
	emotional engagement	16.07	4.93	16.53	4.70
	Cognitive engagement	13.67	3.95	14.52	3.38
	Total academic engagement	39.89	6.63	41.72	6.53
	Academic adjustment	14.93	3.78	14.49	3.55
Experimental	Behavioral engagement	8.96	3.76	11.20	3.12
	emotional engagement	16.20	4.96	18.53	4.76
	Cognitive engagement	14.29	3.79	17.10	3.69
	Total academic engagement	39.45	6.93	46.83	6.32
	Academic adjustment	15.13	3.52	12.53	2.94

To assess the normality of the data, the Kolmogorov-Smirnov test was used, and the results are presented in Table 3.

Table 3. Results of the Kolmogorov-Smirnov test for assessing the normality

Variable	Pretest		Posttest	
	K-S (Z)	p	K-S (Z)	p
Behavioral engagement	0.69	0.71	0.81	0.51
Emotional engagement	0.52	0.94	0.57	0.90
Cognitive engagement	0.47	0.98	0.48	0.97
Total academic engagement	0.72	0.67	0.49	0.96
Academic adjustment	0.56	0.90	0.58	0.88

To examine the homogeneity of variances, Levene's test was utilized, and the results are presented in Table 4. As shown in Table 4, the results of Levene's test are not significant for any of the variables. Therefore, the assumption of homogeneity of variances is confirmed. Results of the Homogeneity of Regression Slopes test are provided in table 5.

Table 4. Levene's test results for examining the homogeneity of variances

Variable	F	DF 1	DF2	p
Behavioral engagement	0.001	1	28	0.99
Emotional engagement	2.60	1	28	0.11
Cognitive engagement	1.77	1	28	0.19
Academic adjustment	1.23	1	28	0.27

Table 5. Results of the Homogeneity of Regression Slopes test

Variable	Changes source	SS	DF	MS	F value	p
Behavioral engagement	Group * Pretest	3.74	1	3.74	1.27	0.32
Emotional engagement	Group * Pretest	7.23	1	7.23	2.14	0.09
Cognitive engagement	Group * Pretest	4.59	1	4.59	1.48	0.28
Academic adjustment	Group * Pretest	5.81	1	5.81	1.76	0.19

Based on the results presented in Table 5, the significance level of the interaction effect of group and pre-test for all variables is greater than 0.05. Hence, the assumption of homogeneity of regression is accepted. After confirming the statistical assumptions (Kolmogorov-Smirnov tests for normality, Levene's test for equal variances between groups, and homogeneity of variance/covariance matrix, and homogeneity of regression slopes through the interaction effect of pre-test and group), univariate and multivariate analysis of covariance tests were used.

Table 6. Multivariate analysis of covariance results for comparing academic engagement in the experimental and control groups

Effect	Test	Value	F	Effect DF	Error DF	p	Effect size
Group	Pillai's trace	0.460	6.523	3	23	0.002	0.460
	Wilk's Lambda	0.540	6.523	3	23	0.002	0.460
	Hotelling's Trace	0.851	6.523	3	23	0.002	0.460
	Roy's largest root	0.851	6.523	3	23	0.002	0.460

As observed in Table 6, the F value obtained for all multivariate variables, including Pillai's trace, Wilks' Lambda, Hotelling's trace, and the Roy's largest root, is less than 0.05 ($p < 0.05$). Thus, the null hypothesis is rejected, indicating a significant difference in academic engagement components between the experimental and control groups in the post-test.

Table 7. Between-subjects effects test for comparing academic engagement components in the experimental and control groups in the post-test

Variable	Source	SS	DF	MS	F	p	Effect size
Behavioral engagement	Between group	14.816	1	14.816	8.859	0.006	0.262
	Error	41.810	25	1.672			
Cognitive engagement	Between group	25.610	1	25.610	4.865	0.037	0.163
	Error	131.595	25	5.264			
Emotional engagement	Between group	35.194	1	35.194	10.899	0.003	0.304
	Error	80.730	25	3.229			

Considering the results presented in Table 7, the F value obtained for all academic engagement components is significant at the 0.05 level ($p < 0.05$). Given the higher mean scores of the experimental group in the post-test, it can be concluded that group reality therapy has been effective in increasing academic engagement among the experimental group.

Table 8. Adjusted mean scores of post-test academic engagement

Group	Control		Experimental	
	Mean	Std. Error	Mean	Std. Error
Behavioral engagement	10.220	0.336	11.646	0.336
Emotional engagement	16.596	0.597	18.471	0.597
Cognitive engagement	14.711	0.467	16.909	0.467

As observed in Table 8, the mean scores of academic engagement in the experimental group after adjusting the scores are higher than those in the control group. This indicates the impact of group reality therapy on improving academic engagement in the experimental group. To assess the effectiveness of group reality therapy on academic adjustment among students, a univariate analysis of covariance was employed. The results of univariate analysis of covariance are reported in Table 9.

Table 9. Results of univariate analysis of covariance for comparing academic adjustment in the experimental and control groups

Source	SS	DF	MS	F value	p	Effect size
Pretest	207.205	1	207.205	61.211	0.001	0.694
Group	33.324	1	33.324	9.844	0.004	0.267
Error	91.398	27	3.385			
Total	327.415	29				

In Table 9, the obtained F value is 9.844, and its significance level is less than 0.05 ($p < 0.05$). Therefore, it can be concluded that group reality therapy has been effective and has led to improved academic adjustment among students.

Table 10. Adjusted mean scores of post-test academic adjustment

Group	Mean	Std. Error
Control	14.568	0.475
Experimental	12.459	0.475

As shown in Table 10, the mean score of academic adjustment in the experimental group (459.12) after adjusting the scores is lower than that of the control group (14.568). This indicates the positive effect of group reality therapy on improving school adaptation among students in the experimental group.

Discussion

The aim of the present study was to determine the effectiveness of group reality therapy on academic engagement and academic adjustment of elementary students. Our results showed that group reality therapy was effective and led to an increase in students' academic engagement. Although a direct study similar to the current one has not been conducted, it aligns with similar findings in this area. For example, the results of a study by [Motaharinasab et al. \(2021\)](#) showed that reality therapy intervention significantly reduced academic procrastination and increased self-regulation scores in the experimental group compared to the control group. The research by [Soleimani et al. \(2018\)](#) demonstrated that group reality therapy was effective in improving academic achievement scores in students with learning disabilities. Additionally, in another study, it was found that group reality therapy was effective in increasing academic motivation and reducing academic procrastination in female high school students ([Nikbakht et al., 2014](#)).

In further explanation of the above findings, it can be said that group reality therapy focuses on concepts such as responsibility and internal control, which are closely related to motivation and enthusiasm. During therapy sessions, individuals learn that there are basic needs that must be satisfied, and whether or not these needs are met can significantly impact their lives ([Fekri, 2019](#)). Furthermore, according to Glasser's theory, individuals must take responsibility for their own change, and if they have not taken

action in the past that has led to their failure in achieving their desires, they must now take different actions. In the process of reality therapy, the emphasis is on individuals making ethical judgments about the rightness or wrongness of their actions. The criterion for judgment is the usefulness of their actions in satisfying their needs, and if they find their current actions ineffective in meeting their needs, they should plan and commit to new behaviors that will help them achieve their goals. Thus, these factors contribute to individuals taking steps toward increasing academic engagement and achievements (Nikbakht et al., 2014).

Additionally, in another explanation, it can be stated that during therapy sessions, efforts were made to create valuable perceptions for students based on the foundations of reality therapy. This allowed their effective participation in sessions to be recognized, and they were acknowledged as they pursued new realistic objectives. Therapists also worked to help students identify their emotions and needs, interpret and determine their function constructively, and select the best and most realistic ways to achieve them. This contributed significantly to students experiencing greater self-esteem, increased commitment to their school environment, teachers, academic subjects, and classmates. Students during these sessions experienced greater self-respect, more perseverance, and a stronger desire to plan for new realistic goals in their ideal world. They perceived these aspects as less threatening (Soleimani et al., 2018), thus providing the groundwork for increasing academic engagement and participation (Nikbakht et al., 2014). Furthermore, according to Glasser's theory, individuals are responsible for changing themselves, and if they have not taken actions in the past that have led to failure in achieving their desires, they must now take different actions. In the reality therapy process, the emphasis is on individuals making ethical judgments about the rightness or wrongness of their actions. The criterion for judgment is the usefulness of their actions in satisfying their needs, and if they find their current actions ineffective in meeting their needs, they should plan and commit to new behaviors that will help them achieve their goals. Thus, these factors contribute to individuals taking steps toward increasing academic engagement and achievements (Nikbakht et al., 2014).

Also, our results indicated that group reality therapy was effective and led to an increase in students' academic adjustment. The findings of this study are consistent with previous research in this area. For example, the effectiveness of group reality therapy in improving social adaptation in high school girls (Motaharinasab et al., 2021), the effectiveness of group reality therapy in improving social adaptation in individuals with generalized anxiety disorder (Asadzadeh et al., 2019), and the effectiveness of group reality therapy in improving academic adaptation in high school boys (Abdollahzadeh, 2020) have all been confirmed. In this regard, it can be said that reality therapy in a group format is one of the common

therapeutic interventions in the path to describing human beings, determining behavioral rules, and achieving satisfaction, happiness, and success ([Gorbanalipour et al., 2014](#)).

One of the limitations of this study was the lack of control over some demographic variables such as age, gender, and socio-economic status of the families. Additionally, not conducting a follow-up period was another limitation of the current research. Therefore, it is recommended to conduct research with a follow-up period in different student groups and cities to generalize the results. Furthermore, it is suggested that future studies compare the effectiveness of group reality therapy with third-wave approaches, such as acceptance and commitment therapy. Furthermore, the familiarity of counselors, teachers, and mentors with the content and guidelines of reality therapy in the form of group workshops for students and teachers, counseling sessions, and workshop activities for students and families can be effective in improving the educational and adaptive status of students.

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