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Orginal Article

Comparing the Effectiveness of Behavioral Activation and Schema Therapy on Reducing the Experiential Avoidance of Students with Academic Procrastination

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Abstract

The most valuable result of all training is the ability to get a person to do something when it needs to be done. Whether he likes it or not. The purpose of this study was to investigate and compare the effectiveness of behavioral activation therapy and schema therapy on reducing experiential avoidance in students with academic procrastination. The research design was a pre-test-post-test experiment with a control group. The statistical population included students of the first semester of the academic year 2021-2022 of Jundishapur University of Medical Sciences, Ahvaz. The first sample of the research included 152 students who were selected from among seven faculties by multi-stage cluster random sampling method. Then the selected people responded to Solomon and Rothblum's Academic Procrastination Scale and those whose score was one score higher than the standard deviation were separated. Then 60 people were randomly selected from among them and placed in three groups of 20 people (two experimental groups and one control group). The experimental groups received behavioral activation and schema therapy, while the control group did not receive any intervention. In this research, Solomon and Rothblum's Academic Procrastination Scale and Gámez et al. Multidimensional Experiential Avoidance Questionnaire were used to collect data. The data were analyzed using univariate covariance analysis (ANCOVA) and SPSS-25 software. The results showed that both behavioral activation therapy and schema therapy are effective in reducing the experiential avoidance of students with academic procrastination ($F=29.71$, $p<0.0001$); However, the effectiveness of schema therapy was higher than behavioral activation therapy ($p<0.002$). According to the results

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obtained in this research, it is suggested that early identification of students with academic procrastination and their timely treatment should be done to eliminate their experiential avoidance. According to the results obtained from this research, behavioral activation and schema therapy are recommended as useful treatments to help reduce the clinical symptoms of students with academic procrastination. Based on the results of this research, schema therapy and behavioral activation therapy can be used to reduce the experiential avoidance of students with academic procrastination.

Keywords: academic procrastination, behavioral activation therapy, Experiential avoidance, schema therapy

Extended Abstract

Introduction

Academic procrastination represents a specific behavioral pattern which is potentially associated with maladaptive motivational processes and poor academic performance in the individual. Research has indicated that procrastination among students is increasing in their studies, and it is essential to find more effective treatments for its causative variables and factors. Experiential avoidance is one of the clinical problems of procrastinators. The avoidance construct refers to getting rid of an action or getting rid of a person or an object that mitigates distress, but in the long run, maintains anxiety. Behavioral activation therapy and schema therapy are third-wave therapies. Behavioral activation is a quick, easy, and relatively inexpensive treatment that can alleviate clinical signs and symptoms by changing behavioral patterns. Schema therapy is a useful integrated treatment based on the expansion and development of cognitive-behavioral therapy concepts as well as methods along with emotional changes, experiential techniques, and therapeutic relationships. The aim of this study was to explore and compare the effectiveness of behavioral activation therapy and schema therapy on reducing experiential avoidance in students with academic procrastination.

Methods

The research design was a pre-test-post-test experiment with a control group. The statistical population consisted of students of the first semester of the academic year 2021-2022 of Jundishapur University of Medical Sciences, Ahvaz. The first sample of the research included 152 students who were selected from among seven faculties via multi-stage cluster random

sampling method. Next, the selected people responded to Solomon and Rothblum's Academic Procrastination Scale where those whose score was one score higher than the standard deviation were separated. Thereafter, 60 people were randomly selected from among them and placed in three groups of 20 people (two experimental groups and one control group). The criteria for students to enter the study included: meeting the criteria for procrastination (scoring 50 or higher on the Solomon and Roth Bloom test), not having any psychological trauma, not having received any psychological intervention (at least one month before the study), no substance abuse, and the student's willingness to cooperate in this study. The experimental groups received behavioral activation therapy and schema therapy, whereas the control group did not receive any intervention. In this study, Solomon and Roth Bloom's Academic Procrastination Scale and Gomes' Multidimensional Experiential Avoidance Questionnaire were employed to collect data. The data were analyzed using univariate analysis of covariance in SPSS-25 software. In the present study, the reliability of the Academic Procrastination Questionnaire using Cronbach's alpha was calculated to be 0.89 and that of the Experiential Avoidance Questionnaire using Cronbach's alpha was calculated to be 0.96.

Results

The results revealed that the F value for the experiential avoidance variable was 29.71, which is significant at the $p<0.0001$ level. Thus, there is a significant difference between the mean post-test scores of the experiential avoidance variable after controlling for the pre-test scores in the experimental and control groups. Also, according to the effect size, "behavioral activation" and "schema therapy" were found to have a 50% impact on lowering experiential avoidance. Nevertheless, the effectiveness of schema therapy was greater than that of behavioral activation therapy ($P<0.002$). Hence, based on the results of this research, schema therapy and behavioral activation therapy can be employed to reduce the experiential avoidance of students with academic procrastination.

Conclusion

According to the results obtained in this research, it is suggested that early identification of students with academic procrastination and their timely treatment should be performed to eliminate their experiential avoidance. The results indicated that behavioral activation and schema therapy are recommended as useful treatments to help mitigate the clinical symptoms of students with academic procrastination. Thus, the student counseling departments of medical sciences universities of the country can

utilize this treatment to reduce the clinical symptoms of procrastinators, especially to diminish the experiential avoidance of students with academic procrastination and reduce the consequences of procrastination in them. Based on the results of this research, schema therapy and behavioral activation therapy can be applied to alleviate experiential avoidance of students with academic procrastination.

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