
FEASIBILITY STUDY OF COGNITIVE BEHAVIORAL THERAPY-BASED INTERVENTION FOR ENHANCING SOCIAL SKILLS AMONG SECONDARY SCHOOL CHILDREN IN PAKISTAN: A RANDOMIZED CONTROL TRIAL

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ABSTRACT

Social skills deficits interfere with academic, emotional and social functioning, and are frequent among adolescents with behavioral and emotional problems. The current study was carried out to assess the feasibility of cognitive behavioral therapy-based intervention that aims at improving social skills among secondary school children in Pakistan. For this purpose, Initial screening was carried out of N=651 students, age range 14-18 years, using BASC- Behavioral and Emotional Screening system 3. Students were selected from four different schools of Rawalpindi, Pakistan. A randomized contrail was carried out and 28 students were randomized in intervention group and control group with randomization ratio 1:1. Intervention group was given cognitive behavior therapy based social skills training, that was comprised of weekly group sessions. The results were encouraging and showed a significant change in Personal Risk Index (PRI) due to treatment in

timeline ($F=40.48$, $p=.00$, $\eta_p^2=.67$), *group* ($F=16.36$, $p=.00$, $\eta_p^2=.45$) and *interaction of group*timeline* ($F=19.67$, $p=.00$, $\eta_p^2=.49$). Moreover, a change is also noted in internalizing risk and an improvement in self-regulation. In addition to this, an overall decline in Behavioral and Emotional Risk index is also evident. These trials highlight the importance of implementation of social skills training programs for children and may further help in the capacity building of teachers to enhance social skills in students.

KEYWORDS

Social skills training, Adolescents, Randomized control trial

INTRODUCTION

Mental health issues can be prevented by keeping a track of childhood development and timely identification of problems. There may be several causes of any behavioral issue e.g., parental practices and social skills of the child (Bolsoni-Silva & Loureiro, 2011). Social skills are necessary to appropriately and effectively interact with others. They allow the person to act in a manner that may bring reward and also avoid being ignored or punished. In addition to this, they allow people to form smooth interactions, meaningful relationships, fulfilment of basic needs, effective and pleasant work relationships. Conversely, interaction may be challenging for the person who lacks such skills. Moreover, lacking social skills is demonstrated by several patients with psychological or mental health problems (Kinnaman & Bellack, 2012). Adolescence is the age of rapid growth and maturation in biological, psychological and social domains of life. This age is marked by two important aspects i.e., a search for self-knowledge and getting autonomy and for these aspects' social skills, self-efficacy and emotional functioning is very crucial as it prevents them from developing psychological issues (Gaete, 2015). Social skills are mostly learned from modeling, by observing others and then by testing them in various situations. Social skills can be categorized in two kids: basic and complex. Basic skills are very important to learn complex social skills and this learning starts at childhood and continue to develop in adolescence and later help in adulthood to develop pleasant social relationships for personal well-being (Lent et al., 2017).

Researches shows that poor self-regulation, decision making skills, poor social skills and depression are risk factors of problematic behaviors in adolescents (Hawkins et al., 1998). Moreover, Teachers, educationists, school psychologists and social workers argue that poor academic performance are the result of poor social skills and students who struggle in maintain social relationships and lack social skills fails to show appropriate behavior and as a result face more disciplinary action. Students should be systematically taught skills to get success in schools (Martens & Witt, 2004). Teachers are viewing that social skills, self-regulation and cooperation are very crucial for good

academic performance and behavioral success (Lane et al., 2006). Researches have shown that lack of social skills and social competence can predict internalizing and externalizing problems. Hu et al. (2015) studied relationship between academic, career, and personal-social competencies and internalizing and externalizing issues in a sample 18,164 students of grade 10-12 from China. Results showed that internalizing and externalizing problems were negatively predicted by students' academic and personal-social competence, and internalizing problems are negatively predicted by career competencies but positively predicted externalizing behaviors. Researchers also concluded that identifying young children with mental health issues and providing proper intervention is crucial, and teachers are very important in process of identification of such concerns among their students. Lacking social and academic skills in students are pressing concerns because their absence effects academic success most importantly at high school level (Fleming et al., 2005).

We conducted present study to assess the feasibility of CBT based social skills training among in enhancing social skills among secondary school children. Previous studies have shown promising results and have concluded that school-wide skills training can lead to positive outcomes (Skad et al.,2012). Present study is carried out for the following reasons. According to prior researches, social skills are not well-developed among children of Pakistan (Rashid, 2010). Researches also show that deficit in social skills are related to many psychological issues (Gaete, 2015), poor academic performance (Fleming et al., 2005), and externalizing and internalizing issues (Hu et al., 2015). Moreover, research findings are encouraging for implementing school-based interventions that target elevated childhood problems in behavioral and emotional domains (Homer et al., 2010; Flannery et al., 2014). Keeping in view above evidences it is crucial to assess students at this level for social skills deficits and implement a school-wide training program for such students.

Furthermore, although numerous studies have been conducted on school wide interventions, but there is a need to study effectiveness of such interventions at high school level. Noltemeyer et al. (2019), reviewed 55 researches on Tier 1 PBIS, and found just seven researches that were conducted on High school students. Many social and emotional learning programs have been adapted for different countries and populations but there is limited research on such programs in schools of Pakistan (Barlas., 2022). Existing curriculum in schools of Pakistan has incorporated some social skills in their social studies books but it does not fulfill the requirements of development of necessary social skills among learners (Rashid, 2010). These further highlights the need of social skills training in students of Pakistan. In short, current study aimed to assess the feasibility of cognitive behavioral therapy-based intervention for enhancing social skills in secondary school children of Pakistan through a randomized control trial.

LITERATURE REVIEW

Among school-aged children in Pakistan, Khalid et al. (2022) conducted a feasibility study of Living Life to the Fullest (LLTTF), a CBT-based guided self-help program for depression, anxiety, and social functioning. A lower rate of anxiety and depression was found in participants who reported higher levels of satisfaction. The intervention also improved participants' ability to perform daily tasks and socially adapt over time. CBT is based on the idea that changing one's outlook on life can have a profound effect on one's mental health. According to prior researches, social skills are not well-developed among children of Pakistan (Rashid, 2010). Researches also show that deficit in social skills are related to many psychological issues (Gaete, 2015), poor academic performance (Fleming et al., 2005), and internalizing and externalizing problems (Hu et al., 2015). Moreover, research findings are encouraging for implementing school-based interventions that target elevated childhood emotional and behavioral difficulties (Homer et al., 2010; Flannery et al., 2014). Researches shows that poor self-regulation, decision making skills, poor social skills and depression are risk factors of problematic behaviors in adolescents (Hawkins et al., 1998). Moreover, Teachers, educationists, school psychologists and social worker argue that poor academic performance are the result of poor social skills and students who struggle in maintain social relationships and lack social skills fails to show appropriate behavior and as a result face more disciplinary action. Students should be systematically taught skills to get success in schools (Martens & Witt, 2004). Teachers are viewing that social skills, self-regulation and cooperation are very crucial for good academic performance and behavioral success (Lane et al., 2006).

RESEARCH OBJECTIVES

1. To assess the feasibility of Cognitive Behavior Therapy based intervention for enhancing social skills among secondary school children.
2. To compare scores of treatment group and control group on Behavioral and Emotional Screening System.

RESEARCH HYPOTHESIS

1. Treatment group receiving Cognitive Behavioral therapy-based intervention for social skills shows enhancement in social skills at post intervention as well as at follow-up, compared to control group.

RESEARCH METHODOLOGY

A simple, parallel group, single blind, randomized control trial was carried out from 15th August 15, 2022 to October 30, 2022. Four schools were selected for initial screening from Rawalpindi city and 651 students were assessed through BASC-BESS 3. Adolescents whose scores indicated social skills deficits were contacted for

informed consent. 28 students were allocated in treatment and control group using simple random sampling with a randomization ratio 1:1.

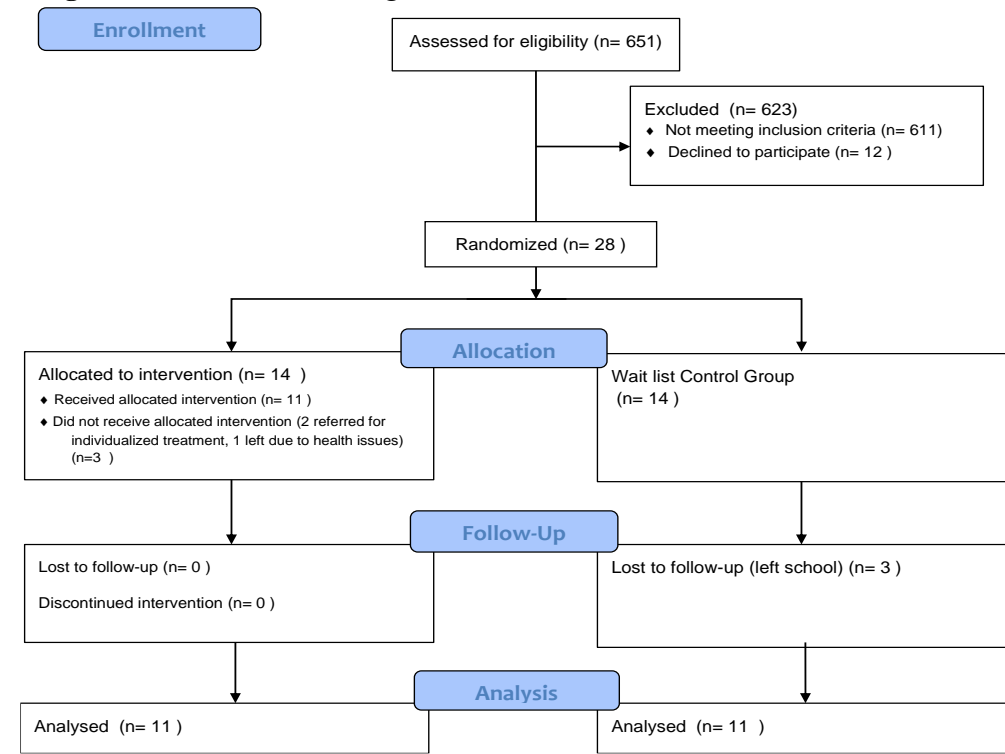
Inclusion criteria and exclusion criteria

All male and female adolescents age ranges from 14-18 years who scored high on personal adjustment risk index of BASC 3 Behavioral and Emotional Screening System (BASC 3 BESS) and whose informed consent was obtained from parents and the participants. Participants having severe mental health issues were excluded from the sample.

Recruitment and retention

We recruited N = 28 participants and allocated 14 students in treatment group and 14 in control group. One participant of treatment group didn't show up due to health concerns, two more participants of treatment group were shown to have issues related to self-harm and suicidal ideation during the therapy session, so they were referred for tier 3 treatment and individual therapy sessions. A total of three participants from control group were not available for post-assessment as they left the school.

Diagram 1: Consort Flow Diagram



BASC 3 Behavioral and Emotional Screening System (BASC 3 BESS) is developed by Kamphaus and Reynolds in 2015. It is a quick, systematic and reliable tool to assess emotional and behavioral weaknesses as well as strengths in children. In present study we used BESS—Student Form which is a 28 item self-report measure to assess problems of child and adolescent in behavioral and emotional domains, from grade 3-12. The responses are summed to create a raw score that provides a composite behavioral and emotional risk index (BERI). Raw scores are then changed to a normed total T score in which higher scores reflect more risk; T score less than 60 indicates risk of normal level, 61-70 indicates elevated risk, and scores of 71 or higher indicates an extreme risk.

In addition to BERI, there are three sub-indexes of student form are Internalizing Risk Index (IRI), Self-Regulation index (SRI), and Personal Adjustment Risk Index (PRI). Internalizing Risk index is comprised of items measuring behaviors from locus of control, atypicality, anxiety, social stress, and depression. SRI consists of items associated with self-control, hyperactivity and attention problems. PRI comprised of items related to relationship with parents, self-esteem, Interpersonal relationships and self-reliance. Reliability coefficients for student form ranges from the middle .70s to the upper .80s.

DATA ANALYSIS AND FINDINGS

Intervention

In present study a CBT based social skills training program was implemented to enhance social skills among secondary school children. Intervention consists of a total of eight weekly sessions that are delivered in group format. Each session took 50-60 minutes. It consists of introduction, psychoeducation, and sessions that targeted areas like non-verbal skills, communication in relationships, empathy, conflict resolution, assertiveness and self-monitoring of the behavior. Role plays are incorporated as a technique in various sessions to facilitate children learn through imitation and behavioral rehearsals. Homework assignments were incorporated to make child relate their learning with real world settings.

Table 1: Social skills training Plan overview

Session 1: Introduction/ Establishing Expectations/ Rapport building		
Topic	Activity/Procedure	Materials required
Introduction	Group members and therapist will introduce themselves to each other.	

Group expectations and rules	Group members will come to the board to write their expectations of the group. Rest of the members will agree.	White board
Activity	Identify emotions: therapist will ask to identify emotions from the video, and explain how do they know that emotion being displayed for example is happiness, or anger etc.	Photographs/videos showing most common expressions.
Group feedback	Members will fill their feedback forms.	Feedback form

Session 2: Psychoeducation

Check in activity	Taking the basic feeling, each person will share the account when they felt surprised, sad etc.	
Psychoeducation – what are social skills and why are they important?	Metaphor of monster and mouse. Discussion Questions.	Slides Handouts
Practice activities	Students will be presented by different social situations and will be asked about appropriate strategy to use in each of them.	
Closing	Feedback	Feedback form

Session 3: Non-Verbal Skills

Check in	Eye spy	
What are non-verbal skills	Handouts Discussion Questions	Pictures, Handouts
Role plays	Role play.	
Closing	Feedback	

Session 4: Conversation in Relationships

Check in	Review discussion about nonverbal social skills form previous session	
What is a relationship? Formal or informal? Look at them My relationships Good or bad My experiences New beginnings Go for it Notice	Activity sheet “Conversation in Relationships” Step 1. Starting point of the session will be what relationship means Step 2. A list of relationships will be generated Step 3. Students will make a list of important relationships they have now and from past. Step 4 . Group will discuss what makes a relationship good or bad Step 5. Maps. Step 6: each person will take turn and share in the group about one relationship in which they have not worked well and one relationship that is a success Step 7 New Beginnings. Step 8. Each group member will identify one communication situation that was difficult for them. Can be from past present or future. The counselor can take role of the other person and people act out what they wish they had said or what they plan to say in future.	Paper, pencil White board/cards Activity sheet

Closing	Feed back	Feedback form
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Home work:

At the end of the session each member will agree to observe one social encounter before the next meeting and be ready to tell every one about it. Things to notice are: What the people talked about? How they spoke to each other and Use of body language

Session 5: Empathy

What is empathy	Discussions Activity sheet assignment“ Empathy- To feel What others are feeling” 1. Observe. 2. Think 3. Ask 4. Empathize. Record their response.	White board, Handouts, Slides
Role plays		Note cards
Closing	Feedback	Feedback form

Homework: Assignment sheet

Session 6: Assertiveness and Self-monitoring

Review of the previous session and homework	Review discussion skills that have been learnt so far from the previous sessions	
Assertiveness	Handout discussion Step 1 What is assertiveness (As students have already learned the metaphor of mouse, lime and monster in previous session) Step 2 Setting targets	Handouts
Self-management	Step 1 Do you know that famous atheletes and models monitor their own behavoior? Why they do that? Step 2 Do you think it will help to monitor your own behaviour?	Blank self-monitoring forms, slides

Step 3. Self-monitoring forms, students will be provided with instructions to fill those forms. Therapist will use his own form as a specimen on slides.

Step 4 students will think about the behaviours they want to change and will write them on monitoring forms

Step 5 students will choose rewards for themselves

Closing

Feedback

Feed back form

Home work: Learners will be provided with Self-monitoring forms to complete as home assignment.

Session 7: Conflict resolution

Review

Homework discussion

Conflict resolution

Activity sheet “ Conflicts and resolving conflicts-1”

Discussion on tip sheet

Tip sheet
Activity sheet “
Conflicts and resolving conflicts-1”

Roleplay examples

Demonstration by therapist

Demonstration by students

Closing

Feedback

Feedback form

Home work

Students will be provided with the sheets Activity sheet “Conflicts and resolving conflicts-2” in which they need to record their responses.

Session 8: Putting it all together or Closing

Review

Discussions

Sample Discussion questions

- Has anyone be able to use these skills at home or at school?
- We learnt about use of non-verbal skills who remembers that?

Activity chart

	<ul style="list-style-type: none"> • Students will share the example of using the skills learnt in previous sessions- 	
Closing	Activity chart and Closing notes Feedback	Feedback form

RESULTS

Data was analyzed and psychometric properties of BASC 3 were calculated using SPSS 22. For assessing feasibility of CBT based Social skills training mixed ANOVA was carried out. Interaction effects can also be seen clearly through graphs provided below.

Table 2: Socio-demographic characteristics of participants (N = 22)

Variables	Category	Control Group		Experimental group	
		N	%	N	%
Gender	Male	6	54.54%	9	81.81%
	Female	5	45.45%	2	18.18%
Age	14 years	3	27.27%	2	18.18%
	15 years	4	36.36%	3	27.27%
	16 years	4	36.36%	6	54.54%
Class	9 th	5	45.45%	5	45.45%
	10 th	6	54.54%	6	54.54%

Table 2 shows frequencies and percentages of socio-demographic variables of participants

Table 3: Psychometric Properties of the Study Scale i.e., Behavior Assessment System for Children (BASC3) and its Sub-Scales

Scale	M	SD	Range	Cronbach α
Behavioral and Emotional Risk Index	28.02	11.64	00-72	.85
Self-Regulation Risk Index	6.07	2.54	00-14	.71
Internalizing Risk Index	12.24	5.95	00-30	.80
Personal Adjustment Risk Index	5.64	3.87	00-22	.73

Table 3 shows all alpha reliabilities (α), Mean (M), standard deviation (SD), and Range of subscales.

Table 4: Mean Differences between Experimental Group and Control group on Pre-

test and Post-test scores on Behavioural and Emotional Risk Index (BERI), Self-Regulation Risk Index (SRI), Internalizing Risk Index (IRI), Personal Adjustment Risk Index (PRI)

	Experimental Group (n=11)		Control Group (n=11)		Time			Group			Time*Group		
	M	SD	M	SD	F	P	η_p^2	F	p	η_p^2	F	P	η_p^2
BERI					65.26	.00	.76	16.08	.00	.44	32.99	.00	.62
Pre	44.09	8.38	49.45	3.38									
Post	30.63	8.96	47.18	4.77									
SRI					9.20	.00	.31	6.57	.01	.25	1.02	.32	.05
Pre	6.36	2.65	8.63	3.10									
Post	4.90	2.02	7.90	2.3									
IRI					16.03	.00	.45	30.35	.00	.60	1.42	.25	.07
Pre	13.27	3.34	20.27	3.82									
Post	9.90	3.04	18.45	4.22									
PRI					40.48	.00	.67	16.36	.00	.45	19.67	.00	.49
Pre	9.72	1.79	7.90	2.84									
Post	14.81	2.96	8.81	2.31									

Table 4 shows a significant change in scores of Behavioral and Emotional Risk Index due to treatment in group (F=16.08, p=.00, η_p^2 =.44), timeline (F=65.26, p=.00, η_p^2 =.76), and interaction effect (F=32.99, p=.00, η_p^2 =.62). Control group shows no significant change in pre (M=49.45, SD=3.38) and post (M=47.18, SD=4.77) conditions. Whereas, Participants of experimental group shows a significant change in pre (M=44.09, SD= 8.38) and post (30.63, SD=8.96) conditions. Using Pillai’s test there’s a significant effect of therapy in reduction of Behavioral and emotional risk index, V=.76, F=65.62, p=.00.

Results further reveals that change in SRI is significant in timeline (F=9.20, p=.00, η_p^2 =.31) and group (F=6.57, p=.01, η_p^2 =.25), but non-significant in interaction effects (F=1.02, p=.32, η_p^2 =.05) and effect size is very small. Furthermore, results demonstrate a significant change in IRI in terms of timeline (F=16.03, p=.00, η_p^2 =.45) and group (F=30.35, p=.00, η_p^2 =.60) but non-significant in interaction effect (F=1.42, p=.25, η_p^2 =.07).

Results indicates a significant change in PRI due to treatment in timeline (F=40.48, p=.00, η_p^2 =.67), group (F=16.36, p=.00, η_p^2 =.45) and interaction of group*timeline (F=19.67, p=.00, η_p^2 =.49) Values of η_p^2 are above .40 that shows a large effect of therapy on experimental group. Control group shows no significant change in pre

($M=7.90$, $SD=2.84$) and post ($M=8.81$, $SD=2.31$) conditions. Using Pillai's test there's a significant effect of therapy in decreasing personal adjustment risk in experimental group, $V=.67$, $F=40.48$, $p=.00$.

Diagram 2: Comparison of Pre and Post-test scores of experimental and Control group on Behavioural and Emotional Risk Index (BERI)

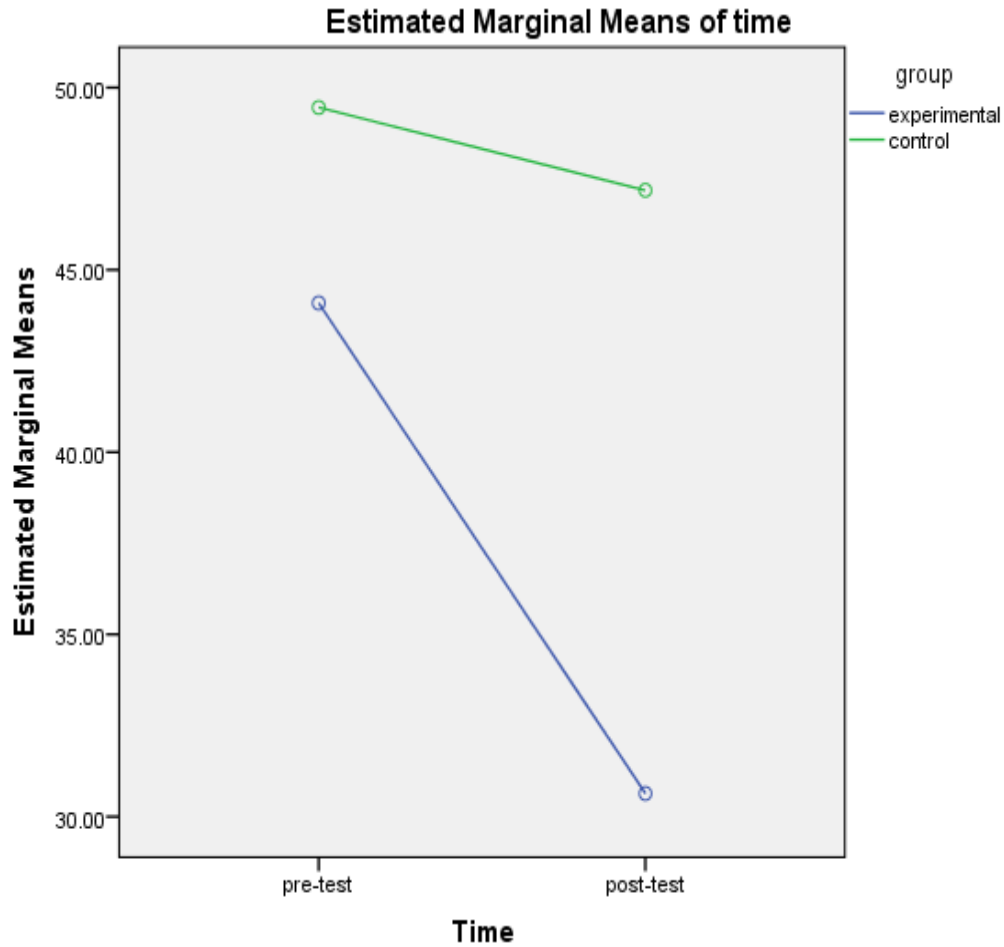


Diagram 2 shows a significant decline in scores of behavioral and emotional risk index in participants of experimental group after social skills training was given to enhance their social skills. Whereas, there is no significant change in scores at pre-testing phase and scores at post-testing phase of control group.

Diagram 3: Comparison of Pre and Post-test scores of experimental and Control group on Personal Adjustment Risk Index (PRI)

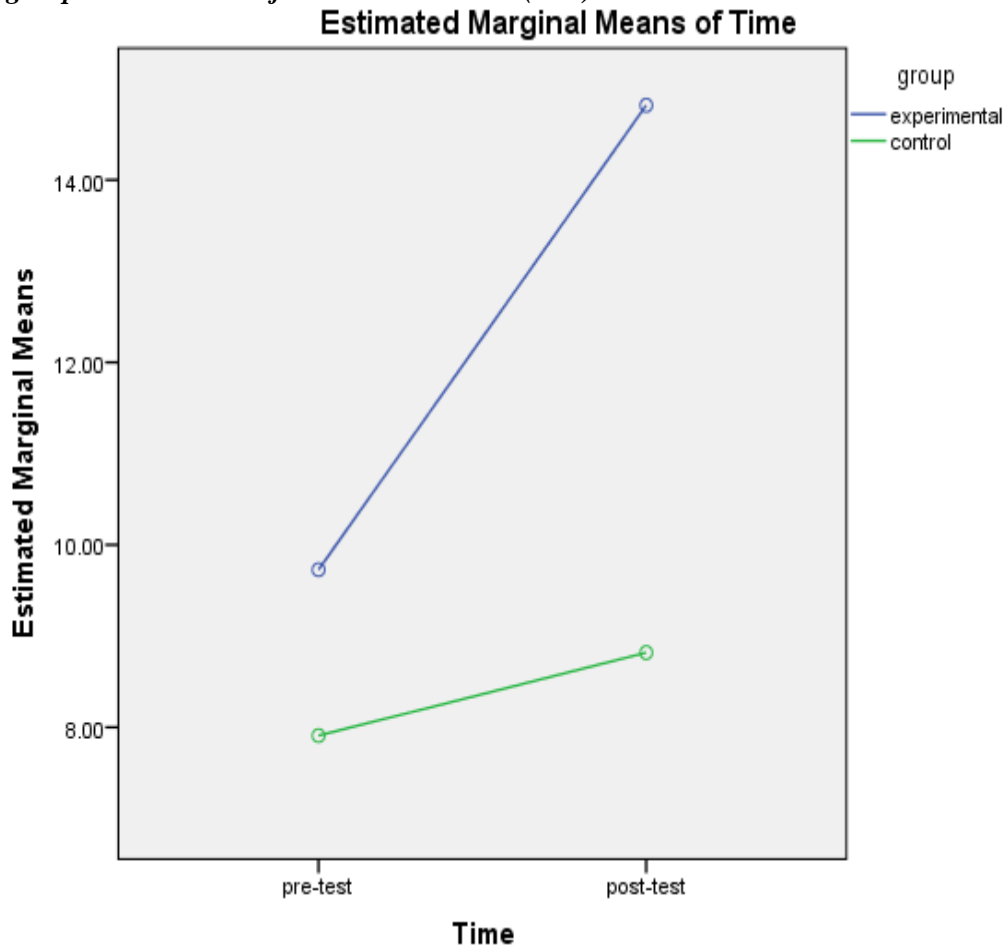


Diagram 3 depicts that score of personal adjustment risk index increases after treatment was given to experimental group that shows a decline in risk of issues related to personal adjustment. On the other hand, there is no significant change in scores of personal adjustment risk index of control group at post-test phase.

DISCUSSION

Schools play a crucial role in preparing a child for life and in development of their personality. There is an agreement that schools should not focus solely on academics but teaching social and emotional skills to the learners is very important task of and responsibility of schools. Such emotional and social development is crucial for

academic development and personality development (Zins et al., 2004). Our project aimed to carry out a school wide assessment and intervention of social, emotional and behavioral problems of secondary school children. In addition to this, development of preventive measures was also our target.

For increasing social skills among secondary school children, a social skills training program based on CBT was used as intervention. Our results show decrease in social skills deficits among the students with social skill problems. Our findings are parallel to the findings of prior researches in this area as school wide social and emotional intervention has a lot of positive outcomes including enhancement of social and emotional skills, positive self-image, prosocial behaviors and reduction in mental health problems and other disorders (Skad et al., 2012). Such evidences from prior researches in the area has increased our confidence on our findings.

We aimed that students will try to generalize the social skills and will use them in other social contexts also. The current training program will equip them with knowledge that will guide them on how use the skill in order to act appropriately according to the situation. Results showed that social skills training program also reduced issues related to self-regulation and internalizing behaviors in treatment group. An overall reduction in behavioral and emotional risk index is also noted in the post assessment suggesting an improvement in behavioral and emotional deficits due to social skills training. Similar findings are documented by previous researchers also as a metanalysis showed that social and emotional interventions reduced internalizing issues, conduct problems an increased behavioral adjustment of students (Durlak et al., 2011).

Involvement of teachers is very important and studies shows that their involvement increases the efficacy of such programs (Han et al., 2007). For this purpose, we also conducted teacher training sessions that aimed at teaching them how to identify emotional and behavioral problems among children, identifying their triggers and how to deal with such issues.

There are certain limitations of our study. In present study, data was collected from only Rawalpindi. Secondly, we used a small sample for our study. It limits generalizability of the findings. It is recommended that future studies should be done to assess the effectiveness and efficiency of social skills training program on large scales using large sample size.

Social skills are not well-developed among adolescents in Pakistan (Rashid, 2010). Deficits in social skills are related to poor academic performance (Flemming, 2005), internalizing issues and other mental health problems (Hu et al., 2015). The lack in

social skills is putting burden on our adolescents and their family members. Our study assessed the feasibility of CBT based social skills training program. It can help future researchers to assess the effectiveness of social skills training program. There's a need of such training programs in our schools. These trials highlight the importance of implementation of social skills training programs for children and may further help in the capacity building of teachers to enhance social skills in students.

We studied the feasibility of CBT based social skills training program on secondary school children and found favorable results. It is concluded that such programs enhance social skills among secondary school children. In addition to this, increasing social skills also helps in decreasing problems related to poor self-regulation and internalizing issues. An overall decrease in emotional and behavioral risk index was also seen that further highlights the need of such programs for school children.

RECOMMENDATIONS

Although social skills of the students were enhanced and they were educated about mental health, the sample size was still quite small because it was collected from only four schools. In addition to increasing the sample size, additional research is required to determine which additional factors, such as parenting styles, coping mechanisms, etc., contribute most to the long-term success of a particular treatment. The short duration of the study and the fact that the intervention was only followed up on four weeks later prevent us from drawing any conclusions about the treatments long-term effects.

REFERENCES

- Bolsoni-Silva, Silveira, A. M. S., Cunha, E. V., Silva, L. L., & Orti, N. P. (2016). Problemas de comportamento e funcionamento adaptativo no *Teacher's Report Form (TRF)*: Comparações por gênero e escolaridade. *Geraios: Revista Interinstitucional de Psicologia*, 9(1), 141-155.
- Barlas, N. S., Sidhu, J., & Li, C. (2022). Can social-emotional learning programs be adapted to schools in Pakistan? A literature review. *International Journal of School & Educational Psychology*, 10(1), 155-169.
- Bolsoni-Silva, A. T., & Loureiro, S. R. (2011). Práticas educativas parentais e repertório comportamental infantil: comparando crianças diferenciadas pelo comportamento. *Paidéia (Ribeirão Preto)*, 21, 61-71.
- Deb, S., Strodl, E., & Sun, H. (2015). Academic stress, parental pressure, anxiety and mental health among Indian high school students. *International Journal of Psychology and Behavioral Science*, 5(1), 26-34.
- Flannery, K. B., Fenning, P., Kato, M. M., & McIntosh, K. (2014). Effects of school-wide positive behavioral interventions and supports and fidelity of implementation on

- problem behavior in high schools. *School Psychology Quarterly*, 29(2), 111-?.
- Flannery, K. B., Hershfeltd, P., & Freeman, J. (2018). Lessons learned on implementation of PBIS in high schools: Current trends and future directions. *Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, US Department of Education)*. Eugene, Oregon: University of Oregon Press.
- Fleming, C. B., Haggerty, K. P., Catalano, R. F., Harachi, T. W., Mazza, J. J., & Gruman, D. H. (2005). Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades?. *Journal of School Health*, 75(9), 342-349.
- Fortuin, J., van Geel, M., & Vedder, P. (2015). Peer influences on internalizing and externalizing problems among adolescents: A longitudinal social network analysis. *Journal of youth and adolescence*, 44(4), 887-897.
- Gaete, V. (2015). Desarrollo psicosocial del adolescente. *Revista Chilena de Pediatría*, 86(6), 436-443. <http://dx.doi.org/10.1016/j.rchipe.2015.07.005>.
- Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., Crosby, A., Fullilove, M., ... & Task Force on Community Preventive Services. (2007). Effectiveness of universal school-based programs to prevent violent and aggressive behavior: A systematic review. *American journal of preventive medicine*, 33(2), 114-129.
- Hawkins, J. D., Herrenkohl, T., Farrington, D. P., Brewer, D., Catalano, R. F., & Harachi, T. W. (1998). A review of predictors of youth violence. In R. Loeber & D. P. Farrington (Eds.), *Serious & violent juvenile offenders: Risk factors and successful interventions* (pp. 106–146). Sage Publications, Inc.
- Hu, W., Fang, X., Chen, H., Deng, L., & Lin, X. (2015). The relationship between three-domain competences and internalizing and externalizing problems in Chinese high school students. *Child Indicators Research*, 8(4), 943-959.
- Kinnaman, J. E. S., & Bellack, A. S. (2012). *Social skills.Cognitive behavior Therapy: Core principles for practice*. Nevada: John Wiley and Sons.
- Khalid, A., Haqqani, S., & Williams, C. (2022). Guided self-help Urdu version of the living life to the full intervention for secondary school adolescents with low mood and anxiety in Pakistan: A feasibility study. *Heliyon*, 8(7), e09809. <https://doi.org/10.1016/j.heliyon.2022.e09809>
- Lam, K. (2016). School-based cognitive mindfulness intervention for internalizing problems: Pilot study with Hong Kong elementary students. *Journal of Child and Family Studies*, 25(11), 3293-3308.
- Lane, K. L., Carter, E. W., Pierson, M. R., & Glaeser, B. C. (2006). Academic, social, and behavioral characteristics of high school students with emotional disturbances or learning disabilities. *Journal of emotional and behavioral disorders*, 14(2), 108-117.
- Lent, R. W., Taveira, D. M. C., Figuera, P., Dorio, I., Faria, S., & Gonçalves, A. M. (2017). Test of the social cognitive model of well-being in Spanish college students. *Journal of Career Assessment*, 25(1), 135-143.
- Martens, B. K., & Witt, J. C. (2004). Competence, Persistence, and Success: The Positive Psychology of Behavioral Skill Instruction. *Psychology in the Schools*, 41(1), 19–30. <https://doi.org/10.1002/pits.10135>
- Noltemeyer, A., Palmer, K., James, A. G., & Wiechman, S. (2019). School-wide positive behavioral interventions and supports (SWPBIS): A synthesis of existing research. *International Journal of School & Educational Psychology*, 7, 253–262.

<https://doi.org/10.1080/21683603.2018.1425169>

Salavera, C., Usan, P., Perez, S., Chato, A., & Vera, R. (2017). Differences in happiness and coping with stress in Secondary Education students. *Procedia-social and Behavioral Sciences*, 237, 1310-1315. <http://dx.doi.org/10.1016/j.sbspro.2017.02.215>.

Sklad, M., Diekstra, R., Ritter, M. D., Ben, J., & Gravesteyn, C. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment?. *Psychology in the Schools*, 49(9), 892-909.

Splett, J. W., Garzona, M., Gibson, N., Wojtalewicz, D., Raborn, A., & Reinke, W. M. (2019). Teacher recognition, concern, and referral of children's internalizing and externalizing behavior problems. *School Mental Health*, 11(2), 228-239.

Zins, J. E. (Ed.). (2004). *Building academic success on social and emotional learning: What does the research say?*. Teachers College Press.