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The Effectiveness of Cognitive-Behavioral Therapy on Social Competence and Emotional Control in Adolescent Girls

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ABSTRACT

The present study aimed to investigate the effectiveness of cognitive-behavioral therapy on social competence and emotional control in adolescent girls. The research used a semi-experimental pre-test/post-test design with two experimental groups and a control group. The study's statistical population consisted of all first-year female high school students in Gorgan during the academic year 1402-1403, totaling 300 students. Then, 30 students with poor scores on the Felner (1990) social competence questionnaire and the Williams and Chambliss (1997) emotional control questionnaire were selected via convenience sampling and randomly assigned to two experimental groups (15 people) and a control group (15 people). Cognitive-behavioral therapy sessions were conducted for 8 weekly sessions, one 60-minute session for the experimental group, and the control group did not receive any treatment. Data analysis in this study was performed using SPSS version 20, with two descriptive and inferential sections (multivariate analysis of covariance, MANCOVA). The results showed that cognitive-behavioral therapy led to improved social competence and emotional control in the experimental group subjects in the post-test phase.

Keywords: Cognitive-behavioral therapy, social competence, emotional control, adolescents.

Introduction

Adolescence is a period characterized by rapid physical, psychological, and social changes [1]. During this period, adolescents face new challenges in interpersonal relationships, social pressures, and identity development. Social competence, defined as an individual's ability to establish and maintain positive and effective social relationships, including communication skills, problem-solving ability, and empathy, is a fundamental factor in successful adaptation during this time. Research indicates that adolescents with higher social competence also enjoy better mental health and are less likely to experience behavioral and psychological problems such as anxiety, depression, or aggression [2]. Emotion control, meaning the ability to regulate and manage emotions effectively, is a crucial psychological skill that plays a key role in adolescence. Adolescents who cannot control their emotions may be more susceptible to mental health issues like stress, anxiety, and aggressive behaviors [3]. The ability to regulate emotions is important not only for mental health but also for enhancing social relationships, academic success, and self-esteem. Particularly in adolescent girls, who are more exposed to hormonal changes and social pressures, emotional control is of greater importance [4].

Adolescence means growing or maturing. It represents a developmental period that begins with puberty and ends with the onset of adulthood. The adolescent period can be seen as crossing a "border crossing." In other words, this crossing is the interface between childhood and the formation and development of a large part of personality, mood, emotions, thinking, and physical growth during puberty, which adolescents and their families must experience together [5]. Indeed, positive youth development can be defined as the growth and nurturing of developmental assets, abilities, and talents of adolescents, and according to this view, adolescents are described as assets.

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Puberty is a complex, integrated, and coordinated transition involving brain maturation, neurological function, and endocrine glands. Alongside physical growth, adolescents undergo changes in their social roles and relationships, in how they think about themselves and others, in how they process and respond to the world around them, and in their social skills [5].

Social competence is particularly important during adolescence because this period involves physiological changes and physical maturation, and adolescents also face new social challenges. Social competence is one of the broadest areas of human social behavior. In recent decades, this concept has been increasingly emphasized, and educational research is conducted for its growth and development. Social competence is increasingly recognized as an important factor for students' school readiness. Students with social competence are more successful in developing a positive attitude towards school and adapting to school compared to their less capable peers, and furthermore, they achieve better grades and greater success [6]. Social competence means the capacity to establish social interaction and to function effectively, exercising personal independence and social responsibility, i.e., acquiring skills, abilities, and capacities. Social competence includes information and skills that enable an individual to perform daily life tasks and life exchanges; therefore, social competence is closely related to educational and academic adjustment.

Social competence encompasses important

Psychological states of the individual, summarized in five feelings: self-satisfaction, competence, self-efficacy, influence, confidence, and decision-making ability. Thus, optimal social competence means the absence of antisocial behaviors, i.e., the prevention of impulsive and destructive behaviors. Consequently, for an individual to be considered socially competent, they must possess a high level of prosocial behaviors and exhibit low levels of antisocial behaviors [7]. According to studies, it has been found that girls experience depression twice as often as boys during adolescence, and if they cannot prepare their mind and body to express fear, anger, sadness, joy, and other emotions and control their emotions, they are likely to suffer from depression, severe anxiety, personality disorders, and physical illnesses [8]. Emotions are an essential part of everyone's life, and difficulty controlling them can lead to an inability to analyze, decide, and choose appropriate behavior in stressful situations, and to a tendency toward maladaptive behaviors [9]. Emotion control refers to how an individual recognizes their emotions in different situations and expresses and controls them [10]. Emotion control enables individuals to express their emotions in an appropriate ituation and manner, and by managing various emotions, become realistic, benevolent, righteous, and be useful and efficient individuals in the progress of society [11]. Emotion control is characterized by four dimensions: positive affect, anxiety, anger, and depressed mood, and individuals thereby determine which emotion is experienced and when and how it is expressed [12].

Given the above and the role of various psychological factors on students' performance and the prevention of academic decline and failure, it is necessary to identify effective therapeutic approaches on constructs such as social competence and emotion control. Among psychotherapy models, the cognitive-behavioral approach has contributed the most to research and the development of treatment methods [13]. Cognitive-behavioral therapies refer to an intervention that includes a combination of behavioral, cognitive, and emotion-focused techniques [14]. Since CBT is a short-term therapy, it is usually less expensive than other treatment options. The benefits of this therapeutic method have also been empirically shown to effectively help patients overcome a wide range of maladaptive behaviors [8].Considering the points raised, the present study seeks to answer the question of whether cognitive-behavioral therapy affects social competence and emotion control in adolescent girls.

Method

The research method was quasi-experimental with a pretest-posttest design and two groups (experimental and control). In this study, the therapeutic method at one level (CBT) and a non-intervention level (control group) were considered independent variables, and social competence and emotion control were considered dependent variables. Questionnaires were used to measure the dependent variables. The statistical population of the present study comprised all female students in the first period at Shayestegan High School in Gorgan city in the academic year 2023-2024, who, according to school statistics, numbered approximately 300. Initially, students willing to participate in the study were asked to respond to the Felner Social Competence Questionnaire (1990) and the Williams and Chambless Emotion Control Questionnaire (1997); then, 30 respondents who scored low on the questionnaires, met the mentioned inclusion criteria, and were willing to participate were selected as the sample using convenience sampling and were randomly assigned to experimental (n=15) and control (n=15) groups (it should be noted that written consent forms were obtained from the participants).

Inclusion criteria were: residing in Gorgan; ability to attend all 8 therapy sessions; no physical disabilities; no chronic mental illnesses (not taking psychiatric medications); being a volunteer and willing to participate; not participating in psychotherapy sessions in the last three months; and obtaining a low score on the social competence and emotion control questionnaires.

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Exclusion criteria included: absence from more than two sessions during the treatment process; expressing unwillingness to participate in training sessions; the participant developing a chronic or acute physical illness during the treatment sessions; parental divorce during the research; simultaneous participation in other treatment programs; and obtaining undesirable scores on the social competence and emotion control questionnaires.

A: Felner Social Competence Questionnaire (1990):

This questionnaire was developed by Felner (1990) and consists of 47 items and four components (behavioral skills, motivational sets and expectations, cognitive skills, emotional competence). Parandin (2006) translated and validated this scale [15]. The obtained Cronbach's alpha coefficient was 0.88, indicating acceptable and desirable internal consistency. In the study by Piri and Asadyan [16], the content, face, and criterion validity of this questionnaire were evaluated as favorable; the calculated Cronbach's alpha coefficient was above 0.7 [16]. The questionnaire is scored on a 7-point Likert scale as follows: completely disagree = 1, disagree = 2, somewhat disagree = 3, no opinion = 4, somewhat agree = 5, agree = 6, and completely agree = 7. Items 3, 6, 8, 9, 11, 12, 15, 16, 21, 25, 26, 28, 32, 36, 37, 38, 43, 44, and 45 are scored reversely, meaning that completely agree receives a score of 1 and completely disagree receives a score of 7. A high score indicates higher social competence.

B: Williams and Chambless Emotion Control Questionnaire (1997):

This questionnaire was developed by Williams and Chambless (1997) and consists of 42 items and four components (anger, depressed mood, anxiety, and inability to control strong emotions). In the study by Tahmasbian et al. [17], the internal consistency of the questionnaire, calculated using Cronbach's alpha, was 0.78 for the student group, 0.81 for the university student group, 0.88 for the teacher group, 0.90 for the nurse group, and 0.93 for the faculty group [17]. Also, in the study by Dehsh [18] on a sample of 220 high school students, Cronbach's alpha for the total scale score was 0.84, and for the components of anger, positive affect, depressed mood, and anxiety were 0.53, 0.60, 0.76, and 0.64, respectively [18]. The questionnaire is scored on a 7-point Likert scale as follows: strongly disagree = 1, very much disagree = 2, disagree = 3, neither agree nor disagree = 4, agree = 5, very much agree = 6, and strongly agree = 7. This scoring method is reversed for items (31, 30, 27, 22, 21, 18, 17, 16, 1, 12, 9, 4, 38, 24). High scores on this questionnaire indicate a lack of emotion control and the emergence of problems such as anger, depression, anxiety, and inability to control strong emotions.

C: Cognitive-Behavioral Therapy Protocol was adapted from the book by Hawton (1989; translated by Ghassemzadeh, 2014) [8]. A detailed description of the therapy sessions is provided in Appendix B of the thesis; only a summary is presented here.

Table 1: Summary of Cognitive-Behavioral Therapy Sessions

Session	Description
First	Introduction: Participants introduce themselves and state why they decided to participate in the CBT group sessions. Providing basic information about CBT. Stating the reason for holding these sessions and the goal of group CBT. Explaining the principles of confidentiality and reassuring clients that their information is completely confidential. Stating the rules and principles of therapy sessions. Assigning homework as an exercise for group members to become more familiar with doing assignments. Conducting the pretest.
Second	Session Two: Thoughts, Feelings, Behavior. Explaining the relationship between thoughts, feelings, and behavior. Stating the difference between thoughts, feelings, and behavior. Explaining maladaptive thinking styles. Stating common cognitive errors. Distributing the thought restructuring worksheet.
Third	Session Three: Thought Restructuring. Reviewing and explaining the previous session's homework. Explaining the four main steps for thought restructuring (identifying thoughts, evaluating thoughts, changing thoughts, determining the effects of modified thoughts). Redistributing the thought restructuring worksheet.
Fourth	Session Four: Signs and Chains. Reviewing the previous session's homework. Examining the cause-response-consequence chain. Explaining how consequences themselves fit into the larger behavioral chain. Stating strategies for breaking the destructive chain.
Fifth	Session Five: Assertiveness. Reviewing the previous session's homework. Defining assertive behavior. Imagining a situation where having assertive behavior is difficult. Suggested self-talk to increase assertiveness. The difference between passive, aggressive, and assertive behavior. Examples of negative thoughts and self-talk that hindered assertiveness.
Sixth	Session Six: Impulsivity, Self-Control, and Mood Elevation. Defining impulse and discussing impulse management and strategies for greater self-control. Strategies for mood elevation and increasing pleasant events. Distributing the pleasant activities worksheet.
Seventh	Session Seven: Stress Management and Problem-Solving. Reviewing the previous session's homework. Explaining stress, stressors, and stress management. Stress management. Strategies for problem-solving. Teaching muscle relaxation.
Eighth	Session Eight: Self-Esteem. Reviewing the previous session's homework. Defining self-esteem. Explaining how negative self-evaluations lead to low self-esteem. Strategies for improving self-esteem. Distributing the self-image worksheet. Conducting the posttest.

After obtaining the necessary permissions from the education department, we referred to Shayesteghan Girls' High School in Gorgan. Then, the research objectives and confidentiality of the results were discussed with the school principal. Subsequently, from among the students studying in the seventh, eighth, and ninth grades who met the inclusion criteria and had obtained low scores on the Felner Social Competence Questionnaire (1990) and the Williams and Chambless Emotion Control Questionnaire (1997) and were willing to participate, 30 were selected as the sample using convenience sampling and were randomly assigned to experimental and control groups (15 each). After these steps, the experimental group was assigned to one of the school's classrooms, and explanations of the treatment rationale and research objectives were provided.

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They were assured that all their information would remain confidential and that they could leave the research at any time. Then, CBT sessions, adapted from CBT principles (8 sessions, one 60-minute session per week for two months) based on the CBT protocol from the book (Hawton et al., 1989; translated by Ghassemzadeh, 2014) (8), were conducted by the researcher for the experimental group subjects. After completing the therapy sessions, subjects in both groups again responded to the Felner Social Competence Questionnaire (1990) and the Williams and Chambless Emotion Control Questionnaire (1997) as the posttest. Finally, the data obtained from the pretest and posttest stages were prepared for statistical analysis. The results were analyzed in SPSS version 26 at the descriptive level using means and standard deviations, and at the inferential level using univariate and multivariate analyses of covariance (MANCOVA).

Finding

The findings of this study show demographic information about the subjects' educational levels. According to the obtained results, in the control group, the frequency percentages for the seventh, eighth, and ninth grades are (20.0%), (26.7%), and (53.3%), respectively, and in the experimental group, the frequency percentages for the seventh, eighth, and ninth grades are (13.3%), (33.3%), and (53.3%), respectively. Descriptive information for the social competence variable and its components shows that, based on the obtained results, the means for the components of behavioral skills, motivational sets, cognitive skills, emotional competence, and the total social competence score in the control group at the pretest stage are (142.600), (31.400), (13.666), (13.866), (201.533) and at the posttest stage are (140.733), (30.733), (12.666), (13.800), (197.933), respectively. The means for the components of behavioral skills, motivational sets, cognitive skills, emotional competence, and the total social competence score in the experimental group at the pretest stage are (141.601), (31.000), (12.800), (12.933), (198.333) and at the posttest stage are (148.933), (36.266), (16.266), (17.466), (218.933), respectively. Also, descriptive information for the emotion control variable and its components shows that, based on the obtained results, the means for the components of anger, depressed mood, anxiety, inability to control emotions, and the total emotion control score in the control group at the pretest stage are (39.466), (24.666), (34.666), (47.133), (145.933) and at the posttest stage are (40.466), (25.133), (35.400), (46.533), (147.533), respectively. The means for the components of anger, depressed mood, anxiety, inability to control emotions, and the total emotion control score in the experimental group at the pretest stage are (38.866), (24.733), (33.333), (48.400), (145.333) and at the posttest stage are (33.666), (19.933), (27.466), (42.466), (123.533), respectively. (According to the scoring method of the emotion control questionnaire, a higher score on this questionnaire indicates an inability to control negative emotions).

In this section, the results of the Kolmogorov-Smirnov test for normality of the research variables in the control and experimental groups at both pretest and posttest are presented in the table below.

Table 1: Kolmogorov-Smirnov Test for Normality of Data Distribution

Group	Variable	Pretest		Posttest	
		Test Value	Sig.	Test Value	Sig.
Control	Social Competence	0.601	0.08	0.643	0.08
Control	Emotion Control	0.749	0.06	0.406	0.09
Experimental	Social Competence	0.469	0.09	0.564	0.09
Experimental	Emotion Control	0.799	0.05	0.789	0.05

The scores in Table 1 show that the distributions of social competence and emotion control variables in both control and experimental groups at the pretest and posttest stages are normal.

Table 2: Results of Testing the Homogeneity of Regression Slopes for Variables in Experimental and Control Groups

Source of Change	SS	df	MS	F	Sig.
Social Competence					
Group * Pretest	378.271	7	189.635	0.900	0.001
Error	454.317	24	189.388		
Emotion Control					
Group * Pretest	490.879	5	245.440	0.713	0.000
Error	463.581	24	192.941		

As shown in Table 2, the calculated F coefficient for the interaction between group and pretest for the variables social competence and emotion control is significant. Therefore, the assumption of homogeneity of regression slopes for these variables is not met. However, given the Levene's F test and the normality of the data distribution, analysis of covariance is used.

Table 3: Multivariate Analysis of Covariance (MANCOVA) for Posttest Scores of Social Competence and Emotion Control with Pretest Covariates

Source	Variable	df	SS	MS	F	Sig.	η^2
Technique	Social Competence	1	389.727	389.727	17.487	0.001	0.40
Pretest	Emotion Control	1	369.316	369.316	15.151	0.001	0.36
	Social Competence	1	425.172	425.172	19.093	0.001	0.42
Error	Emotion Control	1	487.235	487.235	19.977	0.001	0.43
	Social Competence	26	578.776	22.607			
Total	Emotion Control	26	634.263	24.395			
	Social Competence	30	13116955				
	Emotion Control	30	571438				

As shown in Table 4, the effects of cognitive-behavioral therapy on social competence (F=17.487, P<0.001) and emotion control (F=15.151, P<0.001) in the subjects are statistically significant.

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This means that CBT led to improved social competence and emotion regulation in the experimental group at the posttest. The eta squared value also indicates that 40% of the variance in social competence and 36% of the variance in emotion control are explained by CBT.

Discussion

The data analysis showed that cognitive-behavioral therapy increased social competence and its components (motivational sets, cognitive skills, and emotional competence) in the experimental group at the posttest.

These findings are consistent with the research of Beck [9], Hofmann et al. [10], Oud et al. [11], James et al. [12], Crowe and McKay [13], Uyar and Yıldırım [14], Koerner et al. [19], and Kazantzis et al. [20].

To explain this finding, cognitive-behavioral therapy (CBT) is a psychotherapeutic approach widely used to treat various psychological problems and to improve social skills and social competence in individuals, including students [9]. This therapy helps students improve their social abilities by changing unhealthy thought patterns and institutionalizing constructive behaviors [14]. One of the basic principles of CBT is that negative and dysfunctional thoughts can have a major impact on an individual's behavior and social functioning [19]. Students with low social competence may have negative thoughts about themselves (e.g., "I am unlovable" or "Others always make fun of me"). These automatic negative thoughts lead to fear of social relationships and avoidance of interactions [20]. CBT helps students identify these negative thoughts and, through cognitive restructuring, transform them into more positive, realistic ones. This change in thoughts gives students more self-confidence and increases their ability to establish healthier social relationships [21]. On the other hand, an important aspect of social competence is the ability to solve problems and make appropriate decisions in social situations. Students who have problems in this area may be unable to respond appropriately in their interactions with others and may consequently experience tension and stress. CBT encourages students to analyze problems and choose appropriate solutions using problem-solving techniques [22]. These skills lead to improved interpersonal relationships and reduced social tensions [23]. CBT specifically focuses on teaching social skills. For students who have difficulty in social interactions, this approach can include techniques such as role-playing, practicing listening skills, making eye contact, and expressing feelings [24]. These exercises help students communicate better with others in real social situations and receive positive feedback [25]. Students who experience anxiety or fear of facing social situations often avoid social interactions, which leads to a decrease in their social competence. In CBT, the technique of gradual exposure is used so that students, in stages, face difficult social situations [26]. This gradual exposure helped reduce social fears and enabled students to participate in social situations with more confidence. CBT uses positive reinforcement to increase positive social behaviors. During treatment, students were encouraged to reward themselves with small rewards or receive positive feedback from the environment for appropriate social behaviors (such as initiating conversations or participating in peer groups). This helped reinforce positive social habits. Furthermore, social competence is related to an individual's ability to regulate their emotions in social situations. Students who quickly become angry or anxious may be unable to communicate effectively with others. CBT helped students better manage their behavior when facing negative emotions (such as anger, anxiety, or frustration) through emotion regulation and impulse control training [27]. Techniques such as muscle relaxation and deep breathing were also used in this context [14].

Every research has limitations, and this study is no exception. Limitations include: due to the implementation of the research on female junior high school students in Gorgan, generalizing the results to students of other levels, male gender, other cities, and provinces should be done with caution; exclusive use of measurements based on self-report scales; the implementation of treatment and evaluations related to the intervention by the therapist may introduce bias into the findings; the present research design is quasi-experimental, and therefore, due to the lack of control over possible confounding variables, the results may have less validity compared to findings from a full experimental design; also, subjects might have been affected by the test conditions due to repeated responses to the same questionnaire (pretest and posttest), potentially reducing their accuracy in responding.

Finally, it is suggested that since the data of the present study were obtained using self-report instruments, future research should also use other data collection methods such as interviews. One of the influential factors in the effectiveness of educational programs is the regular completion of homework, which participants forget for various reasons. It is suggested that future researchers use appropriate equipment such as sending text messages or alternative methods to encourage participants to complete assignments on time. The present study was conducted cross-sectionally and over a short, specific period. It is suggested that future researchers conduct longitudinal studies to examine the dimensions of social competence and emotion control more precisely. Also, it is suggested that in future research, demographic variables such as economic status, religion, social status, cultural status, etc., be controlled.

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