

The Effectiveness of Unified Protocols for Trans-diagnostic Treatment on Increasing the Emotional, Social, and Educational Adjustment of Bilingual Adolescent Female Students

Susan Sharifi¹(MSc), Sogand Ghasemzadeh¹(PhD), Zahra Naghsh¹(PhD)

1. Department of Psychology, Faculty of Psychology and Education, University of Tehran, Tehran, Iran

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Corresponding Author:

Sogand Ghasemzadeh,
Faculty of Psychology and Education,
University of Tehran,
Tehran,
Iran
E-mail: s.ghasemzadeh@ut.ac.ir

Abstract

Introduction: Adjustment is defined as a process by which a person tries to cope with life challenges using different techniques and strategies, and by this means balances his/her different needs with environmental obstacles. The present research was conducted to determine the effectiveness of the Unified Protocols for Trans-diagnostic Treatment on adjustment, in bilingual junior high school students. The Unified Protocols for Trans-diagnostic Treatment of Emotional Disorders in Adolescents was used for this purpose which involved parents and students in the intervention.

Method: The statistical population of this study included bilingual students studying in the secondary section of Tehran International School in the academic year of 2021-2022. A Sample of 30 students of the school was selected in purposive method, and then they were randomly divided into two groups of 15 students (experimental and control groups). The research method was semi-experimental with a pre-test, post-test, and follow-up test design, which was implemented for both experimental and control groups. Between the pre-test and post-test, only the experimental group received family-centered psycho-education based on emotion regulation (15 two-hour sessions for students and four one-hour sessions for parents). The Adjustment Inventory for School Students by Sinha and Singh (1993) was used to collect data. The collected data was analyzed using a mixed variance analysis with repeated measures.

Result: The findings showed that the scores of adjustment of the students in the two groups had a significant difference in post-test and follow-up test compared to the pre-test ($p < 0.05$).

Conclusion: According to findings, family-centered psycho-education based on emotion regulation has been proven to be effective in increasing students' adjustment.

Keywords: Emotional Regulation, Adjustment, Adolescence, Mental Health

Introduction

The social, emotional, and behavioral needs of students are one of the most common concerns of teachers in the classroom [1]. The presence of social, emotional, and behavioral problems negatively affects social relationships in students [2] and increases their chances of academic failure and dropping out of school [3]. The adjustment of adolescents in three emotional, social and academic fields can be beneficial to find their place in the family, society and among peers and pave the way for them to gain identity.

Most adolescents find it difficult to deal with intense emotions because their cognitive control networks are not yet functioning optimally [4, 5]. They seek out new experiences such as reckless driving, drug use, and criminal behavior, which causes parents' concerns and their subsequent efforts to protect their child from these behaviors and will result in more conflicts between the adolescent and parents [6]. Successful emotion regulation

performs an indispensable role in adolescents' ability to overcome developmental challenges [7]. Thoughts and feelings can be integrated by applying emotion regulation strategies, which improve perception of social support and contribute to school adjustment [8]. The causes of adolescent disorders are mostly preventable and their early diagnosis before becoming health issues should be prioritized [9]. Adolescents often do not seek help from mental health professionals, so to spot the signs, their peers, parents, and teachers are keys [10]. On the other hand, the common maternal language between people plays an important role in the formation of intimate relationships and the formation of a support network. Therefore, intervention programs for bilingual adolescents that target the population of peers and parents at the same time involve parents and peers in student's issues and can be beneficial in removing this communication barrier for bilingual students. Several case studies on the population of bilingual students [11] note that ignoring the voices of bilingual students and their parents can negatively impact not only educational achievement of these students but also their confidence, self-esteem, and overall psychological functioning. Therefore, more open communication with these students is suggested as well as with their parents. It seems that psychological education helps the mental health and reduces academic problems of bilingual students by improving the level of adjustment in such an environment. Adjustment is defined as a process by which a person tries to cope with life challenges using different techniques and strategies, and by this means balances his different needs with environmental obstacles [12]. Educational adjustment is the ability of students to adapt to the conditions and requirements of education and the roles that the school presents to them [13]. Social adjustment refers to the balance achieved in social relationships, which is usually helped by the appropriate use of social skills [14]. Emotional adjustment is defined as the adaptation of a person in his emotional relationships, with himself and with others, which is reflected in a person's attitude and behavior [15]. Due to the effects of adjustment on issues such as students' mental health [16], academic achievement and dropping out of school [15, 17], delinquent behavior in adolescents [18], and future social and financial independence [19], studying the adjustment of students is of great importance. A natural way to equip adolescents is using the school system as a platform for implementing prevention programs [20]. As an extension of the Trans-diagnostic Unified Protocol for the Treatment of Emotional Disorders [21], the unified protocols for trans-diagnostic treatment of emotional disorders in children and adolescents [22] are based on a trans-diagnostic theoretical framework modified for children and adolescents. Focusing on emotional regulation, this program is particularly effective in preventing or reducing symptoms of various mental disorders. Research has shown the effect of trans-diagnostic treatment in reducing symptoms of depression and general anxiety [23- 29] and improvement in emotional regulation and experiential avoidance [29], and

reduction of emotional and affective symptoms of adolescents [30], as well as the effectiveness of emotion regulation strategies on strengthening the perception of social support as a contribution to school adjustment [8]. The research done by Garcia-Scalera et al. [31] also showed that adolescents evaluated the program as satisfactory in terms of enjoying participation in the program, the training and the help they received to cope with life.

Teaching adolescents to regulate their emotions by benefiting from their flexibility and plasticity, which is their openness to change in personality traits influenced by the environment [32], can be very fruitful in increasing adjustment in adolescents, their mental health, and as a result, the health of the future adults in every society. Considering that better interpersonal relationships can be achieved by managing one's own emotions, teaching adolescents effective emotion regulation strategies can help solve school maladjustment and absenteeism [8]. In addition, due to the lack of school-based trans-diagnostic programs in Iran for the prevention of adolescent emotional problems, this research with a unified trans-diagnostic program based on cognitive-behavioral education, schema therapy, and mindfulness aims to examine this hypothesis that with the simultaneous psychological training of adolescent and their parents, the degree of adjustment of students in educational, emotional and social dimensions can be improved and their problems of maladjustment can be prevented.

Method

This study was aimed to examine the effectiveness of trans-diagnostic treatment on the degree of adjustment of bilingual adolescent female students in educational, emotional and social dimensions. The study has a pretest-posttest design semi-experimental research with a control group and a one-month follow-up procedure. The statistical population of this research consisted of bilingual female adolescents who were studying in secondary school in the academic year of 2021-2022. The sample size of this research included 30 people and the age range of the participants was 14 to 15 years. For purposive sampling, the selected volunteer bilingual girls studying in secondary school were randomly assigned to two groups of 15 (a control group and an experimental group). The inclusion criteria for the study included being bilingual and engaged in high school education, and the exclusion criteria for leaving included being absent for two or more sessions from training sessions. The study was performed in compliance with the relevant laws and institutional guidelines. In addition, the Research Ethics Committees of the Faculty of Psychology and Education of University of Tehran approved the present study. Also, an informed consent form was obtained from the parents.

The participants of the experimental group participated in a training course for 15 two-hour sessions and the content

of the unified trans-diagnostic program was taught to them in the form of weekly group meetings. During the training course, the students did assignments and exercises related to each session and followed the progress of their program. Parents also observed and followed the progress of their children on a weekly basis. The content of the students' sessions included teaching the essential skills of adolescence and practicing them. In addition, the parents of the participants of the experimental group participated in four one-hour training sessions during this period. Control group participants and their parents did not receive training. The participants in both experimental and control groups answered to the Sinha and Singh's Adjustment Inventory for School Students (AISS) at the beginning and end of the intervention. Also, to ensure the persistence of the intervention effect, the

questionnaire was re-administered one month after the end of the period. The unified trans-diagnostic program used in this research is an intervention based on the cognitive-behavioral approach and is actually one of the newest treatment methods.

The adolescent version of the UP-A protocol is implemented weekly during 15 consecutive sessions by the researcher. The UP-A skills consists of eight main sections for adolescents and a special section for parents. Each section includes specific and flexible instructions for adolescents along with a set of homework assignments which is presented in table 1. Parents' sessions are also presented in Table 2. The intervention program used in this study is based on cognitive-behavioral education, schema therapy, and mindfulness and is designed by Ehrenreich-May et al. [22] which is an extension to the program designed by Barlow et al. [21].

Table 1. Adolescents' Sessions

Session	Section Title	Objectives
1		Acquaintance of the teenager with the concepts and structure of the course
2	Creating and maintaining motivation	Identifying the three main problems of teenagers, determining the severity of each of them and identifying the SMART goals related to the main problems Strengthening the teenager's motivation to change, engaging the teenager to the course
3	Familiarity with emotions and behaviors	Starting to learn emotion recognition skills, providing necessary training about emotions, their function and their impact on behavior
4		Introducing the three components of emotional experience
5		Discussing the reinforcement and maintenance of the learned behavior
6	Emotion-based behavioral experiments	Introducing the concepts of opposite action and emotion-oriented behavioral experiments
7		Identifying pleasurable activities for adolescents in order to be used in emotion-oriented behavioral experiments
8	Awareness of bodily feelings	Description of the concept of physiological or physical feelings and their relationship with intense emotions Identifying feelings during emotional experiences with the help of body scanning exercises Carrying out sensory encounters to increase awareness of bodily sensations
9	Flexible thinking	Introducing the concept of flexible thinking: automatic and alternative interpretations
10		Teaching common intellectual traps
11	Awareness of emotional experiences	Introducing the logic of awareness of the present moment and practicing related activities during the session Introducing the logic of non-judgmental awareness and carrying out non-judgmental awareness activities in the meeting
12		Introducing generalized emotional encounters and practicing non-judgmental awareness and awareness of the present in certain situations, identifying and processing any subtle and hidden avoidance behavior
13	Situational encounter with emotions	Reviewing previously learned skills and starting adolescent emotional behavior form
14		Practice of getting into situations that lead to maladaptive emotional behavior and encouraging adolescents to review their emotional reactions to these situations.
15	Continuing the path and maintaining the achievements	Reviewing the skills that the adolescent found helpful Review progress by discussing changes in grades Designing a plan after the course to continue applying the learned skills

Table 2. Parents' Sessions

Session	Section Title	Objectives
1	Introduction	Familiarization of parents with the concepts and structure of the course Ranking the main problems of adolescents by parents and examining the obstacles to regular and continuous participation in the course, strengthening parents' motivation to change, engaging parents in the course.
2	Parenting	Increasing parents' awareness of their emotional reactions to adolescent discomfort and problems
3		Acquainting parents with four ineffective emotional parenting behaviors and the effective method of reacting to adolescent discomfort
4		Discuss each emotional parenting behavior and its opposite parenting behavior in more detail

The tool used in this study was as follows:

Adjustment Inventory for School Students (AISS): This questionnaire which has been designed and developed by Sinha and Singh in 1993, contains 60 items and evaluates the students in terms of the level of general adjustment in three emotional, social and educational dimensions. In scoring, a score of zero is given for the answers that match the adjustment and a score of one is considered for the non-conforming answers. The range of scores for adjustment is between 0 and 90 and in each dimension is from 0 to 30. A low score indicates higher adjustment and a high score indicates lower adjustment. In emotional adjustment, a high score indicates emotional instability and a low score indicates emotional stability. In social adjustment, a high score indicates submissive behavior and a low score indicates agreeable behavior. In academic adjustment, a high score indicates a poor academic status, and a low score is related to those who are interested in education and school.

In the study of Sinha and Singh [33], the reliability coefficient of the instrument was calculated in three ways, the split-half method, the test-retest method, and the Koder Richardson's Formula. Coefficients found for emotional, social and educational adjustment, were respectively 0.94, 0.93 and 0.96 by the first method, 0.96, 0.90 and 0.93 by the test-retest method, and 0.92, 0.92, and 0.96 by Koder Richardson's method [33]. Navidi [34] obtained Cronbach's alpha value of 0.82 for total adjustment, 0.69 for emotional adjustment subscale, 0.66 for social adjustment subscale and 0.74 for educational adjustment subscale. Also, the validity of this test has been confirmed by a group of psychologists [35]. The present study obtained Cronbach's alpha value for total consistency of 74%. Pour Shahriar et al. [36] declared the internal validity coefficient of total adjustment to be 0.91 for 70 randomly selected subjects. The content validity and form validity of this questionnaire to measure the adjustment in three emotional, social and academic domains for high school and pre-university students has

been confirmed in a previous study [37]. In the data analysis, SPSS statistical software was used and the main test was mixed variance analysis with repeated measurements.

Result

In this study, among the 30 individuals who met the entry criteria and entered the study, the data of one student was removed from the study due to the number of absences of more than two sessions, and finally, the data of 29 individuals were analyzed. The participants in this research were all girls and in the age range of 14 to 15 years old, with an average of 14.69 years. To perform mixed repeated measurement variance analysis, first the assumptions of the test were checked. The dependent variable must be measured continuously. In this research, the dependent variables have an interval scale. Therefore, this assumption is valid. The independent variable must have at least two dependent groups. This means that the same subjects should be placed in different experimental conditions. Since the independent variable in this research has three levels: pre-test, post-test and follow-up, this is true. The scores of different subjects should be independent from each other. In this study, the subjects were randomly placed in groups and there was no relationship between the subjects of the control and experimental groups. Therefore, this assumption is also complied. Normality of distribution was checked with Shapiro-Wilk test, homogeneity of variances with Levine test, and homogeneity of covariances with Box's M test and all were complied. Also, by checking the amount of skewness and kurtosis of the data, it was ensured that there was no significant outlier data. Due to the significance of Machli's Test of Sphericity ($p < 0.05$) according to Table 3, the Greenhouse-Geisser correction was used to analyze the results.

The difference of the averages in each group and in the three stages of the test can be seen in Table 4. Also, Table 5 presents the descriptive statistics of the present study.

Table 3. Mauchly's Test of Sphericity

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	P	Epsilon		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Educational adjustment	0.643	11.491	2	0.003	0.737	0.798	0.500
Emotional adjustment	0.632	11.913	2	0.003	0.731	0.791	0.500
Social adjustment	0.797	5.885	2	0.053	0.832	0.912	0.500

Table 4. Descriptive Statistics

Group	Stage	Emotional Adjustment		Social Adjustment		Educational Adjustment		Adjustment		N
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	
		Control	Pre Test	9.71	3.407	8.64	3.692	11.57	1.604	
	Post Test	9.50	2.849	8.57	3.005	10.29	1.490	28.36	4.534	14
	Follow up	9.50	2.981	8.43	2.848	10.43	1.651	28.21	4.458	14
Experiment	Pre Test	6.20	3.075	8.47	3.270	7.87	2.532	22.53	6.988	15
	Post Test	4.00	2.420	5.67	2.410	7.13	2.875	16.80	6.073	15
	Follow up	4.33	2.289	5.20	2.242	7.27	2.576	16.73	5.910	15

Table 5. Tests of Within-Subjects Effects

Source		df	F	P	
Stage*Group	Greenhouse-Geisser	Emotional Adjustment	1.462	8.179	0.003
		Social Adjustment	1.663	20.100	0.0001
		Educational Adjustment	1.474	0.421	0.598
		Adjustment	1.241	9.636	0.002

This means that there is a significant difference between the test group and the control group in the adjustment, as well as the components of emotional adjustment and social adjustment, indicating the effectiveness of psychological training in increasing these variables in the experimental group.

Considering the significance of the interaction of two factors (stage and group), simple main effects were also calculated for each factor. First, an independent t-test was performed to investigate the effect of the between-subject factor (group) in each stage of the intervention (pre-test, post-test and follow-up), because the two control and experimental groups were independent from each other. According to Table 6, Levene's test for both

the post-test and the follow-up test showed values greater than 0.05 for adjustment and its components, and the difference between the experimental and control groups was statistically significant, both in the post-test and in the follow-up test ($P < 0.05$).

In order to investigate simple main effects for the within-subject factor (test stage), within-subject variance analysis was performed for each group. These effects include the difference in the mean variable scores between the three stages of the test separately for each group (experiment and control), which was obtained significant in the experiment group ($p < 0.05$) and non-significant in the control group ($p > 0.05$) by the Greenhouse-Geisser indicator.

Table 6. Independent Samples Test

Variable	stage	Levene's Test of Equality of Variances		T-test of Means	
		P		P (2-tailed)	
Equal variances assumed	Emotional Adjustment	Post Test	0.650		0.0001
		Follow up	0.225		0.0001
	Social Adjustment	Post Test	0.616		0.008
		Follow up	0.395		0.002
	Educational Adjustment	Post Test	0.153		0.001
		Follow up	0.159		0.001
Adjustment	Post Test	0.557		0.0001	
	Follow up	0.681		0.0001	

Table 7. Pairwise Comparisons

(i)stage	(j)stage	P			
		Emotional Adjustment	Social Adjustment	Educational Adjustment	Adjustment
1	2	0.0001	0.0001	0.805	0.0001
	3	0.018	0.0001	1.000	0.0001
2	1	0.0001	0.0001	0.805	0.000
	3	0.796	0.205	1.000	1.000
3	1	0.018	0.0001	1.000	0.0001
	2	0.796	0.205	1.000	1.000

According to Table 7, it can be confirmed that for the adjustment and its emotional and social components, in the experimental group, the significant different places between stages 1 and 2 (pre-test and post-test) and also between stages 1 and 3 (pre-test and follow-up), while between stages two and three (post-test and follow-up) there was no significant difference. That is, the post-test

scores and the follow-up scores were both significantly different from the pre-test scores, but there was no significant difference between the post-test scores and the follow-up scores, which shows the effectiveness of the educational intervention in the post-test and also the persistence of these changes in the follow-up test, one month after the end of the training. The educational

adjustment component did not show this significant difference.

Discussion

In this study, among the 30 people who met the entry criteria and entered the study, the data of one student was removed from the study due to the number of absences of more than two sessions, and finally, the data of 29 individuals were analyzed. This study was conducted with the aim of investigating the effectiveness of the trans-diagnostic treatment program on increasing the adjustment of bilingual adolescent students in three emotional, social and educational dimensions. The results showed that the trans-diagnostic treatment program significantly increased the adjustment rate of adolescents in the experimental group compared to the control group, which was in line with the results of previous studies [8, 30, 35]. The functional relationship of trans-diagnostic elements such as thoughts, behaviors, emotions, and physiology is emphasized in this program. The unified trans-diagnostic approach helps people by increasing flexibility to identify and challenge a wide range of behavioral and cognitive problems that may cause similar emotional responses (such as anxiety) with different causes. In parallel with intervention sessions with students, in the meetings with the parents, they rebuilt their emotions and improved their parenting skills. This family-oriented view is another advantage of the program.

Bilingual students in adolescence face issues such as difficulty in regulating emotions and the need to communicate in the environment in a language other than their mother tongue. In the present study, adjustment was investigated as an effective factor on positive social relations and individual well-being. By applying the trans-diagnostic treatment program through education and training in the field of emotion regulation, increasing adolescents' awareness of emotional experiences, practicing flexible thinking, and rehabilitating behavior, a significant difference was observed in the adjustment rate of bilingual adolescents between before and after the implementation of the intervention. Based on the results obtained from the analysis of the data, it seems that the psychological training based on emotion regulation, which was carried out through the trans-diagnostic treatment for the participants of the experimental group, has been effective in improving the adjustment of students. Also, adjustment components, including emotional adjustment and social adjustment, showed a significant difference as a result of the intervention, which indicates the effectiveness of the intervention on these variables. The fact that the difference in the component of educational adjustment was not statistically significant can be related to the special situation of this academic year and the change of the school program during the Covid-19 pandemic period. Actually after completing two years of online education, the students returned to in-person school with different conditions, including classes and exams, and they probably faced more challenges in adaptation to

these conditions. Conditions that may be difficult for educational adjustment of students, but on the other hand, facilitates the emotional and social adjustment of students due to more social contact and socializing with peers. To ensure the effectiveness of the program on this component, further studies in non-variable conditions will be beneficial.

Findings suggest that training adolescent students to understand their emotions and manage their behavior in situations that bring them intense emotions will equip them with helpful skills to solve problems and can also help them to better adjust to their environment. Schools are specifically appropriate medium to facilitate this process and prevent students from being labeled due to their needs or problems.

Conclusion

According to the background of the research, most of the causes of adolescent disorders are preventable. For example in a previous study [9], it has been proven that their early diagnosis prevents them from becoming health issues. Training adolescents in the field of emotion regulation helps them to respond flexibly to changing conditions and current needs that lead to the creation of new emotions, and this flexibility has a high correlation with mental health. Adjustment should also be considered because of the relationship it has with academic achievement and school dropout [15, 17], students' mental health [16], and delinquent behavior in adolescents [18], according to research. In addition, school is the most important institution for the socialization of a person and one is actually of the pillars on which an individual's personality is formed. Students face many changes at school. They learn different skills such as learning process and homework, social communication, managing emotions and managing daily interactions at home and school. Therefore, improving school facilities to meet the developmental needs of people should be considered.

Based on the findings of this study and the background of the research, the trans-diagnostic treatment program by means of education in the field of emotions and related behaviors, as well as training adolescents to face situations with emotions and empowering them to regulate emotions, increases their adjustment in the emotional and social dimensions. Considering the importance of the mental health of adolescents, it is necessary to carry out more research on the training they need in the field of emotional regulation and establishing supportive social relationships, so that by examining and identifying the factors that affect the physical and mental health of adolescents, especially adjustment, actions can be taken to promote effective psychological education programs in schools and to prevent the occurrence of problems. The findings of this study are consistent with Azimi's study [38] which showed that trans-diagnostic treatment program is effective in reducing the emotional symptoms in adolescents. Findings are also in line with Sandin's study [30] which suggests that this intervention is effective on individual and social adjustment.

Conflict of Interest

The authors declare that they have no conflicts of interest in this study.

Ethical Approval

The consent form was given to the parents for completion and oral consent was obtained from the students. This research is based on the first author's master's thesis. The study is approved by the Research Ethics Committees of Faculty of Psychology and Education of University of Tehran (Code: IR.UT.PSYEDU.REC.1401.057).

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