

Enhancing Social-Emotional Competence Through Life Skills Training Among Adolescents With Conduct-Related Difficulties: A School-Based Intervention Study

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ABSTRACT:

Adolescence, the transitional stage from childhood to adulthood, is characterized by significant biological, psychological, and social changes in their life. The period is critical for developing key social skills if these skills remain underdeveloped, adolescents are vulnerable to behavioral problems. Conduct problems is a term used to describe a wide range of age-inappropriate actions and attitudes of a child that violate family expectations, societal norms. Life skills are abilities which support students' overall development and reinforce their ability to encounter problems in life. Life skills training is an intervention that can provide the skills necessary for successful living. Imparting life skills is the basic attempt that has to initiate for strengthening the behaviour of adolescents. The present study examined (a) the relationship between conduct problems and social-emotional skills and (b) the effectiveness of a Life Skills Training (LST) intervention in enhancing social-emotional skills among adolescents with elevated conduct problems. The sample comprised 400 adolescents (200 boys and 200 girls), aged 12–18 years, selected from private schools in Haryana, India. Data was collected using self-report questionnaires including Strengths and Difficulties Questionnaire and Social Skills Inventory. Following screening, 100 adolescents with moderate or high conduct-problem scores and low or moderate social-emotional skills were included in the intervention phase and divided randomly into experimental ($n = 50$) and control ($n = 50$) groups. The experimental group received 11 sessions of LST programme, with each session lasting 2 hours, based on the World Health Organization's ten core life skills, whereas the control group received general career and personal-management discussions. The findings revealed that the correlation coefficient of conduct problems with social-emotional skills ($r = -.329$, $p < .01$) was found to be inversely related. A mixed-design ANOVA showed significant main effects of group and test scores and a significant Group $\times$ Test scores interaction, indicating a significant improvement in social-emotional skills in the experimental group. The findings support the use of structured life-skills intervention as a school-based approach for strengthening social-emotional competencies among adolescents experiencing conduct-related difficulties. Implications for inclusive and supportive educational practices are discussed.

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Adolescence has been described as delightful phase of life from being a dependent child to become a self-sufficient adult. Adolescence is a developmental phase of transition from childhood to adulthood, involving biological, cognitive, and socioemotional changes (Santrock, 2018). They are in a prime time to establish healthy pattern of behaviour that will influence their development in later years. It is a critical period for developing social and emotional competencies, which serve as protective factors against behavioural problems. Deficits in social skills and emotional regulation have been associated with conduct problems such as aggression and rule-breaking. In contrast, adolescents with strong social competence tend to exhibit better adjustment and fewer behaviour issues. Developing these competencies in school is therefore a key preventive strategy. Adolescents during this phase are more prone and vulnerable to risky situations and may be easily influenced by them. However, it is observed that many young people are able to deal effectively with these challenges, while some struggle more than others. How well an adolescent deal with these issues is decided by numerous influences that include individual personality characteristics, psychological support from their environment (that includes parents, teachers and peers), and the life skills that they possess (Arnett, 1999).

Conduct Problems refer to a broad range of acting-out behaviors in adolescents that include irritability, argumentativeness, non-compliance, rule-breaking, verbal aggression, bullying, or occasional physical conflict. The term Conduct problems encompasses a wide range of age-inappropriate attitudes and actions of a child who violates family expectations, societal norms, and the personal or property rights of others (McMahon, Wells, & Kotler, 2006). Conduct problems in adolescents often arise from a combination of psychological, social, and biological influences. During adolescence conduct problems are more intense because of

developmental transition in their cognitive and social skills; for instance, efforts towards greater autonomy and identity achievement may provoke more frequent and intense conflicts with peers, parents and other family members.

Social skills refer to acquired behavioural competencies that enable an individual to communicate and engage effectively with others in different social situations (American Psychological Association, 2018). It is the capacity of an individual to manage one's emotions, thoughts, and behaviors effectively in different situations, allowing individuals to achieve personal and collective goals, to establish and maintain healthy relationships. These are the skills facilitating interaction and communication within the society i.e., the people of the society through the use of appropriate language, eye contact, and relevant questions. Social skills help individuals form and sustain good relationships with other people and obeying social norms. Children without adequate social skills are at risk to face difficulties as peer rejection, behaviour problems, and poor academic achievement. Developing social and emotional skills is considered a protective factor that can shield adolescents from negative outcomes. Poor social competence has been linked to various psychosocial challenges during adolescence, including emotional and behavioral problems (Hukkelberg et al., 2019). Conversely, strong social skills—such as cooperation, empathy, self-control, and communication—are associated with better peer relationships and fewer conduct issues (Hita, 2021).

Life skills are essentially those abilities of individual that promotes mental wellbeing and socio-emotional competence when they face the realities of life. According to World Health Organisation (WHO,1997) life skills refer to the abilities for adaptive and positive behaviour that help individuals to deal effectively with the demands and challenges of everyday life. The ten basic life skills are critical thinking, creative

thinking, decision making, problem solving, effective communication, interpersonal relationship, coping with emotions, coping with stress, self-awareness and empathy (WHO,1997). Life skills include psychosocial abilities and interpersonal skills that help people make decisions, think critically, solve problems, communicate effectively, establish healthy relationships, demonstrate empathy towards others, and manage the challenges, stresses and strains of everyday life in a healthy and effective manner. It is important to recognize that adolescents need social and emotional support that may require reinforcement of norms, strengthening of skills that enable them to deal effectively with difficult situations that they face in their day-to-day lives. Social skills training has been found to be useful intervention for promoting prosocial behaviour among children with conduct related problems (Ager & Cole, 1991).

The purpose of the present study, therefore would be to determine the extent to which the life skills training would be effective to enhance social skills. Life skills training is an intervention that helps individuals acquire the skills essential for successful living. It would transpire as catalyst in instilling effective functioning among adolescents.

Objectives

1. To examine the relationship between social-emotional skills and conduct problems among adolescents.
2. To determine the effectiveness of life skills training (LST) on social-emotional skills of adolescents.

Hypotheses

1. Conduct problems would be negatively correlated with social-emotional skills.
2. The adolescents who receive life skills training would have significantly high score on social-emotional skills than the adolescents who receive no such training.

METHOD

Sample

The sample comprised 400 adolescents (200 boys and 200 girls), within the age range 12 to 18 years, from private schools of Bhiwani, Fatehabad and Hisar district of Haryana.

Measures

Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)

It is a brief behavioural screening questionnaire which consists of 25 items and items are distributed across five subscales (each containing five items): Emotional Symptoms, Conduct Problems, Hyperactivity, Problems with Peers, and Prosocial Behaviour. The conduct problems sub-scale was used to screen the adolescents with conduct-related difficulties. Internal consistency of the questionnaire is 0.73.

Social Skills Inventory (SSI; Riggio & Carney,2003)

Social skills were assessed using the 30-item Brief Social Skills Inventory (SSI-BF), a shortened version of Social Skills Inventory designed to assess basic emotional and social communication skills. The scale assesses six domains: Emotional Expressivity, Emotional Sensitivity, Emotional Control, Social Expressivity, Social Sensitivity and Social Control. Items are rated on five-point response scale, with higher scores indicating greater social and emotional communication skills. The original SSI has demonstrated good temporal stability, with test-retest reliability coefficients ranging from .81 to .96 across its subscales.

Procedure

The participants were approached personally and rapport was established before assessment. Participants were administered the questionnaires of conduct problems and social-emotional skills during their regularly scheduled class hours. Pre-intervention scores were taken on the measures and after the scoring, the participants who scored moderate or high on conduct problems and low or moderate on social-emotional skills were

screened in out of 400 participants. Further, 100 participants were randomly divided into two groups of 50 participants each in experimental group and control group. Life Skills Training intervention was administered to 50 participants (25 boys & 25 girls) with total of 11 sessions of 2 hours each. Life skills training as intervention focused on ten basic life skills recommended by

World Health Organisation (WHO, 1997). The Control group of 50 participants received no such training. Keeping in mind the ethical considerations, some issues like career advice and personal management skills were discussed with the participants of control group. After that post-intervention score was taken on the measure of social-emotional skills for both the groups.

Table 1 Intervention protocol is presented as follows

Session (1321-1328 minutes / session)	Key Activities
Session 1 -Rapport Building	Ice-breaking activities, self-introductions, group interaction.
Session 2 -Basics of Life Skills Education	WHO definition of life skills, discussion, stories on importance of skills.
Session 3 -Self-Awareness	Penguin That Wanted to Fly, Zero's true worth, Weakness or Strength, Activities – discover yourself, self-discovery activities.
Session 4 -Thinking Skills of Self	Visually Impaired, Can I say No, The talking Cave, creative thinking tasks.
Session 5 -Empathy	Puppies for Sale, Butterfly Story, role-change activity, introspection & nobody wants to befriend a bully activity.
Session 6 -Effective Communication	Frog tale, Mountain story, Passing the message, folding paper & assertiveness activities.
Session 7 -Interpersonal Relationships	Boy and the Apple Tree, Best Guru Dakshina, appreciation activities & relationship temperature chart.
Session 8 -Coping with Stress	I Can Sleep When the Wind Blows, An eagle story, role play & deep-breathing practice.
Session 9 -Managing Anger & Emotions	Heartfelt Apology, Signs of happiness, feelings-passing, anger and emotion management activities.
Session 10 -Evaluating progress & feedback	Summarizing previous sessions, group reflection, consolidate learning and concluding training.
Session 11 - Follow up	Re-administration and address queries.

Statistical Analyses

In the present research correlation coefficient was computed. AXB mixed design (ANOVA) was applied with one factor (A) varying between-subjects (Experimental vs Control group) and the other factor (B) varying within-subjects (Pre vs Post intervention test scores) to assess the

effectiveness of life skills training on social-emotional skills.

RESULTS

The statistical findings of the study are presented from Table 2 to Table 5. Graphical Representations is depicted in Figure 1. Table 2 depicts the correlation coefficients showing relationship among Conduct Problems and

Social-emotional skills. Tables 3 to Table 5 show Means, SDs, F-ratios, ANOVA summary between groups (Experimental-Control) and test scores

(Pre-Post) and Interaction Means of social-emotional skills scores.

Table 2 Correlations of Conduct Problems with Social-Emotional Skills

Pearson Correlation	Mean	SD	Conduct Problems
Social Skills	92.72	12.20	-.329**
Emotional Expressivity	14.65	2.70	-.128*
Emotional Sensitivity	16.53	3.12	-.098*
Emotional Control	14.89	3.49	-.332**
Social Expressivity	15.99	4.14	-.073
Social Sensitivity	15.56	3.49	-.226**
Social Control	15.91	3.19	-.313**

Note. * $p < .05$. ** $p < .01$.

The results (Table 2) of the present study revealed that the total social-emotional skills score was inversely correlated with conduct

problems ($r = -0.329^{**}$, $p < .01$) in a significant manner.

Table 3 Comparison of Means, SDs and F-ratios of Control-Experimental groups and Pre-Post intervention scores of Social-Emotional Skills

Variables	Levels	Mean	SD	F-Ratio
Groups	Experimental	94.85	12.25	86.280**
	Control	83.39	6.13	
Test Score	Pre-Intervention	84.54	6.60	162.794**
	Post-Intervention	93.70	12.96	

Note. ** $p < .01$.

The results of (Table 3) shows the comparison of the means and standard deviations of Control-Experimental groups and Pre-Post Intervention scores of Social Skills. It can be observed that the mean scores of Experimental group ($M = 94.85$, $SD = 12.25$) were higher as compared to Control Group ($M = 83.39$, $SD = 6.13$) and the difference between the two groups

was statistically significant $\{F(1,98) = 86.28^{**}$, $p < .01\}$. The same is the case with pre-intervention scores ($M = 84.54$; $SD = 6.60$), which were lower than the post-intervention scores ($M = 93.70$; $SD = 12.96$) and the difference is statistically significant $\{F(1,98) = 162.794^{**}$, $p < .01\}$.

Table 4 ANOVA Summary for Social-Emotional skills scores.

Source of Variance	SS	df	MS	F value
Groups (A)	6566.580	1	6566.580	86.280*
Error	7458.540	98	76.108	
Test Scores (B)	4195.280	1	4195.280	162.794**
AB	4399.220	1	4399.220	170.708**
Error	2526.500	98	25.770	

Note. * $p < .05$. ** $p < .01$.

The results of Table 4 represents ANOVA Summary for Social-Emotional Skills scores. It is evident that the main effect of Groups (Control-

Experimental) $\{F(1,98) = 86.28^{**}$, $p < .01\}$ and test scores (Pre-Post) $\{F(1,98) = 162.794^{**}$, $p < .01\}$ as well as the Interaction between the two

{ $F(1,98) = 170.708^{**}$, $p < .01$ } came out to be significant.

Table 5 Means of Social-Emotional Skills scores showing interaction of Control- Experimental groups and Pre-Post intervention scores.

Comparison Groups		Groups	
		Experimental	Control
Test Score	Pre-Intervention	85.58	83.50
	Post-Intervention	104.12	83.28

Figure 1 Graphical representation of Means of Social-Emotional skills scores showing interaction of Control-Experimental groups and Pre-Post intervention scores.

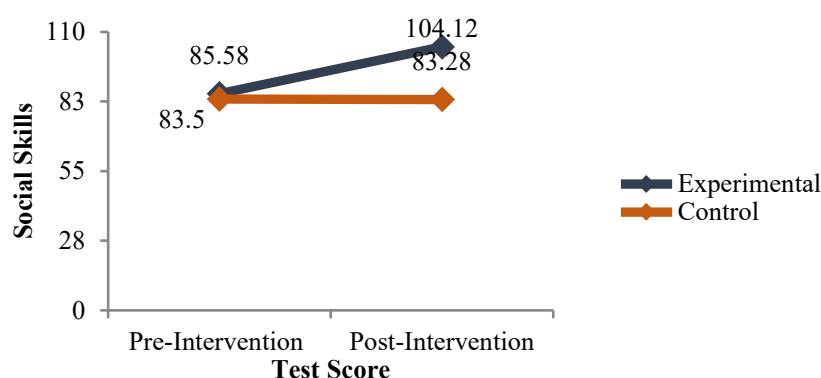


Table 5 clearly shows the Interaction table of the means of Control –Experimental groups and Pre-post intervention scores. Figure 1 also supports this contention, which represents the ordinal interaction in graphical form and it further clears the picture i.e. there is a marked increase in the post scores of the experimental group whereas, for post scores of control group, this increment is quite understated.

DISCUSSION

The aim of the present research was to examine the relationship between social-emotional skills and conduct problems and the efficacy of life skills training on social-emotional skills of adolescents. The results of the present study concerning the first hypothesis “Conduct problems would be negatively correlated with Social-emotional skills” revealed that conduct problems was negatively correlated with social-emotional skills total score in a significant manner. These findings get support from a recent meta-analysis showing that adolescents with weak social-emotional competencies are more likely to

exhibit behavioral difficulties (Hukkelberg et al., 2019). This meta-analysis, which included various externalizing problems (aggression, conduct problems) and social skill measures, confirmed a robust negative association: children and adolescents who struggle with conduct and aggressive behaviors tend to have poorer social skills (and vice versa). Deficits in social skills have been identified as contributing factors in both conduct problems and depression (Ager & Cole, 1991; Reynolds, 1992).

Children and adolescents with conduct problems have been viewed as particularly good targets for social skills intervention because their behaviour often interferes with developing and maintaining successful relationships with peers (Zaragoza, Vaughn, & McIntosh, 1991). Masten and Coatsworth (1998) reported that social competence in adolescence is associated with better academic and psychosocial outcomes in adulthood, highlighting the long-term importance of cultivating the skills. Conversely, youth who have inadequate social-emotional skills may struggle with peer relationships and

exhibit more externalizing problems, reinforcing the need for interventions targeting these competencies.

The present study explored the efficacy of life skills training as an intervention on social-emotional skills of adolescents with conduct problems. For this purpose, AXB mixed design (ANOVA) was applied to check the variability in pre-test scores and post-test scores of social-emotional skills of participants. The findings are in line with the second hypothesis of the study “The participants who receive life skills training would have significantly high score on Social-emotional skills than the participants who receive no such training” proved to be true. Research has also shown that adolescents with conduct problems demonstrate reduced prosocial behaviour, highlighting the importance of social-emotional skills in understanding conduct-related difficulties (Gaule et al., 2024).

The findings of this study align with existing literature demonstrating the effectiveness of life skills training in enhancing social-emotional skills among adolescents. Botvin and Griffin (2004), in a review of life skills training programs, highlighted LST as an evidence-based approach that not only prevented substance use but also enhanced adolescents’ personal and social competence. Roodbari et al. (2013) in Iran reported that LST significantly improved adolescents’ social development and emotional compatibility, indicating better adjustment with peers and family after training. Hita (2018) study found that life skills training (LST) significantly enhances adolescents’ social competence by improving interpersonal relationships, emotional regulation, and decision-making abilities. Similarly, Sri kala and Kumar (2010) implemented a life skills education program in Indian secondary schools and revealed that students in the program had significant increment in psychosocial outcomes—such as improved self-esteem, coping, and higher prosocial behavior—compared to control students. Developing social and emotional skills is seen as a protective factor that can buffer adolescents from undesirable consequences such as behavioral problems and

challenges in academic adjustment (Zins & Elias, 2006). Poor social competence has been associated with a range of psychosocial troubles during adolescence phase, including emotional and behavioral problems (Hukkelberg et al., 2019). Surendran and colleagues (2023) found that adolescents attended life-skills lessons showed better adjustment in their peer interactions and classroom situations. Conversely, strong social skills—such as cooperation, empathy, self-control, and communication—are linked to better peer relationships and fewer conduct issues (Truong & Joshi, 2024).

CONCLUSION

Adolescence represents a critical and transformative stage of human development, characterized by rapid changes in physical, emotional, and cognitive domains. Adolescents often struggle with developing strong social and emotional skills during this important stage of life. Importantly, the study highlights the effectiveness of life skills training in cultivating social-emotional skills. Helping adolescents build social and emotional competence through guidance and structured training can improve their ability to cope, connect with others, and lead a balanced, positive life. The current findings emphasize the importance of early intervention and the inclusion of structured LST programs in educational and policy frameworks. Future research should explore the long-term benefits of such interventions and consider broader implementation across diverse cultural and educational settings. Empowering adolescents with the tools to navigate life effectively is an investment in both individual growth and societal well-being.

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Ethics declaration

The study received approval from the Institutional Ethical Committee of the university.

Consent

Proper informed consent was obtained from the participants.

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