

■ Socioemotional benefits of a transdiagnostic universal program for children: Evidence from Super Skills for Life

Damián Hervás , Alexandra Morales  & Mireia Orgilés 

Center for Child Research. AITANA Research Group. Miguel Hernández University (Spain)

Abstract

This study examined the efficacy of the Spanish adaptation of the transdiagnostic program Super Skills for Life (SSL) as a universal preventive format implemented in school settings. The aim was to analyze its effects on socioemotional self-concept and social skills in a sample of 1,129 Spanish-speaking children aged 8 to 12 years. A randomized controlled trial was conducted with two conditions: intervention and waitlist control. Participants completed validated measures of self-concept (social and emotional dimensions) and social skills at pretest and posttest. Analyses using generalized estimating equations (GEE) indicated significant improvements for the experimental group compared to the control group in emotional self-concept ($p < .001$, $d = 0.27$) and social self-concept ($p = .003$, $d = 0.09$), whereas no significant effects were observed for social skills ($p = .91$). These findings suggest that SSL enhances children's socioemotional self-perceptions, which serve as a protective factor against emotional problems, even if observable changes in social behavior may require more time to emerge. Implications for the universal implementation of school-based prevention programs are discussed, along with limitations related to the lack of follow-up assessments, the exclusive reliance on self-reports, and the potential ceiling effect in social competence. Overall, the study provides evidence for the efficacy of SSL as a universal preventive strategy to promote socioemotional competencies in childhood.

Keywords: socioemotional self-concept, social skills, universal prevention, school-based intervention, transdiagnostic program.

Resumen

Beneficios socioemocionales de un programa universal transdiagnóstico para niños: Evidencias del programa Super Skills for Life. El presente estudio evaluó la eficacia del programa transdiagnóstico Super Skills for Life (SSL) en su adaptación española en formato preventivo universal aplicado en el contexto escolar. El objetivo fue analizar sus efectos sobre el autoconcepto socioemocional y las habilidades sociales en una muestra de 1,129 escolares hispanohablantes de entre 8 y 12 años. Se utilizó un ensayo controlado aleatorizado con dos condiciones: intervención y lista de espera. Los participantes completaron medidas validadas de autoconcepto (dimensiones social y emocional) y habilidades sociales en los momentos pre y post intervención. Los análisis mediante ecuaciones de estimación generalizadas (GEE) indicaron mejoras significativas en el grupo experimental frente al control en el autoconcepto emocional ($p < .001$, $d = 0.27$) y en el autoconcepto social ($p = .003$, $d = 0.09$), mientras que no se encontraron efectos significativos en las habilidades sociales ($p = .91$). Estos resultados sugieren que el programa SSL contribuye a fortalecer la percepción socioemocional de los niños, lo cual constituye un factor protector frente al desarrollo de problemas emocionales, incluso si los cambios en la conducta social requieren más tiempo para consolidarse. Se discuten las implicaciones para la implementación universal de programas de prevención en el currículo escolar y se señalan limitaciones relacionadas con la falta de medidas de seguimiento, el uso exclusivo de autoinformes y el posible efecto techo en competencias sociales. En conjunto, el estudio aporta evidencia sobre la eficacia del programa SSL como estrategia preventiva universal para promover competencias socioemocionales en la infancia.

Palabras clave: autoconcepto socioemocional, habilidades sociales, prevención universal, intervención escolar, Super Skills, programa transdiagnóstico.

Autor de correspondencia / Corresponding author: Damián Hervás (dhervas@umh.es)

Citar como / Cite as: Hervás, D., Morales, A. & Orgilés, M. (2026). Socioemotional benefits of a transdiagnostic universal program for children: Evidence from Super Skills for Life. *Revista de Psicología Clínica con Niños y Adolescentes*, 13(1), 83-90. <https://doi:10.21134/rpcna.2026.13.1.8>

Recibido / Received: June 30, 2025

Aceptado / Accepted: September 24, 2025

Highlights

- The Spanish adaptation of Super Skills for Life improved emotional and social self-concept in schoolchildren (ages 8–12), but not social skills.
- A randomized controlled trial (intervention vs. waitlist) with validated measures and GEE analyses supported the program's efficacy.
- SSL was effectively implemented in the school setting as a universal prevention program, showing its feasibility for integration into the educational curriculum.

Puntos clave

- La adaptación española de Super Skills for Life mejoró el autoconcepto emocional y social en escolares de 8–12 años, aunque no las habilidades sociales.
- Un ensayo controlado aleatorizado (intervención vs. lista de espera) con medidas validadas y análisis GEE confirmó la eficacia del programa.
- El programa SSL se implementó de manera efectiva en el contexto escolar como prevención universal, mostrando su viabilidad para integrarse en el currículo educativo.

Among the psychological factors that promote resilience in childhood is self-concept (Masten & Barnes, 2018). Self-concept refers to the knowledge and perception one has of one-self, including one's characteristics and qualities across specific domains such as the social, emotional, family, academic, and physical (García & Musitu, 2001; Harter, 2015; Masten & Barnes, 2018; Shavelson et al., 1976). In turn, this self-image and self-description are shaped by the surrounding context, that is, by experiences of interaction with the environment (Adarve et al., 2019; Martínez-Escudero et al., 2023; Reyes et al., 2023; Shavelson et al., 1976).

Self-concept has been identified as a key factor in psychosocial adjustment in childhood and adolescence (García-Grau et al., 2014; Jaureguizar et al., 2018; Zhang et al., 2024). It is also considered a moderator in the development of anxious-depressive problems (Jaureguizar et al., 2018; Morales et al., 2023; Rapee et al., 2019). Experiencing anxiety problems in childhood and adolescence is associated with low self-concept in different areas, primarily the socioemotional domain, that is, the domain related to managing one's own emotions in the demanding situations that arise daily in interactions with one-self and with others (Morales et al., 2023; Wang & Huang, 2019). Negative self-concept, based on distorted, impoverished, and unfavorable content regarding one's own competence, is positively correlated with depressive symptoms (Jaureguizar et al., 2018). Poor self-perception in childhood facilitates the development of internalizing symptomatology and acts as a cognitive susceptibility mechanism to emotional problems (Wade et al., 2025). Therefore, a positive self-concept is considered a protective factor against the development of emotional problems in childhood (Morales et al., 2023).

During childhood, the beliefs that shape a person's self-image begin to take form (Gabel et al., 2025). In the early years, self-concept is more global, whereas as one grows, it becomes more differentiated and multifaceted (Harter, 2015). Research such as that by Schiele et al., (2025) has found that holding a view of oneself as kind, friendly, and being able to follow rules from the earliest stages of childhood predicts increases in socioemotional skills as children grow. Thus, children who perceive themselves as socially competent exhibit greater socioemotional skills, which leads to better adaptation to their environment (Alzahrani et al., 2019; Domitrovich et al., 2017; Huber et al., 2019).

Around preadolescence, a lack of a positive self-view is observed (Gabel et al., 2025). Specifically, toward the end of

late childhood, there is a decrease in emotional self-concept (Kozina, 2019). Evidence indicates that greater variability in self-concept appears in the transition from late childhood to adolescence (Rapee et al., 2019). During this period, physical, social, school, and family changes occur that can be viewed as both opportunities and vulnerabilities, modifying the content of self-representations across various dimensions (Crone et al., 2022). Addressing this psychological factor in childhood is considered necessary to avoid a particular vulnerability in adolescence, a period of risk and onset for a substantial proportion of psychological problems (Fusar-Poli, 2019; Rapee et al., 2019; Solmi et al., 2022). Kozina (2019) notes that the challenge lies in establishing a positive, coherent, and stable self-concept; to that end, intervention should target self-concept and the development of social skills in late childhood within the school context, primarily because validation from others is needed for changes in self-perception to occur.

Social skills are another key factor in psychosocial adjustment and a protective factor against emotional problems (Del Prette & Del Prette, 2021; Huber et al., 2019; Rapee et al., 2019; Spence & Rapee, 2016; Wade et al., 2025). Indeed, from early ages, low levels of social initiative appear to be associated with internalizing symptoms, as evidenced by Huber et al., (2019). Recent reviews focusing on the relationship between social skills and well-being in child and adolescent populations indicate that youth who have adequately developed these skills tend to show higher levels of emotional intelligence, resilience, self-esteem, and self-concept (Castro Cabrera & Cortés Polanía, 2023; González Moreno & Molero Jurado, 2021). Social skills begin to develop and be acquired in childhood, playing a fundamental role in building a sense of personal competence and self-efficacy (Caballo, 2007; Gutiérrez Sas et al., 2017; Huber et al., 2019). Therefore, and in line with the above, Jaureguizar et al., (2018) also propose that resilience and emotional-problem prevention programs for children should address both self-concept and social skills.

Transdiagnostic programs have emerged as an effective and efficient alternative for addressing the diverse variables involved in internalizing symptoms during childhood, when such symptoms present in less differentiated ways (García-Escalera et al., 2017; Morales et al., 2023; Wang et al., 2024). The Super Skills for Life (SSL) program has proven to be an effective prevention and early-intervention protocol for improving, among other aspects, social skills and self-concept in children with emotional difficulties such as anxiety and depression (Fernán-

dez-Martínez et al., 2020; Ghizzoni et al., 2025; Melero et al., 2021; Orgilés, Melero, et al., 2020). SSL is an evidence-based protocol for children aged 6 to 12 years that, grounded in the cognitive-behavioral model and adopting a transdiagnostic approach, targets anxiety and depression (Fernández-Martínez et al., 2019). It is designed not only for children with emotional problems or at high risk of developing them, but so that any child can benefit, because what is taught are socioemotional skills such as learning to relax, cope with stress, interact with others, value oneself more, replace limiting thoughts, and solve everyday problems; in short, skills that help children become more resilient (Essau & Ollendick, 2013).

Introducing training in socioemotional competencies at different stages of schooling, coinciding with the onset of adolescence, is crucial for consolidating appropriate behavioral responses to life's challenging situations, thereby helping to prevent future emotional problems (Rapee et al., 2019; Schiele et al., 2025). Therefore, following the excellent results obtained with the implementation of the SSL program as a treatment and indicated prevention among Spanish-speaking children in its different versions (Diego et al., 2024; Fernández-Martínez et al., 2020; Melero et al., 2021; Orgilés et al., 2024), it was proposed to examine the efficacy of the protocol in the school context in a universal preventive format, that is, delivered to all children regardless of their socioemotional status, gender, or sociocultural context, with all receiving the same protocol to develop their socioemotional competencies. The aim is for them to become socioemotionally competent children who can contribute to the society of the future (Schiele et al., 2025). To assess whether the program facilitates the development of protective factors, namely self-concept and social skills, against emotional difficulties by including the protocol in the school curriculum as if it were a subject, we hypothesized that children who received the program, compared with a control group, would show short-term improvements in their social skills and their socioemotional self-concept.

Method

Participants

In total, 1129 Spanish-speaking Primary Education students participated and were randomly assigned to two conditions: the group that received the SSL intervention and a waitlist control group (WLG) (see Table 1).

Table 1. Sociodemographic characteristics of the participating children

Characteristics	SSL (<i>n</i> = 521)	WLG (<i>n</i> = 608)	Total (<i>n</i> = 1129)	<i>p</i> -value
Children				
Males, <i>N</i> (%)	306 (50.3)	272 (52.2)	578 (51.2)	.529
Mean age (<i>SD</i>), years	10.63 (1.23)	10.49 (1.12)	10.55 (1.17)	.037
School grade (Primary Education)				.001
3rd grade	138 (26.5)	153 (25.2)	291 (25.8)	
4th grade	140 (26.9)	195 (32.1)	335 (29.7)	
5th grade	90 (17.3)	136 (22.4)	226 (20)	
6th grade	153 (29.4)	124 (20.4)	277 (24.5)	

SSL = Super Skills for Life Group, WLG = Waitlist Group

With respect to gender composition, both groups showed similar proportions of boys and girls, with no statistically significant differences (SSL: 50.3% boys; WLG: 52.2% boys, $p = .529$). Regarding age, significant differences were observed, as students in the SSL group were slightly older on average ($M = 10.63$, $SD = 1.23$) than those in the WLG ($M = 10.49$, $SD = 1.13$, $p = .037$). Finally, analysis of educational level indicated that most students were in the 4th grade of Primary Education, although this proportion was higher in the control group (32.1%) than in the intervention group (26.9%). Grade distribution was significantly associated with experimental condition ($p = .001$).

Measures

Self-Concept Form-5 (AF-5; García & Musitu, 2001). This self-report questionnaire assesses five dimensions: social, academic, emotional, family, and physical. Given the aims of the present study, only the 12 items corresponding to the social and emotional dimensions were administered, after prior consultation with the test authors. The version used was adapted in accordance with the original scale. Whereas the AF-5 requires rating items on a 1–99 range, this study employed a five-point Likert-type format, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), to facilitate participants' understanding and optimize their experience (Morales et al., 2023). Subscale scores were computed by summing item responses. In the Emotional dimension, higher scores indicate a more positive appraisal of emotional state, as negatively worded items were reverse-scored (e.g., "I am afraid of some things" or "I feel nervous"). In the Social dimension, higher scores also reflect a better self-perception of social skills, as most items are positively worded (e.g., "I am a cheerful person"). However, two items in this dimension ("It is hard for me to make friends" and "I find it difficult to talk to strangers") were reverse-scored to ensure consistency in score calculation. In previous research, the instrument has shown adequate internal consistency, with Cronbach's alpha coefficients ranging from .79 to .86 (Orgilés, Garrigós et al., 2020; Orgilés, Melero et al., 2020). Indices obtained in the current study were similar, with $\alpha = .70$ for the Social dimension and $\alpha = .71$ for the Emotional dimension.

Social Skills Questionnaire – Pupil Spanish Version (SSQ-PU; Hervás et al., 2025; Spence, 1995). This instrument was developed to assess specific prosocial behaviors in the context of children's interpersonal interactions. It comprises 30 items rated on a three-option Likert scale: 0 (*not true*), 1 (*sometimes true*), and 2 (*mostly true*). The total score is the sum of all items, coded in the same direction; thus, higher scores indicate greater social skills. Regarding its psychometric properties, the SSQ-PU has shown adequate reliability in validation studies with child populations, with high internal consistency ($\alpha = .85$) and a Guttman split-half reliability of .83 (Hervás et al., 2025). Moreover, all item-to-total correlations exceeded the recommended value of .20, supporting the robustness of the measure. In the present sample, the instrument also achieved excellent internal consistency ($\alpha = .90$).

This study followed a randomized controlled trial (RCT) design, approved by ethics committees (code ADH.DES.MOA.DHB.23) and registered in the corresponding international registry (NCT06444581).

Subsequently, informational meetings were held with school administrators to detail the study's objectives and procedures. Student recruitment was carried out through information letters and family consent forms available in both paper and digital formats. Posters were also displayed in schools to support dissemination, and dedicated communication channels (email and telephone) were made available for inquiries. Participation was entirely voluntary, ensuring both data confidentiality and the possibility of withdrawing from the study at any time. Data collection took place in two phases (pretest and posttest) within the participating schools. Students in both conditions completed a battery of questionnaires in their classrooms, using electronic devices, with support from teachers and a research team member.

```

graph TD
    A[Enrollment] --> B[Assessed for eligibility (n= 1145)]
    B --> C[Excluded (n= 0)]
    B --> D[Randomized (n= 1145)]
    D --> E[Allocation]
    E --> F[Allocated to intervention group (SSL) (n= 530)  
Received allocated intervention (n= 525)  
Did not receive allocated intervention (declined participation before starting) (n= 5)]
    E --> G[Allocated to control group (WL) (n= 615)]
    F --> H[Lost to follow-up (n= 2)  
Discontinued intervention (school leaver) (n= 2)]
    G --> I[Lost to follow-up (n= 4)  
Discontinued intervention (school leaver) (n= 3)]
    H --> J[Analysis]
    I --> K[Analysis]
    J --> L[Analyzed (n= 521)  
Children's outcomes (n= 521)  
Excluded from analysis (n= 0)]
    K --> M[Analyzed (n= 608)  
Children's outcomes (n= 608)  
Excluded from analysis (n= 0)]
  
```

The flowchart illustrates the study design and participant flow. It begins with an enrollment phase where 1145 participants were assessed for eligibility. No participants were excluded. The 1145 participants were then randomized. The allocation phase divided them into two groups: the intervention group (SSL) with 530 participants and the control group (WL) with 615 participants. The intervention group received the intervention (525 participants), while 5 participants did not receive it due to declining participation before starting. The control group received the control intervention. During the follow-up phase, 2 participants from the intervention group and 4 from the control group were lost to follow-up. Additionally, 2 participants from the intervention group and 3 from the control group discontinued the intervention as school leavers. Finally, the analysis phase included 521 participants from the intervention group and 608 from the control group. No participants were excluded from the analysis.

In its universal prevention modality, the SSL program comprised a total of 12 sessions, compared to the 8 sessions included in the indicated prevention and treatment formats (Diego et al., 2024; Fernández-Martínez et al., 2019). A detailed description of these latter two versions is available in Orgilés et

Table 2. Structure and objectives of the SSL Program in its Spanish version as a universal prevention tool integrated into the school curriculum

Sessions	Objectives
Session 1	Present the program and its objectives. Assess children's socioemotional status and other related variables. Foster peer acquaintance among children.
Session 2	Introduce the concept of anxiety and identify situations that trigger anxiety in children. Introduce the concept of self-esteem and teach basic strategies to strengthen it.
Session 3	Explain what emotions are and their main characteristics. Train recognition of emotions in oneself and in others. Learn emotional expression through facial and body language. Assess emotional intensity in different situations. Introduce self-assessment of subjective well-being.
Session 4	Raise awareness of the role of activity in mood. Identify activities that generate positive feelings. Plan achievable goals through small steps. Reinforce the consistent practice of new skills.
Session 5	Define what a thought is. Distinguish between thoughts that promote well-being and those that hinder it. Relate thoughts to emotions. Detect negative automatic thoughts. Challenge and replace maladaptive thoughts.
Session 6	Explore the relationship between what one thinks, feels, and does. Identify thoughts, emotions, and behaviors in different situations. Learn to differentiate between adaptive and maladaptive behavior patterns linked to specific thoughts and emotions.
Session 7	Understand the psychological and physiological benefits of relaxation. Recognize physical differences between states of anxiety and relaxation. Learn and practice slow, deep breathing. Train in progressive muscle relaxation. Integrate relaxation techniques as strategies for emotion self-regulation.
Session 8	Introduce essential social skills for daily interaction with others (e.g., introducing oneself, initiating and maintaining conversations). Practice social behaviors through role-playing. Reinforce nonverbal aspects (eye contact, posture, interpersonal distance).
Session 9	Introduce essential social skills for daily interaction with others (e.g., joining group conversations and saying goodbye appropriately). Practice social behaviors through role-playing. Reinforce nonverbal aspects (eye contact, posture, interpersonal distance). Record each child in a social exposure situation.

Sessions	Objectives
Session 10	Teach the fundamental steps of effective social problem solving. Apply this strategy to real conflict situations proposed by the children. Practice executing the strategy in group settings. Observe and analyze one's own performance and that of peers.
Session 11	Review the content and skills learned throughout the program.
Session 12	Assess children's socioemotional status as well as their skills. Reflect on individual and group achievements. Reinforce the usefulness of the strategies learned. Receive a diploma as recognition of participation and effort.

Sessions were scheduled according to each school's timetable, lasted approximately 50 minutes, and were delivered in the classroom during the weekly homeroom/tutor period. The intervention was implemented over one term (12 weeks) and delivered in each classroom by two professionals who had received specific training provided by the program's developer team.

During implementation, facilitators not only guided activities but also systematically recorded student attendance, participation, and motivation. To foster adherence, various positive-reinforcement strategies were used, such as verbal praise, colored stickers, and token rewards. Finally, upon completion of the intervention with the experimental group, students in the control group were offered the opportunity to participate in the program, thereby ensuring equity across conditions.

Data Analyses

Data were processed using IBM SPSS Statistics (Version 29). First, internal consistency of the scales was evaluated using Cronbach's alpha, yielding values within ranges considered adequate. Next, attrition analyses were conducted to identify potential differences between participants who completed the study and those who did not. These analyses included comparisons of sociodemographic and outcome variables between completers and noncompleters.

To examine intervention effects, generalized estimating equations (GEE) were applied, which are appropriate for longitudinal data with repeated measures (Schober & Vetter, 2018). These models allowed us to analyze changes in dependent variables from pretest to posttest as a function of condition (intervention vs. control), while simultaneously controlling

for baseline scores, age, sex, and school. From these models, adjusted marginal means, 95% confidence intervals, and *p*-values were obtained. In addition, effect sizes were calculated using Cohen's *d*. Following the procedure recommended by the Campbell Collaboration, standard errors of the means were first converted to standard deviations and, based on these, the canonical formula for Cohen's *d* was applied.

Results

The attrition rate among participating children was low at 1% ($n = 11$). Comparative analyses revealed no significant differences between completers and dropouts in sociodemographic variables (sex and age) or in baseline outcome measures. Likewise, the proportion of attrition was equivalent across experimental conditions.

Comparative analyses of sociodemographic characteristics indicated that, overall, the intervention and control groups displayed equivalent profiles at baseline, except for mean age and school grade, with children in the intervention group being slightly older on average and more likely to be in 6th grade, whereas children in the control group were more frequently enrolled in 4th grade. Analyses conducted using generalized estimating equations (GEE) indicated significant intervention effects on emotional self-concept ($p < .001$) and social self-concept ($p = .003$), with small effect sizes ($d = 0.27$ for emotional self-concept; $d = 0.09$ for social self-concept). In contrast, no statistically significant effects were observed for social skills ($p = .91$) (see Table 3).

Discussion

The present study provides empirical evidence for the efficacy of SSL protocol in its Spanish adaptation as a universal preventive format implemented in school classrooms to promote children's socioemotional competencies. Specifically, we examined the program's effect on socioemotional self-concept and social skills. The analyses showed between-condition differences favoring the intervention group, which exhibited significant gains in socioemotional self-concept. That is, children's perception of themselves concerning their emotions and social interactions, which influences how they understand, regulate, and express their feelings and how they relate to others (García & Musitu, 2001). Immediately after the intervention, differences were observed in favor of the experimental group over the control group, partially confirming the hypothesis that anticipated short-term improvements in both emotional and

Table 3. Generalized Estimating Equations model-based significance tests and effect size estimates for the intervention's effect on child self-reported posttest measures

Outcomes	Sample	Marginal means (SE)		Posttest Effects		Cohen's <i>d</i>
		Pre-test	Posttest	Estimates (95% CI)	<i>p</i> -value	
Emotional self-concept	SSL	19.98 (0.31)	21.31 (0.32)	3.78	< .001	0.27
	WLG	18.61 (0.28)	19.39 (0.29)	(2.38, 6)		
Social self-concept	SSL	23.53 (0.26)	24.05 (0.26)	1.68	.003	0.09
	WLG	23.30 (0.24)	23.54 (0.24)	(1.19, 2.36)		
Social Skills	SSL	47.74 (0.40)	47.71 (0.44)	0.97	.91	
	WLG	47.14 (0.37)	47.16 (0.38)	(0.56, 1.67)		

SE = Standard Error; CI = Confidence Interval. SSL = Super Skills for Life Group, WLG = Waitlist Group

social self-concept. For emotional self-concept, the effect size was small (Cohen's $d = 0.27$), which is typical for this kind of intervention (Wang et al., 2024). Contextualizing this finding, it is noteworthy in that it suggests that SSL not only contributes to the reduction of anxious-depressive symptoms, as has been demonstrated both as an indicated and a treatment approach (Diego et al., 2024; Galán-Luque et al., 2024; Orgilés et al., 2019, 2024), but also directly strengthens participants' emotional self-image, as found in previous studies using other formats (Galán-Luque et al., 2024; Orgilés, Melero, et al., 2020). A high level in this dimension is associated with children's capacity to manage emotions appropriately, exercise control across situations, and cope adaptively with everyday challenges (García & Musitu, 2001). Considering the mediating role of self-concept in emotional problems such as anxiety and depression (Morales et al., 2023), the observed improvements in perceived emotional control and personal and social skills seem to be related to reduced internalizing symptomatology (Alzahrani et al., 2019; Domitrovich et al., 2017; Huber et al., 2019).

Improvements in emotional self-concept may be explained, first, by the program's training in emotion identification and regulation, which enables children to recognize their affective states and respond to them more adaptively. This process helps reduce nervousness, fear, or anxiety in everyday situations, generating a subjective sense of greater emotional control. In addition, gradual exposure to anxiety-provoking contexts, such as public speaking or participating in group dynamics, helps desensitize physiological arousal responses, strengthening perceived self-efficacy in managing intense emotions. Likewise, through the cognitive restructuring included in SSL, children learn to challenge negative self-referent thoughts, promoting more realistic and self-compassionate interpretations, which in turn fosters a less vulnerable and more secure internal self-image. Taken together, these learning experiences modify how children define themselves emotionally, thereby consolidating improvements in their emotional self-concept.

With respect to social self-concept, short-term gains were also achieved among the children who participated in the program. Differences favored the experimental group over the control group. The effect size was virtually null (Cohen's $d = 0.09$), indicating that although statistically detectable changes occurred, their magnitude was very small from a practical standpoint. However, this finding does not necessarily diminish the result's relevance. One possible interpretation is that, by engaging in the program's group-based activities and sessions focused specifically on this area, children began to perceive themselves as more socially competent. These sessions promote the identification of appropriate versus inappropriate social behavior, which may contribute to an increased social self-concept, even if such perceptions have not yet translated into broad, observable changes in social behavior. The program's positive impact on social self-concept may be explained by several factors: activities that foster interaction with peers with whom there is initially little connection; viewing, via video feedback with cognitive preparation, one's own and others' performance during interaction tasks; gradual exposure to social contexts that typically elicit inhibition (e.g., speaking or performing in public); active participation in cooperative dynamics (e.g., jointly solving social problems); and positive reinforcement from facilitators, which validates and consoli-

dates the perception of personal progress. In addition, specific work on identifying appropriate social behavior and training in basic interaction skills encourages a more realistic and positive view of one's own social competencies.

The program improved socioemotional self-concept but did not yield significant changes in social skills. This absence of effects may be due to the fact that, in a community sample, participants may already display adequate levels of social competence at baseline, which limits the observable margin for improvement and, consequently, reduces statistical sensitivity to detect differences. Another possible explanation is that the interval between assessments (pre- and post) was too short for changes to manifest as observable social behaviors, particularly as this component is addressed in the program's final sessions. Recent SSL studies with indicated populations in an individual format have found significant effects on social competence (Galán-Luque et al., 2024). Even so, the present findings are consistent with those from the quasi-experimental study of SSL as a universal preventive version in Malaysia (Chen et al., 2024). Likewise, the study conducted by (Essau et al., 2012) did not show changes in social skills when SSL was implemented as a universal preventive program for childhood mental health problems. Although SSL includes sessions specifically devoted to training social behaviors necessary for competent interpersonal relating (e.g., introducing oneself, initiating conversations, joining a group), it is possible that these behaviors were already part of the everyday repertoire of a substantial proportion of students. The intervention may therefore have functioned more as a reinforcer or validator of previously acquired behaviors, enhancing self-concept, than as a driver of new prosocial behaviors. Another plausible explanation is the limited time available to practice these behaviors, which are covered at the end of the program, just before the post-intervention assessment.

In this sense, the program appears to have first generated a change in how children perceive themselves socially, before changes emerge in the behaviors they report engaging in. The latter may require more time and practice to consolidate. Collectively, the results suggest that, in the short term, SSL has shown limited efficacy in improving objective social skills but has produced positive changes in children's self-perceptions, both emotional and social. The importance of these findings lies in the fact that a stronger self-concept constitutes a protective factor against the future onset of internalizing problems, even if specific social behaviors do not change immediately.

Strengths and Limitations

Despite the strength of the randomized experimental design, this study has several limitations that should be considered when interpreting the findings and that also open avenues for further research. First, the design included only two assessments (pre-post), which prevents evaluation of the stability and maintenance of effects over time. Accordingly, it is necessary to incorporate follow-up assessments (e.g., 6 – 12 months) to evaluate the sustainability of the observed changes and to assess the intervention's possible cumulative effect, given that prior research has shown that improvements may consolidate when participants have more opportunities to apply learned strategies in everyday situations. At the same time, because this was a universal intervention, participants

may have started with elevated levels of social skills, potentially producing a ceiling effect and limiting the detectability of change on the SSQ. Regarding measurement, the exclusive use of self-reports may have introduced social desirability bias, and the interval between pre- and post-assessment may not have been sufficient to observe behavioral transformations in social skills. Future studies should examine potential moderators and mediators, such as the role of socioemotional self-concept in improving social skills, to deepen understanding of the program's mechanisms of change. Moreover, the study focused exclusively on children aged 8 to 12 years, leaving the program's impact at earlier developmental stages unexplored. Considering that the development of early emotional coping and self-appraisal schemas begins to consolidate in early childhood, future research should adapt and evaluate SSL for the 6- to 8-year age group. Likewise, including additional informants, such as teachers or families, would enrich the understanding of SSL's impact.

Taken together, the transdiagnostic SSL program, in its universal preventive version, demonstrates efficacy in strengthening socioemotional competencies relevant to the short-term prevention of future psychological problems within the school context.

Acknowledgements

The authors express their appreciation to all the individuals who took part in this study, and to the institutions that provided their invaluable support.

Funding

This publication is funded by the Department of Innovation, Universities, Science and Digital Society of the Valencian Government (Ref. CIACIF/2021/269).

Conflict of interests

The authors declare no conflict of interests

References

- Adarve, M. G., Zurita Ortega, F., Gómez Sánchez, V., Padial Ruz, R., & Lara Sánchez, A. J. (2019). Influence of the practice of physical activity on the self-concept of adolescents. *Retos*, 36(36), 342–347. <https://doi.org/10.47197/retos.v36i36.68852>
- Alzahrani, M., Alharbi, M., & Alodwani, A. (2019). The effect of social-emotional competence on children academic achievement and behavioral development. *International Education Studies*, 12(12), 141. <https://doi.org/10.5539/ies.v12n12p141>
- Caballo, V. E. (2007). *Manual de evaluación y entrenamiento de las habilidades sociales* (7.ª ed.). Siglo XXI Editores.
- Castro Cabrera, D. M., & Cortés Polanía, R. (2023). Influencia de inteligencia emocional y habilidades sociales en contextos escolarizados. Revisión sistemática. *Ciencia Latina Revista Científica Multidisciplinar*, 7(1), 9342–9359. https://doi.org/10.37811/cl_rcm.v7i1.5133
- Chen, Y. Y., Ting, C. H., Ghazali, S. R., & Ling, A. A. (2024). Enhancing children's well-being using Malaysian-adapted version Super Skills for life (M-SSL) among primary school children in Malaysia. *Psychology in the Schools*, 61(10), 3891–3906. <https://doi.org/10.1002/pits.23258>
- Crone, E. A., Green, K. H., van de Groep, I. H., & van der Cruysen, R. (2022). A neurocognitive model of self-concept development in adolescence. *Annual Review of Developmental Psychology*, 4, 273–295. <https://doi.org/10.1146/annurev-devpsych-120920-023842>
- Del Prette, Z. A. P., & Del Prette, A. (2021). Social Skills. In *Social Competence and Social Skills* (pp. 3–15). Springer International Publishing. https://doi.org/10.1007/978-3-030-70127-7_1
- Diego, S., Morales, A., & Orgilés, M. (2024). Benefits of Super Skills for Life in a randomized controlled trial in clinical settings for Spanish children with comorbid conditions. *Development and Psychopathology*, 36(4), 1821–1830. <https://doi.org/10.1017/S0954579423001189>
- Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child Development*, 88(2), 408–416. <https://doi.org/10.1111/cdev.12739>
- Essau, C. A., Conradt, J., Sasagawa, S., & Ollendick, T. H. (2012). Prevention of anxiety symptoms in children: Results from a universal school-based trial. *Behavior Therapy*, 43(2), 450–464. <https://doi.org/10.1016/j.beth.2011.08.003>
- Essau, C. A., & Ollendick, T. H. (2013). The Super Skills for Life programme. University of Roehampton.
- Fernández-Martínez, I., Espada, J. P., & Orgilés, M. (2019). Super Skills for Life: Eficacia de un programa transdiagnóstico de prevención indicada para los problemas emocionales infantiles. *Revista de Psicología Clínica con Niños y Adolescentes*, 6(3), 24–31. <https://doi.org/10.21134/rpcna.2019.06.3.3>
- Fernández-Martínez, I., Orgilés, M., Morales, A., Espada, J. P., & Essau, C. A. (2020). One-year follow-up effects of a cognitive behavior therapy-based transdiagnostic program for emotional problems in young children: A school-based cluster-randomized controlled trial. *Journal of Affective Disorders*, 262, 258–266. <https://doi.org/10.1016/j.jad.2019.11.002>
- Fusar-Poli, P. (2019). Integrated mental health services for the developmental period (0 to 25 years): a critical review of the evidence. *Frontiers in Psychiatry*, 10(335). <https://doi.org/10.3389/fpsy.2019.00355>
- Gabel, L. N., Olino, T. M., Stanton, K., Goldstein, B. L., Klein, D. N., & Hayden, E. P. (2025). Assessing childhood and adolescent development of self-concepts via a self-referent encoding task. *Psychological Assessment*, 37(3), 100–113. <https://doi.org/10.1037/pas0001363>
- Galán-Luque, T., Cabello, E., & Orgilés, M. (2024). Evaluating Super Skills for Life program's impact on transdiagnostic variables in children with emotional disorders: A comparative randomized trial. *Translational Issues in Psychological Science*, 10(4), 388–407. <https://doi.org/10.1037/tps0000429>
- García, F., & Musitu, G. (2001). *AF-5: Autoconcepto Forma 5* (2.ª ed.). TEA Ediciones.
- García-Escalera, J., Valiente, R. M., Chorot, P., Ehrenreich-May, J., Kennedy, S. M., & Sandin, B. (2017). The Spanish version of the unified protocol for transdiagnostic treatment of emotional disorders in adolescents (UP-A) adapted as a school-based anxiety and depression prevention program: Study protocol for a cluster randomized controlled trial. *JMIR Research Protocols*, 6(8), e7934. <https://doi.org/10.2196/resprot.7934>
- García-Grau, P., Ayora Pérez, D., Calabuig Moreno, F., & Prado-Gascó, V. J. (2014). Self-concept in preadolescence: A brief version of AF-5 scale. *Motriz: Revista de Educação Física*, 20(2), 151–157. <https://doi.org/10.1590/S1980-65742014000200004>

- Ghizzoni, G., Mirandi, M., Garofalo, C., Mazzeschi, C., & Delvecchio, E. (2025). A systematic review comparing four transdiagnostic programmes for school-age children. *Clinical Psychology & Psychotherapy*, 32(3), e70072. <https://doi.org/10.1002/cpp.70072>
- González Moreno, A., & Molero Jurado, M. del M. (2021). Social skills and their relationship with other variables in adolescence: A systematic review. *Revista Iberoamericana de Psicología*, 15(1), 113–123. <https://doi.org/10.33881/2027-1786.rip.15111>
- Gutiérrez Sas, L., Fontenla Fariña, E., Cons Ferreiro, M., Rodríguez Fernández, J. E., & Pazos Couto, J. M. (2017). Improvement of self-esteem and emotional intelligence through psychomotricity and social skills workshops. *Sportis: Scientific Journal of School Sport, Physical Education and Psychomotricity*, 3(1), 187–205. <https://doi.org/10.17979/sportis.2017.3.1.1813>
- Harter, S. (2015). *The construction of the self: Developmental and sociocultural foundations*. Guilford Publications.
- Hervás, D., Amorós-Reche, V., & Orgilés, M. (2025). Adaptation and validation of the Spence Social Skills Questionnaire for Spanish-speaking children aged 8 to 12 years (SSQ-PU) [Manuscript submitted for publication].
- Huber, L., Plötner, M., & Schmitz, J. (2019). Social competence and psychopathology in early childhood: a systematic review. *European Child & Adolescent Psychiatry*, 28(4), 443–459. <https://doi.org/10.1007/s00787-018-1152-x>
- Jaureguizar, J., Garaigordobil, M., & Bernaras, E. (2018). Self-concept, social skills, and resilience as moderators of the relationship between stress and childhood depression. *School Mental Health*, 10(4), 488–499. <https://doi.org/10.1007/s12310-018-9268-1>
- Kozina, A. (2019). The development of multiple domains of self-concept in late childhood and in early adolescence. *Current Psychology*, 38(6), 1435–1442. <https://doi.org/10.1007/s12144-017-9690-9>
- Martínez-Escudero, J. A., García, O. F., Alcaide, M., Bochons, I., & García, F. (2023). Parental socialization and adjustment components in adolescents and middle-aged adults: How are they related? *Psychology Research and Behavior Management*, 16, 1127–1139. <https://doi.org/10.2147/prbm.S394557>
- Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7), 98. <https://doi.org/10.3390/children5070098>
- Melero, S., Orgilés, M., Espada, J. P., & Morales, A. (2021). Spanish version of Super Skills for Life in individual modality: Improvement of children's emotional well-being from a transdiagnostic approach. *Journal of Clinical Psychology*, 77(10), 2187–2202. <https://doi.org/10.1002/jclp.23148>
- Morales, A., Rodríguez-Menchón, M., Espada, J. P., & Orgilés, M. (2023). Examining academic self-concept as a mediator of the relationship between anxiety and depression: A longitudinal study. *Child and Adolescent Mental Health*, 28(3), 354–362. <https://doi.org/10.1111/camh.12577>
- Orgilés, M., Espada, J. P., & Morales, A. (2024). Prevention of emotional problems in Spanish schoolchildren: Effectiveness of the Super Skills multimedia program to promote social-emotional skills. *The Spanish Journal of Psychology*, 27, e21. <https://doi.org/10.1017/sjp.2024.27>
- Orgilés, M., Fernández-Martínez, I., Espada, J. P., & Morales, A. (2019). Spanish version of Super Skills for Life: Short- and long-term impact of a transdiagnostic prevention protocol targeting childhood anxiety and depression. *Anxiety, Stress, & Coping*, 32(6), 694–710. <https://doi.org/10.1080/10615806.2019.1645836>
- Orgilés, M., Garrigós, E., Espada, J. P., & Morales, A. (2020). How does a CBT-based transdiagnostic program for separation anxiety symptoms work in children? Effects of Super Skills for Life. *Revista de Psicología Clínica Con Niños y Adolescentes*, 7(2), 9–15. <https://doi.org/10.21134/rpcna.2020.07.2.1>
- Orgilés, M., Melero, S., Fernández-Martínez, I., Espada, J. P., & Morales, A. (2020). Effectiveness of video-feedback with cognitive preparation in improving social performance and anxiety through Super Skills for Life programme implemented in a school setting. *International Journal of Environmental Research and Public Health*, 17(8). <https://doi.org/10.3390/ijerph17082805>
- Rapee, R. M., Oar, E. L., Johnco, C. J., Forbes, M. K., Fardouly, J., Magson, N. R., & Richardson, C. E. (2019). Adolescent development and risk for the onset of social-emotional disorders: A review and conceptual model. *Behaviour Research and Therapy*, 123, 103501. <https://doi.org/10.1016/j.brat.2019.103501>
- Reyes, M., García, O. F., Pérez-Gramaje, A. F., Serra, E., Meléndez, J. C., Alcaide, M., & García, F. (2023). ¿Cuál es la crianza óptima para adolescentes con baja vs. alta autoeficacia? Autoconcepto, desadaptación psicológica y rendimiento académico de adolescentes en el contexto español. *Anales de Psicología*, 39(3), 446–457. <https://doi.org/10.6018/analesps.517741>
- Schiele, T., Mues, A., Valcárcel Jiménez, M., & Niklas, F. (2025). Good child, bad child: The development of and relations between children's socioemotional competencies and moral self-concept from kindergarten to the end of Grade 1. *Cognition and Emotion*, 1–18. <https://doi.org/10.1080/02699931.2025.2491538>
- Schober, P., & Vetter, T. R. (2018). Repeated measures designs and analysis of longitudinal data: If at first you do not succeed—Try, try again. *Anesthesia & Analgesia*, 127(2), 569–575. <https://doi.org/10.1213/ANE.0000000000003511>
- Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research*, 46(3), 407–441. <https://doi.org/10.3102/00346543046003407>
- Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 27(1), 281–295. <https://doi.org/10.1038/s41380-021-01161-7>
- Spence, S. H. (1995). *Social Skills Questionnaire – Pupil*. NFER-Nelson.
- Spence, S. H., & Rapee, R. M. (2016). The etiology of social anxiety disorder: An evidence-based model. *Behaviour Research and Therapy*, 86, 50–67. <https://doi.org/10.1016/j.brat.2016.06.007>
- Wade, T. D., Pennesi, J. L., & Pellizzer, M. (2025). Identifying transdiagnostic psychological processes that can improve early intervention in youth mental health. *Australian and New Zealand Journal of Psychiatry*, 59(4), 307–314. <https://doi.org/10.1177/00048674241312803>
- Wang, C., & Huang, S.-Y. (2019). Predicting effect of anxiety symptoms on self-concept and peer relationships in preadolescent children. *Journal of Education & Psychology*, 42, 105–132. <https://doi.org/10.3966/102498852019034201004>
- Wang, P., Wang, Z., & Qiu, S. (2024). Universal, school-based transdiagnostic interventions to promote mental health and emotional wellbeing: a systematic review. *Child and Adolescent Psychiatry and Mental Health*, 18(1), 47. <https://doi.org/10.1186/s13034-024-00735-x>
- Zhang, Y., Wu, W., Gu, S., Cui, L., & Wang, Y. (2024). Longitudinal relationships between perceived social support and social behaviors in preadolescence and early adolescence: The mediating role of social self-concept. *Current Psychology*, 43(35), 28292–28305. <https://doi.org/10.1007/s12144-024-06448-w>