

Preliminary results of a cognitive-behavioral life skills program for adolescents

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Abstract

The aim of this study was to evaluate the effect of the Life Skills Promotion Program in Adolescents (PRHAVIDA-Adolescents) on the development of a repertoire of life skills based on the cognitive-behavioral approach. A study was carried out with 78 adolescents ($M = 12.47$ years; $SD = 0.69$) to compare the results of the Social Skills Inventory for Adolescents (IHSA-Del-Prette) before and after the intervention. Differences were found between pre- and post-test considering the frequency of emission of skills for girls in the subscales self-control, assertiveness, affective approach, and social development; boys showed differences in the subscales empathy, self-control, assertiveness, affective approach, and social development. Thus, it is considered that PRHAVIDA-Adolescents is an effective program that has demonstrated that it is capable of developing several relevant skills for both sexes at a satisfactory level. Its contents proved to be comprehensive, consisting of a viable alternative for health promotion for adolescents within the cognitive-behavioral approach.

Keywords: adolescent psychology; health promotion; program evaluation; social skills; cognitive behavioral therapy.

Resultados Preliminares do Programa Cognitivo-Comportamental de Habilidades para Vida em Adolescentes

Resumo

O objetivo deste estudo foi a avaliação do efeito do Programa de Promoção de Habilidades para a Vida em Adolescentes (PRHAVIDA-Adolescentes) no desenvolvimento de um repertório de habilidades para a vida com base na abordagem cognitivo-comportamental. Foi realizado um estudo com 78 adolescentes ($M = 12,47$ anos; $DP = 0,69$) para comparar resultados do Inventário de Habilidades Sociais para Adolescentes (IHSA-Del-Prette) antes e depois da intervenção. Foram encontradas diferenças entre pré e pós-teste considerando a frequência de emissão das habilidades para meninas nas subescalas autocontrole, assertividade, abordagem afetiva e desenvolvimento social; já os meninos apresentaram diferença nas subescalas empatia, autocontrole, assertividade, abordagem afetiva e desenvolvimento social. Dessa forma, considera-se que o PRHAVIDA-Adolescentes é um programa efetivo que demonstrou ser capaz de desenvolver diversas habilidades relevantes para ambos os sexos em nível satisfatório. Seus conteúdos se mostraram abrangentes, consistindo em alternativa viável para a promoção de saúde para adolescentes dentro da abordagem cognitivo-comportamental.

Palavras-chave: psicologia do adolescente; promoção da saúde; avaliação de programa; habilidades sociais; terapia cognitivo comportamental

Resultados preliminares de programa cognitivo-conductual de habilidades para la vida en adolescentes

Resumen

El objetivo de este estudio fue evaluar el efecto del Programa de Promoción de Habilidades para la Vida en Adolescentes (PRHAVIDA-Adolescentes) en el desarrollo de un repertorio de habilidades para la vida basado en el enfoque cognitivo-conductual. Se realizó un estudio con 78 adolescentes ($M = 12,47$ años; $DS = 0,69$) para comparar los resultados del Inventario de Habilidades Sociales para Adolescentes (IHSA-Del-Prette) antes y después de la intervención. Se encontraron diferencias entre el pre y postest considerando la frecuencia de emisión de habilidades para las niñas en las subescalas de autocontrol, asertividad, afectividad y desarrollo social; los niños, por su parte, mostraron diferencias en las subescalas de empatía, autocontrol, asertividad, afectividad y desarrollo social. Así, se considera que PRHAVIDA-Adolescentes es un programa efectivo que ha demostrado que es capaz de desarrollar varias habilidades relevantes para ambos sexos a un nivel satisfactorio. Su contenido resultó ser integral, constituyendo una alternativa viable para la promoción de la salud de los adolescentes dentro del enfoque cognitivo-conductual.

Palabras clave: psicología del adolescente; promoción de la salud; evaluación de programa; habilidades sociales; terapia cognitiva-conductual.

Introduction

The Child and Adolescent Statute (ECA), Law 8,069, from 1990, defines adolescence as the age group

from 12 to 18 years old (article 2; Brazil, 1990). This is a period marked by the transition between childhood and adulthood, comprising physical, cognitive and psychosocial changes (Sadock & Sadock, 2007). Most

adolescents are successful in resolving conflicts that arise at this development stage (Longhini, Rios, Peron, & Neufeld, 2017; Santos, Santana, & Souza, 2020). However, some struggle when faced with new challenges, contexts, and relationships, as they are required to have new skills to adapt and deal with the changes, challenges and uncertainties that this new stage brings (Fonseca, Sena, Santos, Dias, & Costa, 2013; Murta, Del Prette, & Del Prette, 2010).

In this sense, it is important to highlight that people's ability to change depends on the use and adequacy of strategies in the face of the situational demands they experience (Campos, Del Prette, & Del Prette, 2014). Thus, investment in the development of life skills is relevant, since they promote adaptive and positive behavior, which allow individuals to effectively deal with the demands and challenges of everyday life (WHO, 1997). These skills are: decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-knowledge, empathy, dealing with emotions and with stress (WHO, 1997). More broadly defined, life skills require social and cognitive resourcefulness (Cardoso, Coelho, & Martins, 2017; Corrales Pérez, Quijano León, & Góngora Coronado, 2017). The skills needed for social and interpersonal development, called social skills, consist of self-control and emotional expressiveness, empathy, civility, assertiveness, making friends, academic social skills and solving interpersonal problems. Cognitive skills are those needed to make decisions, develop critical thinking, perform self-assessment (Bortolatto et al., 2021; Corrales Pérez et al., 2017).

The challenges specifically related to the adolescence period can be dealt with from the development and application of these skills in daily life, given they allow adolescents to learn skills to cope with situations of risk to their health, arising from possible conflicts or pressures experienced in relationships with family members, teachers, partners and peers (Murta, et al., 2009), in a healthier way. A good social repertoire provides a good adjustment and positive development perspectives, such as exposing a problem with clarity and expressing a feeling (Cardoso et al., 2017), while people with compromised social skills tend to struggle with interpersonal relationships and a worse quality of life, as well as several psychological disorders such as depression, shyness, and social isolation (Silva et al., 2016). Social skills develop in interpersonal relationships, especially with

the family and with the peer group, and it is precisely at this stage of development that relationships, especially with peers, are most significant (Milano, Piovezan, Muner, & Batista, 2019).

Thus, the World Health Organization (WHO) recommends the development of life skills as a strategy for health promotion for this age group (for a review, see also Gorayeb et al., 2003). The main focus of health promotion is the individual and collective strengthening to deal with health conditioning factors in order to promote subjective well-being and life quality (Luz, Murta & Aquino, 2015; WHO, 2004). In adolescents, mental health promotion requires a multifactorial approach, considering environmental and family issues, in addition to individual differences (for a review, see Murta, 2007). In this context, programs that encourage the development of life skills represent an important advance in physical and mental health care.

In the study carried out by Machado, Alves and Caetano (2020), aiming at verifying the relationship of social skills and stress in 196 adolescents between 15 and 18 years old, the authors concluded that 46.15% of the boys and 50.48% of the girls had an indication of need for social skills training. Yet, Milam Piovezan, Miner and Batista's study (2019) identified and analyzed the repertoire of social skills in adolescence and the possible differences regarding the participants' schooling. Forty Elementary and High School students participated ($M = 14.3$ years; $SD = 1.38$). As a result, they found that teenagers indicated greater ease and frequency in emitting behaviors of Empathy, Civility, and Assertiveness, and presented greater difficulty and less frequency in being socially resourceful.

Campos, Del Prette and Del Prette (2018) investigated gender differences in the repertoire of social skills associated with depression, regarding their implications for prevention and mental health, with 642 adolescents aged 12 to 14 years. The results showed that, in the general group, gender differences occurred mainly for the frequency indicator, with girls presenting higher averages than boys when presenting skills related to Empathy, Civility and Assertiveness, and boys presenting higher averages in Affective Approach skills. For the difficulty indicator, boys showed a higher average for the Empathy social skill.

Within this scenario, the Program for the Promotion of Life Skills (PRHAVIDA), which aims to promote mental health with a focus on children and adolescents' social and life skills in a school context, based on the cognitive-behavioral approach developed

by the Cognitive-Behavioral Research and Intervention Laboratory (LaPICC-USP) from the Philosophy, Sciences and Languages College in Ribeirão Preto – University of São Paulo (Neufeld, Daolio, Cassiano, Rossetto & Cavenage, 2014). As for the program with children, Neufeld (2017) evaluated the preliminary results of the PRHAVIDA-Children, considering 16 children aged 8 to 10 years, finding a statistically significant reduction considering the depression scores, comparing pre and post-test.

PRHAVIDA-Adolescents takes place in public schools, with the target audience consisting of teenagers from 12 to 14 years old, who attend the 7th year of elementary school. The program consists of 11 sessions of about 50 minutes each, with weekly attendance at the school itself, in a location provided by the head of the school. The therapists team was formed by interns from the fourth and fifth years of the Psychology course, acting as therapists, co-therapists and observers. Before the start of the group's activities, the interns undergo a training program covering the contents and activities proposed in order to establish a standard in the interventions performed. They are monitored weekly in supervisions by trained professionals with experience in the program. The program contents address the acknowledgment and development of life skills, in particular the ones with a social perspective, such as: empathy, assertiveness, emotional expressiveness, self-control, problem solving, civility, and also contents related to the cognitive behavioral approach, such as the cognitive model, cognitive distortions and alternative thoughts according to the schedule described in Table 1.

Thus, the aim of this study is the preliminary evaluation of PRHAVIDA-Adolescents. The program aims to address deficits in the development of adolescents' social and life skills that are essential components of healthy development (Corrales Pérez et al., 2017). Adolescence is a crucial phase to determine behaviors and social interactions in adult life and, therefore, a healthy transition to the adult world requires the strengthening of protective health factors (Neufeld, 2017). Therefore, its effect will be evaluated in the development of the social skills repertoire (an integral part of life skills) in adolescents aged 12 to 14 years, of both sexes, as assessed before and after the intervention. The results presented in this study correspond to the first evaluations of the program in adolescents, whose hypotheses involve the improvement of social and life skills in daily activities.

Method

Participants

The sample of this study consisted of 78 adolescents with an average age of 12.47 years (SD = 0.69), with 48 girls (M = 12.46, SD = 0.71) and 30 boys (M = 12.50, SD = 0.68). All adolescents were regularly enrolled in the seventh year of Elementary education in the public school system in Ribeirão Preto, SP, Brazil, at the time of collection.

Instruments

For data collection, the Social Skills Inventory for Adolescents (IHSA-Del-Prette) was used. The inventory aims at evaluating the repertoire of social skills in a set of everyday interpersonal situations, considering the aspects of frequency and difficulty towards adolescents from 12 to 17 years old. The IHSA-Del-Prette scale consists of 38 items to describe a social situation and a possible reaction to it. The participant then indicates the behavior frequency and the difficulty they face in presenting it on a 5-point Likert scale, with the options "None", "Little", "Average", "Big" and "Total". With the test correction, it is possible to calculate the percentile in which the participant fits regarding a normative sample, in addition to providing the average values of the items, organized in the respective subscales: "Empathy", "Self-Control", "Civility", "Assertiveness", "Affective Approach" and "Social Development". The instrument has internal consistency from Cronbach's Alpha of 0.89 for the total difficulty scale, and between 0.61 and 0.82 for the subscales. For the frequency-based scores, Cronbach's Alpha was 0.90 for the total scale, and between 0.51 and 0.86 for the subscales (Del Prette & Del Prette, 2009).

Procedures

The first PRHAVIDA assessment was approved by the FFCLRP-USP Research Ethics Committee (CAAE: 42373214.3.000.5407). Then, the program's partner schools were contacted for the invitation of seventh year adolescents. The therapists team delivered the cover letter of the project, the Free and Clarified Consent Term, the Database Term for parents'/guardians' authorization and the Permission Term. After the terms were returned, a day was scheduled for the pre-test, with the instrument being applied collectively in the classroom, during the school's second shift. Next, the application of the program started, composed of 11 sessions of about 50 minutes each, as shown in

Table 1 (for more information on the program, see Neufeld et al., 2014), with the post-test being carried out after its completion.

Data analysis

To reach the objectives of the study, after checking the data from the database, the analyses were performed with the aid of the IBM SPSS Statistics statistical package, version 23. Descriptive statistics were used to characterize the sample through the use of average, standard deviation and frequency. Then, inferential statistics were used to assess differences between

the pre- and post-test moments. From the use of the Shapiro-Wilk normality test, it was noticed that the data did not follow the normal distribution ($p < 0.05$), and therefore, non-parametric tests were used for the analyses. Thus, the Wilcoxon test was used for intra-group comparisons and the Mann-Whitney one, for comparisons between groups, considering categorical variable biological sex. The effect size of the differences found was also analyzed, considering the ones smaller than 0.3 as “small”, those smaller than 0.5 as “moderate”, and those equal to or bigger than 0.5 as “high” (Cohen, 1988).

Table 1.

Description of the contents used in PRHAVIDA-Adolescents

Session	Session specific content	Life skills worked in each session
Pre-test	Pre-test assessment	-
1	General group presentation/Group's identity and rules	- Self-knowledge - Critical thinking - Creative thinking
2	Establishment of group rules and psychoeducation on social and life skills	- Critical thinking - Creative thinking
3	Human rights and civility	- Critical thinking - Self-knowledge
4	Empathy and psychoeducation training on assertiveness	- Empathy - Interpersonal relationship - Effective communication
5	Assertiveness training	- Self-knowledge - Interpersonal relationship - Effective communication
6	Psychoeducation on emotions and emotional expressiveness	- Emotional management - Stress management
7	Self-perception exercise on emotions	- Self-knowledge - Emotional management - Stress management
8	Handling uncomfortable emotions and self-control	- Self-knowledge - Emotional management - Stress management
9	Psychoeducation on cognitive model	- Self-knowledge - Critical thinking - Creative thinking
10	Resumption of the cognitive model and problem solving/Cognitive distortions and alternative thoughts	- Problem solving - Decision-making
11	Problem solving and qualitative assessment	- Problem solving - Decision-making
Post-test	Post-test assessment	-

Results

Table 2 summarizes the differences results in relation to the frequency of behavior emission between pre- and post-test. The results of the girls indicate an increase in the frequency of emission of behaviors related to the scales of Self-Control, Assertiveness, Affective Approach, and Social Development scales ($p < 0.05$). In turn, the boys showed improvements for Self-Control, Civility, Empathy, Assertiveness, Affective Approach, and Social Development ($p < 0.05$). No differences were found in the subscales assessment regarding the difficulty in issuing behaviors associated with social skills ($p > 0.05$).

In relation to the level of elaboration of the social skills repertoire, considering the frequency of behaviors emission associated with social skills, an improvement of boys' and girls' repertoire was generally perceived. More specifically, they represented a "Good Repertoire" at the end of the post-test for both sexes in the "Self-Control", "Affective Approach" and "Social Development", and "Total" subscales ($p < 0.001$). The exception was presented in the maintenance of the "Good Repertoire" in the "Total" score for boys from pre to post-test (despite the absolute increase in scores, still within the same interpretation category), according to Table 2.

Discussion

General Data

This study aimed at evaluating the effect of the PRHAVIDA-Adolescents program on health promotion through the development of life skills. Considering the classification of the elaboration of the social skills repertoire regarding frequency, there is an increase in the raw scores for all subscales for both sexes. This data is accompanied by the qualitative interpretation of the results, given there was an improvement in the repertoire in all subcategories. This positive result of the PRHAVIDA-Adolescents intervention in the participants' life skills repertoire was observed in the "Self-Control", "Affective Approach", and "Social Development" subscales, and also in the "Total" score, which presented a "Good Repertoire" at the end of the post-test for both genders. This result is particularly relevant since the pre-test evaluation showed that the initial repertoires were considerably low, classified as "repertoire below the lower average" and "lower average

repertoire", corroborating the study by Machado, Alves and Caetano (2020).

The present study results found no differences regarding the participants' sexes, which is corroborated by other studies (e.g., Sabbag & Bolsono-Silva, 2011; Bandeira, et al., 2006). However, alternative research suggests that differences between sexes reflect the role of culture, since it acts differently in the development of social behaviors in men and women, what would cause differences in the performance of social skills (e.g., Kuehner, 2017; Nolen-Hoeksema, 2012). Thus, the social group to which the individual belongs establishes the norms by which they behave socially, considering issues such as gender, social or occupational roles, institutional affiliation, geographical context etc. (Campos et al., 2018).

Consequently, it is also relevant to consider the influence that socioeconomic and family variables may have on adolescents' social skills. In the review carried out by Campos et al. (2014), it was revealed that the socioeconomic variable is little measured in the social skills repertoire. Studies point to the need for attention to the social skills repertoire of children from low socioeconomic levels, from public schools and whose parents have low education, since these parents not valuing social skills much could be related to the families' risk situation (Bandeira, et al., 2006). It is noteworthy that low parental education can be a motivation to provide opportunities for children to access school in pursuit of the development of cognitive skills, however, social skills are often neglected. This data is particularly relevant for this article, as the sample in question was from a public school, with a similar level of vulnerability as the present study. Regarding the general sample, the results found in the present study were lower than the scores obtained in the survey of 539 adolescents carried out by Campos et al. (2018) in municipal school groups. However, this study had higher scores for the "Total", "Empathy" and "Social Development" subscales in the post-test, which suggests the effect of the program intervention.

Subscales

In relation to the subscales, we can identify that the presence of "Assertiveness", "Civility", and "Empathy" skill types in the adolescents' repertoire can help in presenting socially competent performances, leading to a greater personal satisfaction, and also in social relationships (Milani, Piovezan, Muner, & Batista, 2019). However, these were the skills with the lowest

Table 2. Comparison between pre and post-test, by sex, for the frequency of social skills emission, based on the Wilcoxon test, scores interpretation of the subscales of social skills repertoire and effect size

Variables	Gender	n	Pre-test			Post-test			Wilcoxon Z	p	r
			Mean	Standard deviation	Interpretation	Mean	Standard deviation	Interpretation			
Total	Overall	78	88.21	29.45	-	99.13	33.30	-	-3.794	<0.001	-0.171
	Girls	48	89.65	28.19	RMI	99.90	35.20	BR	-2.524	0.01	-0.158
	Boys	30	85.90	31.71	BR	97.90	30.56	BR	-3.056	<0.001	-0.189
Empathy	Overall	78	25.50	8.97	-	27.53	9.47	-	-2.244	0.02	-0.109
	Girls	48	26.83	7.81	RAMI	28.02	10.02	RMI	-1.158	0.24	-
	Boys	30	23.37	10.36	RMI	26.73	8.62	BR	-2.255	0.02	-0.173
Self-Control	Overall	78	13.77	6.46	-	16.23	6.90	-	-3.603	<0.001	-0.180
	Girls	48	13.79	6.99	RAMI	16.02	7.39	BR	-2.535	0.01	-0.153
	Boys	30	13.73	5.62	RMI	16.57	6.13	BR	-2.629	0.01	-0.234
Civility	Overall	78	15.21	6.26	-	16.01	6.47	-	-1.130	0.25	-
	Girls	48	15.52	6.49	RAMI	16.60	6.86	RMI	-1.196	0.13	-
	Boys	30	14.70	5.96	RAMI	15.07	5.78	RMI	-0.026	0.98	-
Assertiveness	Overall	78	15.36	6.67	-	17.37	6.66	-	-2.896	<0.001	-0.074
	Girls	48	15.04	6.14	RAMI	17.23	7.12	RMI	-2.223	0.02	-0.162
	Boys	30	15.87	7.52	RMI	17.60	5.95	BR	-1.924	0.05	-0.126
Affective Approach	Overall	78	9.35	4.75	-	11.44	5.36	-	-3.351	<0.001	-0.202
	Girls	48	9.37	4.38	RAMI	11.57	5.28	BR	-2.574	0.01	-0.221
	Boys	30	9.30	5.38	RAMI	11.20	5.56	BR	-2.180	0.02	-0.171
Social Development	Overall	78	9.03	4.06	-	10.55	4.87	-	-3.169	<0.001	-0.167
	Girls	48	9.08	3.95	RMI	10.44	5.01	BR	-2.015	0.04	-0.149
	Boys	30	8.93	4.29	RMI	10.73	4.70	BR	-2.639	0.01	-0.196

Note. RAMI: repertoire below the lower average; RMI: lower-average repertoire; BR: good repertoire.

final assessment by the participants in the present study, especially for girls, differing from the one found by Milani, Piovezan, Muner, and Batista (2019), in which these skills were assessed by adolescents as the less difficult and more frequent, suggesting a greater proficiency in these skills in the group as a whole.

The skill *^Social Ability^* has been identified as the subscale with the lowest score found by studies in the field (Campos et al., 2014, 2018; Milani, Piovezan, Muner, & Batista, 2019), corroborating the result found in the present study. This skill involves behaviors required in situations of social exposure and conversation, associated with helping adolescents to present better social performances throughout their development. Deficits in this ability, especially at this development stage, in which peer groups and social relationships are so significant, may result in difficulty in interpersonal relationships, a worse quality of life, shyness and social isolation (Campos et al., 2014; Del Prette & Del Prette, 2009).

Thus, “Civility” involves “social practice”, considering actions like saying goodbye, thanking favors or compliments, greeting, praising and being kind (Del Prette, & Del Prette, 2009). This ability did not change in the pre- and post-tests for both genders, although its classification did in the same period. In the post-test, it was evaluated as “lower average repertoire” for boys and girls, differently from the one found by Milani et al. (2019), in which this was one of the most frequently used skills. Campos et al. (2014) identified that the lower frequency in this skill would be related to a risk factor for the adolescents, since this skill is directly associated with the initiation and maintenance of social interaction.

Civility is particularly addressed in one of the program sessions, and, even so, there were no significant changes in the adolescents’ repertoire. One of the hypotheses raised is that the intervention intensity was not enough so that this sample of adolescents could develop their repertoire. Another alternative to investigate is the format in which this skill was worked. Perhaps the way in which this content was approached was not clear or did not cover specific issues in these individuals’ context, not being enough for the adolescents. Therefore, it is also necessary to consider the aspect of social skills cultural determination, since culture defines the expected and valued patterns in different contexts or demands (Del Prette, & Del Prette, 2009).

Empathy is the ability which includes identifying other people’s feelings and problems, preserving good

interpersonal relationships, keeping secrets, understanding and supporting them (Del Prette, & Del Prette, 2009). Campos et al. (2014) identified that the Empathy skill was one of those considered as protective factors associated with depression. The adolescents with greater frequency in this skill are able to create more favorable conditions for interpersonal relationships involving factors related to friendship and intimacy to the greater support and affection network.

Although no differences were found regarding gender in skills, a difference was noticed in the repertoire classification of boys and girls through statistical analysis considering the ability to empathize. In the literature, there is no consensus in gender concerning assertiveness specifically, and studies have been found presenting a greater repertoire for girls (Chow, Holly, & Duane, 2013; Wolfer, Cortina, & Jürgen, 2012), and others, for boys (McMahon, Wernsman, & Parnes, 2006). In this second category, the Brazilian study by Campos (2010) stands out, after investigating the social skills of 103 adolescents aged between 12 and 14 years, and with depression indicators, considering gender and socioeconomic conditions. As a result, female adolescents showed a higher deficit in the social skills repertoire at all scales, while male adolescents showed stronger “Self-Control”, “Empathy”, “Assertiveness” and “Affective Approach”.

Final Considerations

PRHAVIDA-Adolescents promoted the improvement of the repertoire of boys and girls for the “Self-Control”, “Affective Approach”, “Social Development” and “Total” skills, as they were evaluated as “Good Repertory” after the end of the program. The study results pointed out that the PRHAVIDA-Adolescents intervention was able to produce the development of life skills for the participants as a whole, through the change in the classification range. Most subscales (“Self-Control”, “Assertiveness”, “Affective Approach” and “Social Development”), as well as the Total scale, also showed significant improvements in the frequency of behavior emission between pre- and post-tests for both genders.

Despite the good results, some limitations must be considered. First, one can consider the small sample number, which hinders the generalization of the results obtained. Second, it was not possible to use a control and randomization group of participants in this study, which allowed for greater methodological rigor. Finally,

there was no systematic collection of qualitative data that would allow the assessment of participants' perceptions about the program.

In this sense, it is suggested that new studies use a larger sample size and more robust methodologies for the analyses. Also, that the specific characteristics of the population considered be investigated to assess mediating and intervening variables that may influence the program results, including some clinical symptoms. Still, quantitative analyses on the reports of the process evaluation, the intervention effects, as well as monitoring the maintenance of the learning obtained with the program.

Despite this, *PRHAVIDA-Adolescents* is considered an effective program for the promotion of life skills. The program proved to be able to develop most of the skills considered in adolescents of both genders at a satisfactory level. Its contents are comprehensive within the skills developed, consisting of a viable alternative for health promotion for adolescents within the cognitive-behavioral approach.

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