

Effectiveness of Schema Therapy on Anxiety and Social Adaptation in Delinquent Adolescents

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ABSTRACT

Objective: This study aimed to determine the effectiveness of schema therapy on anxiety and social adaptation in delinquent adolescents in the beautiful city area of Tehran.

Methods and Materials: Our research method was a quasi-experimental design with a pre-test and post-test along with a control group and a follow-up phase. The statistical population of this study included all delinquent adolescents registered at the Juvenile Correction and Training Center in the beautiful city area of Tehran in 2021. The sample of this study consisted of 32 male adolescents aged 14 to 18 years, who were selected through purposive sampling. They were then divided into two groups of 16, comprising one experimental group and one control group. The experimental group received 12 sessions of schema therapy. Data were collected using the Social Anxiety Scale for Adolescents (SASA) and the Pike and Wiseman Social Adjustment Questionnaire (1999) and analyzed using repeated measures ANOVA in SPSS22 software.

Findings: The results of this study showed that there was a significant difference in social anxiety and social adaptation in the treatment group compared to the pre-test ($P < 0.05$). Also, a significant difference was observed in the follow-up phase compared to the pre-test ($P < 0.01$). However, no significant difference was observed in the follow-up phase compared to the post-test ($P > 0.05$).

Conclusion: The results indicate that schema therapy can be effective in reducing anxiety and improving social adaptation in delinquent adolescents.

Keywords: Schema therapy, Social anxiety, Social adaptation, Delinquent adolescents

1. Introduction

Adolescence is one of the most sensitive developmental periods in human life, encompassing the age range of

10 to 19 years, as defined by the World Health Organization (World Health Organization, 2023). This period requires significant adaptation due to the challenges adolescents face. It is crucial to provide conditions that help adolescents

manage the stress resulting from these changes effectively (Khasareh et al., 2022).

In recent years, there has been an increased focus on the psychological well-being of delinquent adolescents and the vital role of psychotherapy in improving their quality of life. Delinquent adolescents, often facing multiple challenges such as social anxiety and difficulties in social adaptation, need targeted psychological support to assist them in reintegrating into society. Psychotherapy can not only help reduce their social anxiety but also improve their social skills and adaptability to new environments (Sahare & Kotnala, 2022).

Cognitive models play a significant role in social anxiety disorder, including an excessive and persistent fear of social situations and avoidance of these situations. The essential criteria for diagnosing social anxiety disorder (social phobia) in DSM-V include intense fear of social or performance situations that may cause embarrassment, where encountering or anticipating encountering these situations provokes an immediate anxiety response. Although the individual may recognize the irrationality of their fear, it leads to avoidance or enduring these situations with intense fear, ultimately causing dysfunction in social performance and relationships (Ghayur Kazemmi et al., 2015).

The social dimension appears to have a considerable impact on overall health and specifically on the quality of life. Social adaptation, an increasingly recognized determinant of social health, refers to the discomfort and fear that occur in social interactions. Wagner et al. (2004) defined social adaptation as selective attention to social threat enhancers and distortion of social event judgments (Wagner, 2004). Numerous studies have highlighted the importance of teaching and employing social skills to address the lack of these skills in individuals with disabilities (Rostami et al., 2014).

Research indicates that the rising prevalence of psychological disorders among adolescents, especially anxiety and related social adaptation problems, has drawn the attention of researchers and therapists. Schema therapy, as an emerging and effective psychotherapeutic approach developed by Jeffrey Young, focuses on identifying and changing early maladaptive schemas formed in childhood and solidified over time. This therapeutic approach aims to address unmet emotional needs and reconstruct maladaptive beliefs and behaviors, playing a significant role in improving adolescents' psychological and social functioning (Amatya & Barzman, 2012).

Psychotherapy provides a supportive and non-judgmental space for adolescents to share their feelings, fears, and concerns, learning more constructive approaches to dealing with life's challenges. This therapeutic process allows them to identify and change maladaptive thought schemas and limiting beliefs, ultimately improving their self-esteem and confidence (Thoder & Cautilli, 2011). Furthermore, by focusing on enhancing social and communication skills, psychotherapy helps adolescents establish more positive and constructive relationships with others, fostering a sense of belonging and acceptance in society and experiencing positive social interactions essential for healthy social development (Karbhari et al., 2022).

Numerous studies on the effectiveness of schema therapy in reducing anxiety symptoms and improving social adaptation in adolescents have been conducted. Based on findings, this therapeutic approach can help adolescents deal with emotional and social challenges more effectively, feel better about themselves, and significantly improve their quality of life. For example, studies on "The effectiveness of schema therapy in reducing anxiety in adolescents" showed significant reductions in anxiety symptoms among participants after intervention (Hemmati Sabet et al., 2016), and "The impact of schema therapy on improving social adaptation in adolescents" demonstrated considerable improvements in participants' social skills and sense of belonging (Eisazadeh et al., 2020; Khasareh et al., 2022). Comparisons of the effectiveness of schema therapy and cognitive-behavioral therapy on anxiety and social adaptation revealed that both approaches could significantly impact psychological and social conditions, with schema therapy showing greater effectiveness in some aspects (Eftekari & Bakhtiari, 2022; Kopf-Beck et al., 2024; Monjezi et al., 2023; Rezaee et al., 2017). These examples indicate the potential of schema therapy as an effective tool for improving adolescents' psychological and social states. However, further research is needed to understand the mechanisms and conditions of this approach's effectiveness better, involving diverse populations and different contexts.

It is worth noting that one of the key advantages of schema therapy in working with adolescents is its focus on identifying and correcting thought and behavior patterns that can contribute to stable mental health into adulthood. Through addressing maladaptive schemas and strengthening coping skills, adolescents learn to deal with stresses and psychological pressures and establish more positive social relationships (Rafaeli, 2020). However, implementing schema therapy among adolescents requires special attention

to their developmental and cultural characteristics. Tailoring interventions to the specific needs and characteristics of this age group, including their understanding of anxiety and social experiences, is crucial for therapeutic success (Abbasian, 2009).

In conclusion, the necessity of using psychotherapy to reduce social anxiety and improve social adaptation in delinquent adolescents not only aims to assist them in overcoming current challenges but also represents an investment in their future and the society they live in. Providing access to effective psychological services offers these adolescents an opportunity for change and growth within a supportive environment, laying the groundwork for a positive transformation in their lives and society. Thus, the current research was conducted to determine the effectiveness of schema therapy on anxiety and social adaptation in delinquent adolescents in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

A quasi-experimental design with a pre-test-post-test and control group was used. The population included all delinquent adolescents in the beautiful city area of Tehran in 2021. Sampling was purposive, selecting 32 male adolescents aged 14 to 18 years for the study. These participants were then divided into experimental and control groups.

In the experimental group, participants underwent 12 sessions of schema therapy, while the control group did not receive any intervention.

2.2. Measures

2.2.1. Social Anxiety

This scale comprises 28 items, including two subscales for the perception and fear of negative evaluation, and tension and inhibition in social encounters. It measures adolescents' concerns, fears, and avoidance behaviors in various social situations, such as interacting with friends and school engagement. Items are scored on a 5-point scale, covering cognitive dimensions like fear of negative evaluation and behavioral aspects like tension and inhibition in social interactions. The scale has demonstrated a better fit in a two-factor model over a single-factor model, reflecting cognitive and behavioral dimensions. Initial validation on a Slovenian adolescent sample identified two factors: Fear of Negative Evaluation (AFNE) and Tension and Inhibition in

Social Contact (TISC). Internal consistency of these subscales has been confirmed in various studies, with research indicating SASA's high capacity for measuring adolescent anxiety. In Iran, many studies also confirmed its two-factor structure, with Cronbach's alpha coefficients indicating acceptable reliability for both subscales and the overall score (Hemmati Sabet et al., 2016).

2.2.2. Social Adaptation

Developed by Pike and Wiseman in 1999 for assessing maladjustment and initial empirical studies. This scale evaluates interpersonal relationships across different roles, indicating feelings, satisfaction, conflict, and performance. It has a dual-dimension structure assessing role domains (e.g., work, family) and adaptation across these roles. Scoring involves calculating average scores for each section and a total score for the test, where higher scores indicate lower social adaptation. Cronbach's alpha and test-retest reliability were reported as 0.48 and 0.80, respectively, with a self-assessment version in a Japanese study showing an alpha of 0.73. Validity and reliability were further confirmed in a study by Zemestani et al. (2013), with Riahi Nia (2002) using correlation and Cronbach's alpha to evaluate the test's reliability, finding the highest validity in adaptation and leisure (0.50) and the lowest in family relationships (0.46) (Zemestani et al., 2013).

2.3. Intervention

2.3.1. Schema Therapy

The experimental group's treatment protocol was derived from Young et al.'s Schema Therapy (2003), encompassing (Young et al., 2003):

First session: Establishing trust and understanding members' problems and their origins, introducing the concept of schema therapy.

Second session: Completing questionnaires, teaching about the relationship between schema therapy, social anxiety, social adaptation, and identifying compulsions, avoidances, and fundamental beliefs.

Third session: Recognizing and activating schemas, mental imagery with significant others, including peers involved in schema formation.

Fourth session: Reviewing coping styles among group members, providing examples of coping styles.

Fifth session: Collecting objective evidence reinforcing schemas through group discussion, gathering evidence

refuting schemas, and redefining schema-confirming evidence.

Sixth session: Schema dialogue (imaginary conversation), empowering participants to fight against schemas and detach from them.

Seventh session: Writing letters to parents and engaging in imaginary dialogue using the empty chair technique.

Eighth session: Teaching proper expression of anger and anxiety control, central to treatment.

Ninth session: Teaching effective communication and adaptation in family and social environments, core aspects of treatment.

Tenth session: Exploring effective methods for enduring fatigue and failure based on self-discipline and lack of self-discipline schemas, conducting tests and necessary actions for final examinations.

2.4. Data analysis

Data were gathered using the Social Anxiety Scale for Adolescents (SASA) and the Pike and Wiseman Social

Adjustment Questionnaire, then analyzed using repeated measures ANOVA in SPSS 22. This research method allows for a precise and comprehensive examination of the effectiveness of schema therapy in reducing anxiety and improving social adaptation in delinquent adolescents, ensuring long-term tracking and assessment of these effects. A re-evaluation was conducted in the post-test and follow-up phases to observe changes in anxiety levels and social adaptation in both study groups.

3. Findings and Results

The mean and standard deviation of age for participants in the experimental group was 15.63 (SD = 1.50) and for the control group 16.00 (SD = 1.54). An independent t-test showed that the groups were homogeneous in terms of age, with no significant difference between them ($p = .492$, $t = 0.05$).

Table 1

Mean and Standard Deviation at Pre-test, Post-test, and Follow-up

Dependent Variables	Group	Measurement Stage	Mean	Std. Deviation
Anxiety	Schema therapy	Pre-test	80.44	21.649
		Post-test	66.31	16.185
		Follow-up	66.06	16.364
	Control Group	Pre-test	82.19	16.987
		Post-test	83.25	16.385
		Follow-up	83.50	16.211
Social adjustment	Schema therapy	Pre-test	59.44	18.443
		Post-test	34.75	8.955
		Follow-up	34.56	8.563
	Control Group	Pre-test	61.00	15.192
		Post-test	60.06	15.159
		Follow-up	60.38	15.019

The Shapiro-Wilk test confirmed the normal distribution of scores for the variables of social anxiety and social adaptation, with p-values much higher than the usual threshold of .05. Specifically, p-values for these variables were .878 and .208, respectively, indicating satisfactory adherence to normality. Additionally, homogeneity of covariance matrices, evaluated using the M Box test, yielded

non-significant results ($p = .051$), ensuring variance equality between groups. Furthermore, Levene's test for equality of error variances calculated non-significant results for social anxiety ($p = .314$, $F = 1.047$) and social adaptation ($p = .319$, $F = 1.026$), indicating equal residual variances between groups. Mixed ANOVA results are reported in [Table 2](#).

Table 2

Results of the Analysis of Variance for Within-group and Between-group Differences

Variables	Source	SS	Df	MS	F-Value	P	Eta Squared (η^2)
Anxiety	Time	910.021	1.013	898.298	8.901	0.005	0.229

Social adjustment	Time*Group	1272.021	1.013	1255.635	12.441	0.001	0.293
	Group	3480.042	1	3480.042	4.313	0.046	0.126
	Time	3485.083	1.026	3396.776	53.273	0.001	0.640
	Time*Group	3073.000	1.026	2995.134	46.974	0.001	0.610
	Group	7402.594	1	7402.594	14.114	0.001	0.320

Table 2 results showed that the F-value for the group factor was significant for social anxiety ($p < .05$) and social adaptation ($p < .01$), indicating that schema therapy was

effective in improving social anxiety and social adaptation. The significance of the group*time interaction ($p < .01$) was further examined using the Bonferroni post hoc test.

Table 3

Bonferroni Post-hoc Test

Variables	Comparison	Mean Difference	Standard Error	Significance Level
Anxiety	Pre-test vs. Post-test	6.531	2.177	0.016
	Pre-test vs. Follow-up	6.531	2.192	0.017
	Post-test vs. Follow-up	0.021	0.204	1.00
Social adjustment	Pre-test vs. Post-test	12.813	1.724	0.001
	Pre-test vs. Follow-up	12.750	1.763	0.001
	Post-test vs. Follow-up	-0.063	0.232	1.00

Changes over time in the experimental group, as shown in Table 3, indicated significant differences in social anxiety and social adaptation in the treatment group at post-test compared to pre-test ($p < .05$). A significant difference was also observed at follow-up compared to pre-test ($p < .01$), but no significant difference was observed at follow-up compared to post-test ($p > .05$).

4. Discussion and Conclusion

The results of this study showed that schema therapy could improve social anxiety and social adaptation in delinquent adolescents. This hypothesis suggests that implementing schema therapy on adolescents' delinquent and criminal behaviors can enhance their social capabilities, such as communication, cooperation, and solving social problems.

Schema-focused therapy is a comprehensive and multidimensional therapeutic method based on the theory of maladaptive schemas and specific therapeutic models for each individual. This therapy, combining various elements from behavioral psychotherapy, developmental psychotherapy, and analytical psychotherapy, helps individuals identify and change unhealthy behavioral, emotional, and cognitive patterns. Techniques and methods used in schema-focused counseling sessions aid individuals in better understanding themselves and altering maladaptive patterns, thereby reducing anxiety and promoting social adaptation (Eftekari & Bakhtiari, 2022).

Schema therapy posits that individuals create unhealthy and harmful patterns in their minds due to life experiences and social interactions, which can lead to social anxiety and other psychological issues. By applying schema therapy, these unhealthy patterns are identified and improved, with healthier alternative patterns replacing them (Eisazadeh et al., 2020; Hawke et al., 2020). Consistent with the results of this research, Nadort et al. (2009) showed that schema therapy could improve problems associated with borderline personality disorder, often accompanied by anxiety (Nadort et al., 2009). Similarly, Renner et al. (2013) demonstrated that group schema therapy could enhance social skills and social adaptation in individuals with personality disorders, frequently related to anxiety (Renner et al., 2013). Nordahl et al. (2018) also showed that schema therapy in an online format could be effective, typically used for reducing anxiety (Nordahl et al., 2018). Lastly, according to Cockram et al. (2010), a study on the role and treatment of early maladaptive schemas in Vietnamese veterans with post-traumatic stress disorder indicated that treating early maladaptive schemas could significantly improve post-traumatic stress disorder symptoms and reduce anxiety severity.

Moreover, the current study's results indicated that schema therapy could serve as an effective method for enhancing social adaptation levels in delinquent adolescents. This hypothesis states that schema therapy as an effective approach could facilitate the enhancement of social skills

and adaptation to the social environment in adolescents engaged in criminal behaviors. As previously mentioned, schema therapy is a comprehensive therapeutic approach designed to treat psychological issues and social relationships. It emphasizes recognizing and changing unhealthy thought, emotional, and behavioral patterns leading to individuals' problems, including negative schemas developed through life experiences.

Ultimately, social adaptation refers to an individual's ability to effectively and successfully communicate with the social environment. Schema therapy, by assisting individuals in recognizing and changing their behavioral and communicational patterns, can lead to improvements in their social adaptation. These modifications can strengthen family relationships, enhance social communications, and increase communicative and cooperative abilities in various environments. Consistent with the findings of this study, Hawke et al. (2020) conducted a study on schema therapy for individuals with autism spectrum disorder. This study, undertaken through literature review and case series, showed that schema therapy could effectively reduce symptoms of autism spectrum disorder and improve the quality of life for those affected (Hawke et al., 2020). Additionally, Renner et al. (2013) researched the effect of group schema therapy on cognitive schemas and quality of life in individuals with personality disorders. The results indicated that group schema therapy could improve unhealthy cognitive patterns and enhance quality of life (Renner et al., 2013). Finally, Simpson et al. (2017) conducted a study on group schema therapy for eating disorders. The results demonstrated that group schema therapy could significantly improve symptoms and factors associated with eating disorders (Simpson et al., 2017).

Schema-focused therapy, utilizing various techniques and methods, aids individuals in identifying and changing their unhealthy and harmful behavioral, emotional, and cognitive patterns. The operation of this therapy is based on active collaboration between the individual and the therapist, focusing on the individual's experiences, and employing diverse techniques aimed at changing unhealthy patterns. Thus, in the current study, schema therapy was effective in reducing anxiety and improving social adaptation in delinquent adolescents.

5. Limitations & Suggestions

Among the limitations of this research were the small and limited sample size, which could affect the generalizability

of the results to the broader audience of this therapeutic method. Additionally, financial and time constraints could impact the research execution process and analysis of the results. Given the significance of schema therapy in reducing anxiety and improving social adaptation, it is recommended that further research be conducted with larger and more diverse samples of delinquent youth. Comparative studies between schema therapy and other therapeutic methods to compare their effectiveness in reducing anxiety and improving social adaptation could also be conducted. Moreover, employing more advanced research methods, such as randomized controlled trials and more precise controls, to enhance the validity and reliability of the research and examining moderating factors such as age, gender, and life histories on the effectiveness of schema-focused therapy, are suggested for better understanding the factors that may influence the performance of this therapeutic approach.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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