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# The Effectiveness of a Social-Emotional Learning Program on Social Acceptance and Perceived Competence in Adolescents with Specific Learning Disorder

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A B S T R A C T

The present study aimed to investigate the effectiveness of a social-emotional learning program on social acceptance and perceived competence in adolescents with specific learning disorder. This study employed a quasi-experimental pretest–posttest design with a control group. The statistical population consisted of all students with specific learning disorder enrolled in the second stage of elementary education in West Azerbaijan Province during the first semester of the 2024–2025 academic year. The sample consisted of 36 participants, with 18 students assigned to the experimental group and 18 to the control group. Participants were selected through convenience sampling and were subsequently assigned to the groups using simple random assignment. Data were collected using the Marlowe–Crowne Social Desirability Scale (Marlowe & Crowne, 1960) and Harter's Perceived Competence Scale (Harter, 1985). In this study, the social-emotional learning session protocol was developed based on the book Teaching Social-Emotional Skills by Sadri Demirchi (2010) and was implemented by Sadri Demirchi and Esmaeili Ghazi Valouei (2016) in 12 one-hour sessions. The results of the data analysis indicated that the social-emotional learning program had an effect size of 0.31 on social acceptance. In addition, the social-emotional learning program had an effect size of 0.17 on perceived competence. The findings demonstrated that the social-emotional learning program improved social acceptance and perceived competence among adolescents with specific learning disorder. These results indicate the effectiveness of this intervention in enhancing the social skills and self-perceptions of this group of students.

***Keywords:*** *social-emotional learning, social acceptance, perceived competence, specific learning disorder.*

## 1. Introduction

Specific learning disorder is among the most consequential neurodevelopmental conditions affecting school-age children and adolescents because its impact extends beyond academic performance to emotional adjustment, social functioning, self-perception, and participation in school life. Students with specific learning disorder frequently experience repeated academic difficulty, unfavorable comparison with peers, and situations in which their efforts do not lead to outcomes comparable with those of classmates, all of which may gradually influence their sense of competence and their perceived position within the peer group. Contemporary approaches to learning difficulties therefore emphasize that intervention should not be limited to remediation of reading, writing, or mathematical skills, but should also address the social and emotional demands associated with learning in school contexts. Accurate identification of learning disabilities and the provision of appropriate school-based interventions are particularly important because educational experiences, teacher expectations, and social responses to diagnostic labels can affect both academic adaptation and psychological functioning (Franz et al., 2021; Geva & Kilpatrick, 2021; Woodcock & Moore, 2021). Evidence also suggests that emotional, behavioral, and interpersonal competencies are closely interconnected with school adjustment and learning outcomes, highlighting the need for interventions that address students as social and emotional learners rather than exclusively as recipients of academic instruction (Martinsone et al., 2022; Pellegrino et al., 2026; Tinco Melchor, 2026).

Specific learning disorder can expose students to a range of secondary psychological and interpersonal challenges. Persistent difficulty in mastering academic tasks may contribute to reduced confidence, avoidance of evaluative situations, frustration, emotional dysregulation, and sensitivity to negative judgments. In addition, the social meaning attached to learning difficulties may affect how students are perceived by teachers and peers. Research on labeling and teacher expectations indicates that the presence of a learning disorder label can alter others' assumptions about a student's academic abilities and future performance (Franz et al., 2021). Similarly, studies of inclusion have shown that students with specific learning difficulties may face a paradoxical situation in which diagnostic recognition facilitates access to support but may simultaneously expose them to stigma and unfavorable attributions (Woodcock & Moore, 2021). Such experiences can have implications for students' willingness to participate, their confidence in interpersonal situations, and their perception of themselves as competent individuals. Therefore, the psychological consequences of specific learning disorder should be understood within a broader developmental context in which academic challenges interact with social evaluation, emotional functioning, classroom climate, and interpersonal relationships.

Adolescence is an especially sensitive developmental period for these processes because acceptance by peers and judgments of personal competence become increasingly salient. Social relationships during this period contribute to identity formation, emotional security, motivation, and engagement with school. Social acceptance refers broadly to the degree to which an individual is positively received, included, and approved by others in a social group. In school settings, being accepted by classmates can provide opportunities for cooperation, emotional support, reciprocal friendships, and constructive participation, whereas low acceptance may increase vulnerability to isolation, rejection, and maladjustment. A meta-analytic study has demonstrated a meaningful association between peer social acceptance and academic achievement, indicating that social integration and educational functioning are not independent domains but are mutually related components of students' school experience (Wentzel et al., 2021). Social acceptance also has implications for broader health and adjustment, as low peer acceptance during adolescence has been associated with increased risk of persistent physical complaints, suggesting that social exclusion may have enduring psychosocial consequences (Jahre et al., 2022). Moreover, school climate shapes students' academic and social-emotional experiences, with supportive environments providing a context in which interpersonal belonging and adaptive engagement can develop (Tinco Melchor, 2026).

For students with specific learning disorder, social acceptance may be especially important because repeated academic struggles can affect both actual peer relationships and students' interpretations of social interactions. Difficulties in academic participation may reduce opportunities for successful collaboration, increase dependence on adult support, or create situations in which the student feels different from classmates. At the same time, social competence is influenced by the ability to identify emotional cues, interpret social information, understand others' perspectives, regulate emotional reactions, and select appropriate interpersonal responses. Theoretical and


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empirical work on social information processing has emphasized the close relationship between theory of mind, social understanding, and competent interpersonal behavior (Teglasi et al., 2022). Social-emotional competence therefore provides an important psychological foundation for social acceptance because students who can recognize emotions, communicate effectively, regulate reactions, understand the viewpoints of others, and solve interpersonal problems are better equipped to participate successfully in peer relationships. Social skills interventions have shown promise for students with learning disorders, particularly in reducing behavioral difficulties and facilitating more adaptive interpersonal functioning (Khanlou et al., 2023). Likewise, educational approaches emphasizing social skills and adjustment have demonstrated improvements in social-emotional functioning among school-age students (Dehghanizadeh & Karamalian, 2023; Tavakoli Samarin et al., 2022).

Social acceptance is also related to broader psychological characteristics such as self-efficacy and social confidence. Research has shown that academic self-efficacy and cultural resources can contribute to differences in students' social acceptance, suggesting that the perception of oneself as capable may influence both interpersonal participation and social positioning (Machinchi, 2022). Conversely, negative self-evaluations and uncertainty in social contexts may contribute to withdrawal and heightened social anxiety. Recent evidence indicates that emotional self-efficacy and resilience are important mechanisms through which personality-related vulnerability may be translated into social anxiety (Wang & Zhao, 2026). Although such findings have been obtained in different student populations, they underscore a broader developmental principle: students' beliefs about their capacity to regulate emotions and deal effectively with challenges are closely linked to their social functioning. This relationship is particularly relevant for adolescents with specific learning disorder, who may have accumulated repeated experiences of difficulty and failure and consequently may require structured opportunities to rebuild both interpersonal confidence and perceptions of personal competence.

Perceived competence represents an individual's evaluation of his or her ability to function effectively across important domains of life. In children and adolescents, competence perceptions are often differentiated across academic, social, behavioral, and physical domains. Such perceptions are not merely reflections of objective performance; rather, they influence motivation, persistence, emotional responses, and the interpretation of success and failure. Harter's multidimensional approach to self-perception has been widely used to examine these domain-specific evaluations, and psychometric studies have provided support for the assessment of perceived competence in child and adolescent populations (Ferro & Tang, 2017; Khojasteh Jalal et al., 2020). In students with learning difficulties, perceived academic competence may be particularly vulnerable because repeated educational challenges can become incorporated into broader self-evaluations. Nevertheless, competence beliefs are also shaped by classroom experiences, behavioral patterns, achievement beliefs, and social feedback. Structural research has shown meaningful relationships among competence beliefs, perceptions of the classroom, achievement-related behaviors, and academic performance (Bay et al., 2017). This suggests that interventions capable of altering students' emotional regulation, social interactions, problem-solving skills, and successful engagement may also contribute to more adaptive perceptions of competence.

The construct of perceived competence is particularly important in students with specific learning disorder because their self-perceptions may become generalized beyond the academic domain. A student who repeatedly struggles with schoolwork may begin to infer that he or she is not only academically weak but also less socially effective, less behaviorally capable, or less able to manage challenges. Such generalized negative self-appraisals can reduce engagement and reinforce avoidance. At the same time, supportive interpersonal relationships may provide corrective experiences that help students reinterpret difficulties in a more adaptive manner. Teacher and parental support have been identified as important contributors to social-emotional competence, and evidence suggests that supportive relationships can function through interconnected pathways rather than as isolated influences (Eva & Tortop, 2026). Similarly, the social networks and emotional competencies of educators working in special education can shape the quality of support available to students with diverse educational needs (Brown et al., 2020). These findings highlight the importance of strengthening students' own social-emotional resources while also recognizing the interpersonal environment in which competence perceptions are constructed.

Social-emotional learning provides a potentially effective framework for addressing these interconnected needs. Social-emotional learning generally refers to the systematic



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development of competencies related to self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These competencies allow students to understand and regulate emotions, establish constructive relationships, make adaptive decisions, cope with stress, and respond effectively to social and academic demands. Educational programs designed around these skills have increasingly been incorporated into school-based prevention and intervention efforts. Research with elementary school students has indicated that social-emotional learning can contribute to the development of responsible character and adaptive behavior (Adiba & Latip, 2021). Other studies have shown that social-emotional competence is related to children's learning outcomes and emotional and behavioral adjustment, supporting the integration of these competencies into educational programming (Martinsone et al., 2022). Longitudinal evidence further indicates that social, emotional, and behavioral skills can function as resources for sustained student engagement over time (Pellegrino et al., 2026). Together, these findings suggest that social-emotional learning may influence not only emotional well-being but also the broader behavioral and interpersonal conditions required for successful school participation.

The relevance of social-emotional learning may be even greater for students with special educational needs. A systematic review of social-emotional learning interventions for students with special educational needs concluded that such programs have meaningful potential for improving emotional, social, and school-related outcomes, although the magnitude and consistency of effects can vary according to population, intervention design, and implementation context (Hassani & Schwab, 2021). Research conducted specifically with students receiving special education services has similarly indicated that social-emotional learning interventions can improve adaptive functioning and reduce difficulties related to emotional and behavioral adjustment (Drusch, 2021). More recent evidence also suggests that digital social-emotional learning programs can be used effectively with students who have learning difficulties, demonstrating improvements in social and emotional skills when the content is adapted to the needs of this population (Almulla & Khasawneh, 2024). These findings reinforce the assumption that the social-emotional needs of students with learning difficulties are modifiable and can be addressed through structured, intentional training rather than being regarded as secondary consequences that will resolve automatically when academic skills improve.

Research conducted with children with specific learning disorders has also provided direct support for social-emotional skills training. Training focused on social-emotional competencies has been found to improve cognitive emotion regulation and social skills in children with specific learning disorders, suggesting that these students can benefit from interventions explicitly targeting emotional awareness, regulation, and interpersonal functioning (Sadri Damirchi & Esmaili Ghazivalouei, 2016). Similarly, social skills training has been reported to reduce behavioral problems in students with learning disorders (Khanlou et al., 2023). These findings are consistent with broader evidence that training in social-emotional competencies can improve adjustment and adaptive behavior in children and adolescents (Fallah et al., 2021; Tavakoli Samarin et al., 2022). Such interventions may be particularly useful because they address multiple processes simultaneously: participants learn to recognize and label emotions, regulate stress and anger, communicate effectively, empathize with others, make responsible decisions, solve interpersonal problems, and adapt flexibly to changing situations. Each of these skills can contribute to a more successful social experience and may generate opportunities for positive feedback that strengthen perceived competence.

The potential influence of social-emotional learning on social acceptance can be understood through several complementary mechanisms. Improved emotional awareness may enable students to recognize the emotional meaning of social situations more accurately, while emotion regulation can reduce impulsive or maladaptive reactions that interfere with peer relationships. Empathy and perspective-taking may facilitate more sensitive responses to others, and communication skills may improve the ability to initiate, maintain, and repair interpersonal relationships. Problem-solving and decision-making skills can further support adaptive responses during conflict. Because social competence is partly dependent on the quality of social information processing, interventions that strengthen these processes may indirectly increase the likelihood of positive peer responses (Teglasi et al., 2022). The importance of social functioning is also evident in research linking peer acceptance with academic outcomes and adolescent well-being (Jahre et al., 2022; Wentzel et al., 2021). Consequently, improving social-emotional competencies may help students with specific learning disorder overcome patterns of withdrawal, rejection, or interpersonal



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uncertainty that have developed alongside their academic challenges.

The same intervention processes may also strengthen perceived competence. Social-emotional learning provides students with opportunities to master concrete skills, monitor their emotional responses, recognize personal strengths, and experience successful social interactions. Such mastery experiences can contribute to more positive self-appraisal. Training in emotional regulation and problem-solving may also reduce the sense of helplessness that can arise when students encounter academic or social difficulties. In addition, social-emotional learning may help students distinguish between a specific area of weakness and their broader sense of self, thereby preventing academic difficulty from becoming generalized into a global perception of incompetence. This possibility is especially important given evidence that competence beliefs are associated with achievement behaviors and perceptions of classroom functioning (Bay et al., 2017). The assessment of perceived competence across multiple domains is therefore valuable because intervention effects may emerge in behavioral and social competence even when changes in academic or physical competence are more limited (Ferro & Tang, 2017; Khojasteh Jalal et al., 2020).

Social-emotional learning may also serve a preventive function by strengthening resilience before difficulties become more entrenched. Students who are able to manage stress, interpret setbacks constructively, and seek support may be better equipped to cope with the repeated challenges associated with learning disorders. Research on families of children with learning disorders has demonstrated that psychological resources such as positive thinking, cognitive flexibility, and mental strength are important in the broader ecology surrounding learning difficulties (Azami et al., 2023). Although that research focused on mothers, it illustrates the central role of adaptive cognitive-emotional processes in managing the stresses associated with learning disorders. In students themselves, the development of flexible coping and emotional self-efficacy may similarly protect against maladaptive responses. This assumption is consistent with evidence linking regulatory emotional self-efficacy and resilience to social anxiety processes (Wang & Zhao, 2026). Thus, social-emotional learning may influence social acceptance and perceived competence not only through direct skills acquisition but also through the strengthening of psychological resources that support adaptive responses to academic and interpersonal stress.

The effectiveness of these programs may additionally depend on the social context in which learning occurs. Supportive school climates, positive teacher-student relationships, and meaningful peer connections can amplify the benefits of social-emotional competencies by providing opportunities for their application. School climate has increasingly been recognized as a central element of students' academic and social-emotional experience (Tinco Melchor, 2026). Likewise, research with gifted students has shown that teacher and parental support contribute to social-emotional competence through interrelated pathways (Eva & Tortop, 2026). For students with learning difficulties, supportive contexts may be especially important because of the risk of stigmatizing responses and lowered expectations (Franz et al., 2021; Woodcock & Moore, 2021). Social-emotional interventions can therefore be considered a means of increasing students' internal resources for functioning within these environments, even when broader contextual conditions cannot be immediately changed.

Despite the growing evidence supporting social-emotional interventions, several issues remain insufficiently clarified. First, many studies have examined general student populations, preschool children, gifted students, or heterogeneous special education groups rather than adolescents specifically diagnosed with specific learning disorder (Adiba & Latip, 2021; Hassani & Schwab, 2021; Martinsone et al., 2022). Second, previous studies have often focused on emotional regulation, behavioral problems, social skills, or adjustment as outcomes, whereas social acceptance and multidimensional perceived competence have received less direct attention within the same intervention framework (Dehghanizadeh & Karamalian, 2023; Khanlou et al., 2023; Sadri Damirchi & Esmaili Ghazivalouei, 2016). Third, although social acceptance has been examined in relation to academic self-efficacy and broader educational variables, evidence remains limited regarding whether structured social-emotional learning can directly improve social acceptance among students with specific learning disorder (Machinchi, 2022; Sharafodin, 2010). Fourth, the multidimensional nature of perceived competence makes it important to determine whether intervention effects extend similarly to behavioral, social, academic, and physical competence or are concentrated in domains most closely related to the content of the intervention.

These gaps are particularly relevant in educational settings where students with learning disorders may have limited access to psychological interventions integrated into



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school routines. A structured social-emotional learning program can be implemented in a group format and can simultaneously target emotional identification, self-awareness, interpersonal communication, empathy, stress management, flexibility, problem-solving, anger management, and time management. This multidimensional content may be especially appropriate for adolescents with specific learning disorder because it addresses both the internal emotional processes and the interpersonal competencies required for successful school adaptation. Previous Iranian research has provided support for the reliability and validity of measures used to assess relevant psychological constructs and has documented the usefulness of interventions targeting social-emotional and adaptive skills in educational contexts (Fallah et al., 2021; Khojasteh Jalal et al., 2020; Sadri Damirchi & Esmaili Ghazivalouei, 2016). At the same time, international evidence continues to emphasize the importance of social-emotional competencies for engagement, adjustment, social functioning, and learning across different educational populations (Brown et al., 2020; Cuervo et al., 2022; Pellegrino et al., 2026). Taken together, this body of evidence provides a strong rationale for examining whether a structured social-emotional learning program can improve both interpersonal acceptance and self-perceived competence in adolescents who experience persistent learning-related challenges.

Accordingly, the present study aimed to investigate the effectiveness of a social-emotional learning program on social acceptance and perceived competence in adolescents with specific learning disorder.

## 2. Methods and Materials

### *2.1. Study Design and Participants*

The present study employed a quasi-experimental pretest–posttest design with a control group and was applied in terms of its purpose. The research design included one experimental group and one control group, both of which completed the study measures at the pretest and posttest stages. The statistical population consisted of all students diagnosed with specific learning disorder who were enrolled in the second stage of elementary education in West Azerbaijan Province during the first semester of the 2024–2025 academic year. The diagnosis of specific learning disorder had been established by school counselors based on the students' educational and psychological assessments. Given that a minimum sample size of 15 participants per group has been recommended for experimental studies (Cohen et al., 2007), 18 participants were recruited for each group, yielding a total sample of 36 students. Three additional participants beyond the recommended minimum were included in each group to reduce the potential impact of attrition and to ensure that the final number of participants would not fall below 15 per group. In accordance with the quasi-experimental nature of the study, participants were selected through convenience sampling from among eligible volunteers who met the inclusion and exclusion criteria. The selected participants were then randomly assigned to the experimental and control groups through simple randomization using a lottery procedure. The inclusion criteria were a confirmed diagnosis of specific learning disorder, enrollment in the fifth grade of elementary school, an age range of 11 to 13 years, and willingness to participate in the study. The exclusion criteria included the presence of a diagnosed comorbid psychological disorder, incomplete responses to the study questionnaires, withdrawal of willingness to continue completing the questionnaires, a history of school dropout lasting more than one academic semester, incomplete pretest questionnaires, and absence from more than two intervention sessions. After completion of the pretest assessment, the experimental group participated in the social-emotional learning intervention, whereas the control group received no intervention during the study period. Following completion of the intervention, both groups completed the posttest assessment using the same instruments administered at baseline.

### *2.2. Measures*

The Marlowe-Crowne Social Desirability Scale, used in the present study as an indicator of social acceptance, was developed by Marlowe and Crowne (1960) and consists of 33 items answered in a true–false format. The total score reflects the extent to which an individual's reported attitudes and behaviors are consistent with socially approved norms and expectations. Scores ranging from 0 to 8 indicate a low level of social acceptance and suggest a greater likelihood of social rejection, scores from 9 to 19 indicate a moderate level of social acceptance and relatively appropriate conformity with social rules and norms, and scores from 20 to 33 indicate a high level of social acceptance and a strong correspondence between the individual's behavior and socially accepted standards. The test–retest reliability coefficient of the scale has been reported to exceed .80. Evidence of validity has also been demonstrated through substantial and acceptable correlations with other



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psychological instruments designed to assess related constructs of social acceptance and socially desirable responding (Marlowe & Crowne, 1960). In an Iranian study, Sharafeddin (2010) evaluated the reliability of the instrument using both Cronbach's alpha and split-half methods and reported coefficients of .70 and .67, respectively, indicating acceptable reliability. The scale has also shown acceptable convergent validity through correlations with other psychological measures designed to assess social acceptance (Samari & Lalifaz, 2005). In the present study, the internal consistency of the scale, as assessed by Cronbach's alpha, was .89.

The Perceived Competence Scale was developed by Harter (1985) to assess perceived competence among students in the fourth grade and above who possess adequate reading ability. The questionnaire consists of 27 items rated on a four-point response scale. A score of 4 represents a high level of perceived competence, whereas a score of 1 reflects a low level of perceived competence. Scores of 3 and 2 represent moderately high and moderately low perceived competence, respectively, according to the degree to which each statement is perceived as being true or not true of the respondent. Accordingly, total scores can range from 27 to 108, with higher scores indicating greater perceived competence and lower scores representing lower perceived competence. Froh and Tang (2017), using exploratory and confirmatory factor analyses, identified a five-factor structure for the measure. Kask et al. (2014) reported reliability coefficients ranging from .70 to .84 across the dimensions of the scale. In Iran, Shahim (2004, as cited in Khojasteh Jalal et al., 2020) confirmed the factorial validity of the questionnaire. Intercorrelations among the factors were reported to range from .26 to .50, while the overall internal consistency of the scale, assessed using Cronbach's alpha, was .91. Furthermore, Bai et al. (2017) reported a Cronbach's alpha coefficient of .70 for the scale, providing additional evidence of its acceptable reliability.

### *2.3. Intervention*

The social-emotional learning intervention was administered by the researcher in 12 sessions, each lasting approximately 60 minutes. The protocol was based on the book Teaching Social-Emotional Skills by Sadri Demirchi (2010) and was subsequently organized as an intervention program by Sadri Demirchi and Esmaeili Ghazi Valouei (2016). The content of the program was derived from Bar-On's theoretical model of emotional and social intelligence (2000), the principles proposed by Goleman (1998), the EDU.or program, the Social and Emotional Learning Program (2003), Chris's life-skills training program (2001), and UNICEF's life-skills training program (2000). During the first session, the researcher and group members became acquainted with one another, the objectives and importance of social-emotional skills training were explained, group rules were established, and the pretest was administered. The second session focused on self-awareness, including identifying emotions, recognizing personal strengths and weaknesses, and understanding the relationships among thoughts, emotions, and behavioral reactions. The third session addressed interpersonal relationship skills, including the effective expression of emotions, active listening, appropriate questioning, and assertive and constructive responding. The fourth session focused on decision-making skills, with particular emphasis on evaluating the consequences of personal and social behaviors and identifying the emotions that influence decision-making. The fifth session addressed the accurate recognition and labeling of emotions, differentiation among emotional states, and acceptance of responsibility for emotionally driven behavior in interpersonal relationships. The sixth session was devoted to the development of empathy, understanding the emotions and interests of others, and respecting individual differences. During the seventh session, participants learned about the effects and stages of stress as well as strategies for coping with and regulating stress in demanding situations. The eighth session emphasized flexibility in response to change, reevaluation of personal behavior and performance, and adaptation to new circumstances. The ninth session focused on problem-solving skills, including identifying problems, planning appropriate solutions, recognizing potential barriers, and seeking assistance when dealing with important life difficulties. The tenth session addressed emotion regulation, particularly the recognition of signs of anger and the acquisition of effective strategies for managing and appropriately expressing anger. The eleventh session further developed appropriate anger-expression skills, identification of behaviors that increase interpersonal tension, and the use of communication skills to prevent and manage conflict. Finally, the twelfth session focused on time-management skills, including daily and weekly planning, recognition of strengths and weaknesses in time organization, and strategies for preventing unnecessary loss or inefficient use of time.



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### 2.4. *Data Analysis*

After data collection, the questionnaires were coded and entered into IBM SPSS Statistics version 23 for statistical analysis. Descriptive statistics were first used to summarize the study variables and participant characteristics. To evaluate the effectiveness of the social-emotional learning intervention on the dependent variables of social acceptance and perceived competence, multivariate analysis of covariance (MANCOVA) was employed to examine the overall multivariate effect of group membership while statistically controlling for pretest scores. Subsequently, univariate analyses of covariance (ANCOVAs) were conducted for each dependent variable separately to determine whether the experimental and control groups differed significantly in posttest social acceptance and perceived competence after adjustment for the corresponding pretest scores. Prior to conducting the inferential analyses, the relevant statistical assumptions underlying MANCOVA and ANCOVA were evaluated to ensure the appropriateness of the analyses. The intervention effect was interpreted on the basis of adjusted between-group differences in posttest scores after controlling for baseline measurements.

## 3. Findings and Results

Descriptive statistics were calculated to provide an initial overview of the distribution and pattern of scores for the study variables across the experimental and control groups at the pretest and posttest stages. Table 1 presents the means and standard deviations for social acceptance, total perceived competence, and the four dimensions of perceived competence, including behavioral competence, social competence, academic competence, and physical competence, separately for the two study groups.

**Table 1**

*Descriptive Statistics for the Study Variables by Experimental and Control Groups*

| Variable | Dimension | Assessment | n | Control M | Control SD | Experimental M | Experimental SD |
|---|---|---|---|---|---|---|---|
| Social Acceptance | — | Pretest | 18 | 16.11 | 2.19 | 13.83 | 2.53 |
| | | Posttest | 18 | 16.06 | 2.96 | 20.06 | 3.17 |
| Total Perceived Competence | — | Pretest | 18 | 63.22 | 4.22 | 51.50 | 5.59 |
| | | Posttest | 18 | 60.50 | 4.88 | 66.00 | 5.34 |
| Perceived Competence | Behavioral Competence | Pretest | 18 | 17.94 | 2.29 | 12.89 | 2.03 |
| | | Posttest | 18 | 16.89 | 1.97 | 19.83 | 1.92 |
| | Social Competence | Pretest | 18 | 18.00 | 2.30 | 13.00 | 3.01 |
| | | Posttest | 18 | 15.83 | 2.07 | 19.22 | 1.73 |
| | Academic Competence | Pretest | 18 | 15.22 | 2.39 | 12.94 | 3.06 |
| | | Posttest | 18 | 14.33 | 3.09 | 13.11 | 3.16 |
| | Physical Competence | Pretest | 18 | 12.06 | 2.29 | 12.67 | 1.78 |
| | | Posttest | 18 | 13.44 | 2.31 | 13.83 | 2.43 |

As shown in Table 1, the mean social acceptance score in the experimental group increased from 13.83 (SD = 2.53) at pretest to 20.06 (SD = 3.17) at posttest, whereas the corresponding scores in the control group remained relatively stable, decreasing slightly from 16.11 (SD = 2.19) to 16.06 (SD = 2.96). A similar pattern was observed for total perceived competence. In the experimental group, the mean total perceived competence score increased substantially from 51.50 (SD = 5.59) at pretest to 66.00 (SD = 5.34) at posttest, while the control group showed a decrease from 63.22 (SD = 4.22) to 60.50 (SD = 4.88). Regarding the dimensions of perceived competence, the experimental group demonstrated marked increases in behavioral competence, from 12.89 (SD = 2.03) to 19.83 (SD = 1.92), and social competence, from 13.00 (SD = 3.01) to 19.22 (SD = 1.73). Changes in academic and physical competence were comparatively smaller. Before conducting the multivariate and univariate analyses of covariance, the assumptions underlying these procedures were examined. Normality was evaluated using the Shapiro–Wilk test, multivariate normality was assessed using Mahalanobis distance and Mardia's statistic, homogeneity of regression slopes was examined through the interaction between the covariate and group, baseline group differences were assessed using one-way analysis of variance, the adequacy of correlations among dependent variables was examined using Bartlett's test of sphericity, linearity among dependent variables was inspected using scatterplots, homogeneity of covariance matrices was assessed using Box's M test, and homogeneity of error variances was evaluated using Levene's test. The



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results supported the required assumptions, permitting the use of ANCOVA and MANCOVA for subsequent inferential analyses.

**Table 2**

*ANCOVA Results for the Effects of the Social-Emotional Learning Program on Social Acceptance, Total Perceived Competence, and Perceived Competence Components*

| Source | Dependent Variable | SS | df | MS | F | p | Partial η² |
|---|---|---|---|---|---|---|---|
| Group | Social Acceptance | 138.874 | 1 | 138.874 | 14.572 | .001 | .306 |
| Error | Social Acceptance | 314.489 | 33 | 9.530 | — | — | — |
| Corrected Total | Social Acceptance | 463.889 | 35 | — | — | — | — |
| Group | Total Perceived Competence | 175.669 | 1 | 175.669 | 6.621 | .015 | .167 |
| Error | Total Perceived Competence | 875.525 | 33 | 26.531 | — | — | — |
| Corrected Total | Total Perceived Competence | 1160.750 | 35 | — | — | — | — |
| Group | Behavioral Competence | 32.414 | 1 | 32.414 | 7.649 | .010 | .203 |
| Error | Behavioral Competence | 127.137 | 30 | 4.238 | — | — | — |
| Corrected Total | Behavioral Competence | 206.306 | 35 | — | — | — | — |
| Group | Social Competence | 35.668 | 1 | 35.668 | 9.686 | .004 | .244 |
| Error | Social Competence | 110.476 | 30 | 3.683 | — | — | — |
| Corrected Total | Social Competence | 226.972 | 35 | — | — | — | — |
| Group | Academic Competence | 8.125 | 1 | 8.125 | 0.962 | .335 | .031 |
| Error | Academic Competence | 253.445 | 30 | 8.448 | — | — | — |
| Corrected Total | Academic Competence | 345.222 | 35 | — | — | — | — |
| Group | Physical Competence | 0.295 | 1 | 0.295 | 0.048 | .828 | .002 |
| Error | Physical Competence | 183.095 | 30 | 6.103 | — | — | — |
| Corrected Total | Physical Competence | 192.306 | 35 | — | — | — | — |

As shown in Table 2, after controlling for the corresponding pretest scores, the social-emotional learning program had a statistically significant effect on social acceptance, $F(1, 33) = 14.57$, $p = .001$, partial $\eta^2 = .306$, indicating a relatively substantial intervention effect. The intervention also produced a statistically significant effect on total perceived competence, $F(1, 33) = 6.62$, $p = .015$, partial $\eta^2 = .167$. At the component level, statistically significant group effects were found for behavioral competence, $F(1, 30) = 7.65$, $p = .010$, partial $\eta^2 = .203$, and social competence, $F(1, 30) = 9.69$, $p = .004$, partial $\eta^2 = .244$. These findings indicate that participation in the social-emotional learning program was associated with improvements in both behavioral and social competence. In contrast, the intervention effect was not statistically significant for academic competence, $F(1, 30) = 0.96$, $p = .335$, partial $\eta^2 = .031$, or physical competence, $F(1, 30) = 0.05$, $p = .828$, partial $\eta^2 = .002$. Overall, the ANCOVA results demonstrate that the social-emotional learning program significantly improved social acceptance, overall perceived competence, behavioral competence, and social competence among adolescents with specific learning disorder, whereas no significant intervention effects were observed for academic or physical competence.

## 4. Discussion

The present study investigated the effectiveness of a social-emotional learning program in improving social acceptance and perceived competence among adolescents with specific learning disorder. The findings indicated that participation in the intervention produced a statistically significant improvement in social acceptance after controlling for pretest scores, with a partial eta-squared of .306. This effect suggests that approximately 30.6% of the adjusted variance in posttest social acceptance was attributable to participation in the social-emotional learning program. The intervention also had a statistically significant effect on total perceived competence, with a partial eta-squared of .167, indicating that approximately 16.7% of the adjusted variance in perceived competence was associated with the intervention. At the multivariate level, the findings further demonstrated a significant overall effect of the intervention on the components of perceived competence. Examination of the individual components revealed



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significant improvements in behavioral competence and social competence, whereas changes in academic competence and physical competence were not statistically significant. Taken together, these findings indicate that social-emotional learning was particularly effective in those dimensions of functioning that are directly associated with interpersonal interaction, behavioral regulation, emotional awareness, and adaptive participation in social contexts.

The significant improvement in social acceptance is consistent with theoretical perspectives that conceptualize social acceptance as an outcome influenced by social-emotional skills, interpersonal competence, emotional regulation, and the capacity to interpret and respond appropriately to social cues. Adolescents who are better able to recognize their own emotions, understand the emotions of others, communicate effectively, regulate anger and stress, and engage in constructive problem solving are more likely to behave in ways that facilitate positive peer responses. Social-emotional learning directly targets these competencies and therefore provides students with a practical repertoire for navigating interpersonal situations more successfully. This interpretation is consistent with research demonstrating that social-emotional competence is closely related to social adjustment, adaptive behavior, and the quality of students' interactions with peers and adults (Martinsone et al., 2022; Tavakoli Samarin et al., 2022). It is also consistent with evidence showing that structured social skills interventions can reduce behavioral difficulties and improve interpersonal functioning among students with learning disorders (Khanlou et al., 2023).

The findings regarding social acceptance are also aligned with evidence emphasizing the importance of peer relationships in students' academic and psychological adaptation. Peer acceptance is associated with greater school engagement, stronger academic outcomes, and more adaptive participation in school life (Wentzel et al., 2021). Conversely, low social acceptance can function as a psychosocial stressor and has been associated with adverse developmental outcomes during adolescence (Jahre et al., 2022). For students with specific learning disorder, this issue may be especially important because repeated academic difficulties and visible differences in educational performance may increase the likelihood of negative comparison, social withdrawal, or unfavorable peer evaluation. The present findings suggest that social-emotional learning can partially offset such risks by strengthening the interpersonal skills that facilitate inclusion and constructive peer interaction. This interpretation is further supported by research indicating that students' social acceptance is associated with academic self-efficacy and other psychological resources that shape how they interact with their social environment (Machinchi, 2022).

The observed effect on social acceptance can also be explained through social information-processing mechanisms. Successful social functioning depends on the ability to attend to relevant social cues, accurately interpret the intentions and emotions of others, generate appropriate response alternatives, and select behaviors that are likely to produce positive interpersonal outcomes. Social-emotional learning strengthens several of these processes by promoting emotional recognition, empathy, perspective-taking, self-regulation, assertive communication, and conflict resolution. Teglasi et al. emphasized that theory of mind and social competence are meaningfully related within a social information-processing framework and that the ability to understand internal states contributes to adaptive social behavior (Teglasi et al., 2022). From this perspective, the improvement in social acceptance observed in the present study may have resulted from better interpretation of interpersonal situations and more appropriate behavioral responses, which in turn increased the likelihood of positive reactions from peers.

The finding that the intervention significantly improved total perceived competence is also consistent with previous research on self-perception and competence beliefs. Perceived competence is shaped not only by objective performance but also by mastery experiences, social feedback, self-evaluation, and successful engagement in challenging situations. The social-emotional learning program used in the present study included opportunities for participants to identify their strengths and weaknesses, practice effective communication, solve problems, regulate emotions, manage stress, and make decisions. These experiences may have enhanced students' sense of agency and contributed to more positive self-appraisals. Previous research has demonstrated that competence beliefs are associated with students' perceptions of classroom experiences, achievement-related behaviors, and academic functioning (Bay et al., 2017). In addition, the multidimensional nature of self-perceived competence has been supported in psychometric studies, indicating that children and adolescents form distinct evaluations of their behavioral, social, academic, and physical abilities (Ferro & Tang, 2017; Khojasteh Jalal et al., 2020). Accordingly, interventions that create successful experiences in specific



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domains can be expected to influence competence perceptions in those domains.

The improvement in perceived competence may also reflect a reduction in the generalized negative self-evaluations that sometimes develop among students with specific learning disorder. Persistent difficulty in reading, writing, or mathematics may lead students to interpret repeated academic challenges as evidence of broader personal inadequacy. When this pattern is reinforced by negative expectations, social comparison, or stigmatizing attitudes, students may begin to underestimate their abilities even in areas unrelated to academic achievement. Previous research has shown that diagnostic labels can influence teacher expectations and that students with specific learning difficulties may encounter stigmatizing attributions within inclusive settings (Franz et al., 2021; Woodcock & Moore, 2021). Social-emotional learning may help counteract these processes by providing experiences in which students successfully demonstrate self-control, empathy, communication, decision-making, and problem-solving abilities. Such experiences can expand students' self-concept beyond academic difficulties and enable them to recognize personal competencies that may previously have been overlooked.

The significant improvement in behavioral competence is particularly understandable given the content of the intervention. The program explicitly addressed self-awareness, emotion regulation, stress management, anger control, decision-making, problem solving, flexibility, and time management. These skills are directly related to the regulation of behavior and the capacity to respond adaptively in demanding situations. By learning to recognize the emotional antecedents of behavior and to select more constructive responses, participants may have developed greater confidence in their ability to manage their actions effectively. This result is compatible with previous findings showing that social-emotional learning and related interventions can enhance adaptive behavior and reduce behavioral problems (Drusch, 2021; Fallah et al., 2021). It is also consistent with findings indicating that social-emotional skills training improves cognitive emotion regulation among children with specific learning disorders (Sadri Damirchi & Esmaili Ghazivalouei, 2016). Improved emotion regulation can contribute directly to behavioral competence because students who can identify and manage intense emotional states are less likely to respond impulsively and more likely to maintain goal-directed behavior.

The improvement in social competence also corresponds closely with the specific components of the intervention. Participants received direct training in interpersonal communication, active listening, appropriate questioning, assertiveness, empathy, recognition of others' emotions, respect for individual differences, conflict prevention, and appropriate expression of anger. These skills form the core of effective social functioning and are likely to influence both actual social performance and the individual's perception of being socially capable. The significant increase in social competence therefore supports the assumption that structured social-emotional learning can improve not only social behavior but also students' subjective evaluation of their interpersonal abilities. This finding is consistent with research showing that social-emotional learning programs can strengthen responsible behavior, social adjustment, and interpersonal competence in school-age students (Adiba & Latip, 2021; Tavakoli Samarin et al., 2022). It also supports the findings of Sadri Damirchi and Esmaili Ghazivalouei, who reported positive effects of social-emotional skills training on social skills in children with specific learning disorders (Sadri Damirchi & Esmaili Ghazivalouei, 2016).

The absence of a statistically significant effect on academic competence deserves particular attention. Although the intervention improved general perceived competence and produced meaningful gains in behavioral and social domains, its content was not specifically designed to remediate academic skills or directly modify beliefs about academic performance. Academic competence is likely to be more strongly influenced by actual achievement experiences, academic feedback, instructional quality, and the student's history of success and failure in school tasks. Students with specific learning disorder often have long-standing difficulties in particular academic domains, and a relatively brief social-emotional intervention may not be sufficient to alter deeply established beliefs about academic ability. This interpretation is consistent with research indicating that competence beliefs are closely linked to classroom perceptions and achievement behaviors (Bay et al., 2017). It is also compatible with the broader literature on learning disabilities, which emphasizes the importance of targeted diagnostic and instructional interventions for directly improving academic functioning (Geva & Kilpatrick, 2021). Thus, the nonsignificant change in academic competence does not necessarily indicate that the intervention lacked educational value; rather, it suggests that changing academic self-perception may require the



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integration of social-emotional training with direct academic remediation and mastery-oriented educational experiences.

A similar explanation can be offered for the nonsignificant effect on physical competence. Physical competence concerns perceptions of ability in areas such as physical activity, motor performance, and bodily functioning, none of which were central targets of the social-emotional learning protocol. Because the intervention primarily emphasized emotional, interpersonal, cognitive, and behavioral skills, a substantial change in physical self-perception would not necessarily be expected. The domain-specific pattern of findings therefore strengthens the internal interpretability of the results: the largest effects emerged in precisely those areas most directly addressed by the intervention. This pattern is compatible with the multidimensional conception of perceived competence supported in previous research (Ferro & Tang, 2017; Khojasteh Jalal et al., 2020). It suggests that perceived competence should not be treated as a unitary characteristic and that intervention effects may vary according to the correspondence between program content and the particular domain being assessed.

The overall multivariate effect on perceived competence components further supports the broader effectiveness of the social-emotional learning program. The significant Wilks' lambda result indicated that, considered jointly, the pattern of competence scores differed between the experimental and control groups following the intervention. This finding is important because changes in social-emotional functioning are often multidimensional rather than confined to a single outcome. Social-emotional competencies tend to operate interactively: improved emotional regulation can facilitate better interpersonal communication, successful communication can increase social acceptance, positive social experiences can strengthen self-confidence, and stronger self-confidence can promote further engagement. Research with different educational populations has similarly demonstrated that social-emotional competencies are associated with multiple aspects of learning, adjustment, and student engagement (Cuervo et al., 2022; Pellegrino et al., 2026). The present findings extend this evidence to adolescents with specific learning disorder and suggest that interventions targeting social-emotional processes can influence several interconnected dimensions of psychosocial functioning.

Another possible mechanism underlying the present findings concerns emotional self-efficacy and resilience. Students who repeatedly encounter academic difficulties may develop anticipatory anxiety, frustration, or avoidance when faced with challenging social or educational situations. Training in stress management, emotion regulation, and problem solving can strengthen confidence in one's ability to cope with such experiences. Evidence suggests that regulatory emotional self-efficacy and resilience are important psychological mechanisms associated with lower vulnerability to social anxiety (Wang & Zhao, 2026). Although the present study did not directly assess these variables, the structure of the intervention suggests that improvements in coping confidence may have contributed to the observed changes in social acceptance and perceived competence. Similarly, the relevance of cognitive flexibility and psychological strength in families dealing with learning disorders has been highlighted in previous research (Azami et al., 2023). These findings collectively suggest that adaptive emotional and cognitive resources may play an important role in how individuals respond to learning-related challenges.

The present findings also need to be considered in relation to the broader school environment. Social-emotional skills are expressed within interpersonal systems that include peers, teachers, parents, and school climate. A supportive environment can reinforce newly acquired skills, whereas a negative or stigmatizing environment can limit their expression. Research has shown that school climate is strongly connected with students' academic and social-emotional experiences (Tinco Melchor, 2026). Support from teachers and parents has likewise been associated with students' social-emotional competence (Eva & Tortop, 2026). In special education settings, the social and emotional competencies of educators may also influence the networks of support available to students (Brown et al., 2020). Therefore, although the present intervention focused directly on students, its effects may be enhanced when social-emotional learning is accompanied by supportive teacher practices, positive peer norms, and family involvement.

## 5. Conclusion

Overall, the findings support the growing body of evidence indicating that social-emotional learning is a valuable intervention approach for students with special educational needs. Systematic evidence has suggested that social-emotional learning interventions can improve a range of outcomes in students requiring additional educational support (Hassani & Schwab, 2021). Digital and school-based programs have also demonstrated potential for



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strengthening social and emotional skills among students with learning difficulties (Almulla & Khasawneh, 2024). The present study contributes to this literature by showing that a structured 12-session social-emotional learning intervention can improve social acceptance, total perceived competence, behavioral competence, and social competence among adolescents with specific learning disorder. The pattern of findings suggests that the intervention was most effective in domains directly related to emotional regulation, interpersonal functioning, and behavioral self-management, while more distal domains such as academic and physical competence remained comparatively unchanged.

Several limitations should be considered when interpreting the findings. The sample was relatively small and was selected through convenience sampling from students in one geographical region, which limits the generalizability of the results to broader populations of adolescents with specific learning disorder. The study also relied primarily on self-report measures, which may be affected by response tendencies, social desirability, or participants' subjective interpretation of questionnaire items. The absence of a follow-up assessment prevented evaluation of whether the observed improvements were maintained over time. In addition, the control group did not receive an alternative active intervention, making it difficult to separate the specific effects of the social-emotional learning content from nonspecific factors such as attention from the researcher, group participation, and expectancy effects. Furthermore, the study did not examine potentially influential variables such as type and severity of specific learning disorder, socioeconomic status, family support, teacher behavior, school climate, or baseline emotional and behavioral difficulties.

Future studies are recommended to replicate the present research using larger and more diverse samples from different educational regions and cultural contexts. Randomized controlled trials with active comparison conditions would provide stronger evidence regarding the specific efficacy of social-emotional learning. Longitudinal designs with several follow-up assessments are also needed to determine the durability of intervention effects. Future research could examine whether the effects of social-emotional learning differ according to the type or severity of specific learning disorder and whether variables such as emotional self-efficacy, resilience, emotion regulation, peer support, academic self-efficacy, and school belonging mediate the intervention effects. It would also be useful to include multi-informant assessments obtained from students, parents, teachers, and peers, as well as behavioral observations. Combining social-emotional learning with targeted academic remediation may be particularly important for determining whether integrated interventions can produce improvements in academic competence in addition to social and behavioral outcomes.

From a practical perspective, school psychologists, counselors, special education teachers, and learning-disability specialists can incorporate structured social-emotional learning into intervention programs for students with specific learning disorder. Programs should emphasize self-awareness, emotional identification, emotion regulation, empathy, active listening, assertive communication, problem solving, stress management, anger management, flexibility, and time-management skills. Group-based delivery may be particularly useful because it allows students to practice interpersonal skills in a structured social environment and receive immediate feedback. Schools can also strengthen intervention outcomes by training teachers and parents to reinforce social-emotional skills across classroom and home settings. Because the present findings showed stronger effects for social and behavioral competence than for academic competence, practitioners should consider combining social-emotional learning with evidence-based academic interventions so that students receive coordinated support for both psychosocial adaptation and learning needs.

## Authors' Contributions

Authors equally contributed to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.



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## Ethics Considerations

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

## References

Adiba, L., & Latip, A. (2021). Social emotional learning program for build responsible character of students in elementary school. *Jmie (Journal of Madrasah Ibtidaiyah Education)*(5), 67. https://doi.org/10.32934/jmie.v5i1.228

Almulla, A., & Khasawneh, M. (2024). Developing Social and Emotional Skills of Students with Learning Difficulties using a Digital Learning Program. *Journal of Ecohumanism*, *3*(3), 1751-1763. https://doi.org/10.62754/joe.v3i3.3448

Azami, M., Safi, M., & Behjati Ardakani, F. (2023). Effectiveness of Positive Thinking Skills Training on Stress, Cognitive Flexibility, and Mental Strength in Mothers of Children with Learning Disorders. *Journal of Learning Disabilities*, *12*(3), 22-37.

Bay, N., Hassanabadi, H., & Kavoosian, J. (2017). A Structural Model of Competence Beliefs and Classroom Perceptions with Students' Academic Achievement: The Role of Achievement Behaviors and Beliefs. *Applied Psychology Quarterly*, *11*(1), 67-83.

Brown, E. L., Valenti, M., Sweet, T., Mahatmya, D., Celedonia, K., & Bethea, C. (2020). How social and emotional competencies inform special educators' social networks. *Education & Treatment of Children*, *43*(3), 295-311. https://doi.org/10.1007/s43494-020-00022-2

Cuervo, H., Téllez, R., & Acevedo, V. (2022). The Socio-Emotional Competencies of High School and College Students in the National Polytechnic Institute (Mexico). *Social Sciences*, *11*. https://doi.org/10.3390/socsci11070278

Dehghanizadeh, A., & Karamalian, H. (2023). *Effectiveness of Discovery-Based Instruction of Social Studies Concepts and Themes on Social Skills, Social Adjustment, and Social Acceptance in Lower Secondary School Students* [Master's thesis, Payame Noor University, Isfahan Province, Natanz Center].

Drusch, C. (2021). *Impacts of Social and Emotional Learning Interventions in Special Education Students* [Master's thesis, Bethel University]. Spark Repository.

Eva, N., & Tortop, H. S. (2026). Parental support as a mediator between teacher support and social-emotional competence among Indonesian gifted students. *Open Education Studies*, *8*(1), 20250159. https://doi.org/10.1515/edu-2025-0159

Fallah, S., Abolmaali Alhosseini, K., & Sabet, M. (2021). Comparing the Effectiveness of Positive Parenting Training and Social-Emotional Learning Training for Parents of Preschool Children on Their Children's Adaptive Behavior. *Applied Family Therapy Journal*, *2*(3), 215-233.

Ferro, M. A., & Tang, J. (2017). Psychometric properties of the Self-Perception Profile for Children in children with chronic illness. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *26*(2), 119-124.

Franz, D. J., Lenhard, W., Marx, P., & Richter, T. (2021). Here I sit, making men in my own image: How learning disorder labels affect teacher student's expectancies. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*. https://doi.org/10.1007/s12144-021-02250-0

Geva, E., & Kilpatrick, D. A. (2021). Diagnosing and providing interventions for students with learning disabilities: The case of dyslexia. In E. Cole & M. Kokai (Eds.), *Consultation and mental health interventions in school settings: A scientist-practioner's guide* (pp. 173-197). Hogrefe.

Hassani, S., & Schwab, S. (2021). Social-Emotional Learning Interventions for Students with Special Educational Needs: A Systematic Literature Review. https://doi.org/10.3389/feduc.2021.808566

Jahre, H., Grotle, M., Smedbråten, K., Richardsen, K. R., Côté, P., Steingrímsdóttir, Ó. A., Nielsen, C., Storheim, K., Småstuen, M., Stensland, S. Ø., & Øiestad, B. E. (2022). Low social acceptance among peers increases the risk of persistent musculoskeletal pain in adolescents. Prospective data from the Fit Futures Study. *BMC Musculoskeletal Disorders*, *23*(1), 44. https://doi.org/10.1186/s12891-022-04995-6

Khanlou, N., Dasari, M., & Rahmani, M. (2023). Effectiveness of Social Skills Training in Improving Behavioral Problems of Students with Learning Disorders. *Modern Advances in Psychology, Educational Sciences and Education*, *6*(11), 1-17.

Khojasteh Jalal, P., Manavipour, D., & Sedaghatifard, M. (2020). Psychometric Properties of Harter's Self-Perception Profile for Children. *Psychological Methods and Models*, *11*(40), 71-84.

Machinchi, A. (2022). The Role of Cultural Capital and Academic Self-Efficacy in High School Students' Social Acceptance. *Sociology of Education*, *8*(2), 344-351.

Martinsone, B., Supe, I., Stokenberga, I., & Damberga, I. (2022). Social Emotional Competence, Learning Outcomes, Emotional and Behavioral Difficulties of Preschool Children: Parent and Teacher Evaluations. *Frontiers in psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.760782

Pellegrino, G., Feraco, T., Meneghetti, C., & Carretti, B. (2026). Social, Emotional, and Behavioral Skills as Resources for Student Engagement: A One-Year Longitudinal Study in High School Students. *Learning and Individual Differences*, *131*, 102988. https://doi.org/10.1016/j.lindif.2026.102988

Sadri Damirchi, E., & Esmaili Ghazivalouei, F. (2016). Effectiveness of Social-Emotional Skills Training on Cognitive Emotion Regulation and Social Skills in Children with Specific Learning Disorders. *Learning Disabilities*, *5*(4), 59-86.

Sharafodin, H. (2010). *The Relationship of Social Anxiety, Hope, and Social Support with Subjective Well-Being in Graduate Students at the Khuzestan Science and Research Branch* [Master's thesis in general psychology, Islamic Azad University, Ahvaz Branch].

Tavakoli Samarin, M., Khademi, H., & Aali, A. (2022). *Effectiveness of Social Skills Training Based on a Discipline-Based Art Approach in Improving Social-Emotional Competence and Social Adjustment of Elementary School Children* [Master's thesis in educational psychology, Allameh Tabataba'i University, Faculty of Psychology and Educational Sciences].

Teglasi, H., Caputo, M. H., & Scott, A. L. (2022). Explicit and implicit theory of mind and social competence: A social information processing framework. *New Ideas in Psychology*, *64*, 100915. https://doi.org/10.1016/j.newideapsych.2021.100915



E-ISSN: 3060-6713

Tinco Melchor, I. (2026). Systematic review: School climate in the academic and social-emotional experience of secondary school students. *Revista InveCom*, *6*(3), e603022.

Wang, Y., & Zhao, Y. (2026). The Impact of Shyness on Social Anxiety among College Students: Mediating Role of Regulatory Emotional Self-Efficacy and Resilience. *PLoS One*, *21*(3), e0344809. https://doi.org/10.1371/journal.pone.0344809

Wentzel, K. R., Jablansky, S., & Scalise, N. R. (2021). Peer social acceptance and academic achievement: A meta-analytic study. *Journal of Educational Psychology*, *113*(1), 157-180. https://doi.org/10.1037/edu0000468

Woodcock, S., & Moore, B. (2021). Inclusion and students with specific learning difficulties: The double-edged sword of stigma and teacher attributions. *Educational Psychology*, *41*(3), 338-357. https://doi.org/10.1080/01443410.2018.1536257



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