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Enhancing Social and Emotional Competence of Adolescents using Mindfulness-Based Rational Emotive Behavioural Counselling: A Pilot Study

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Abstract: ***Social and emotional competencies have been related to positive adaptive outcomes, psychological well-being, and school, home and peer adjustment among the adolescents. This paper presents the outcome of a quasi-experimental research on the impact of Mindfulness-Based Rational Emotive Behavioural Counselling (MBREBC) on the social and emotional competence of adolescents. MBREBC intervention integrates the techniques of mindfulness and REBT to achieve 'emotional rational insight'. The experimental design was one group pre-test, post-test design and the sample was a group of adolescents drawn from a Pre-University College in Bangalore. They were matched on two criteria: their socio-economic status and academic performance. The measures used in the study were Adolescent Social Competence Scale (ASCS) and Emotional Competence Scale (ECS). The paired t-test for dependent sample and Willcoxon signed rank test were used to analyse the data using SPSS. Statistically significant gain was observed on many of the dimensions of adolescent social and emotional competence after the MBREBC intervention.***

Keywords: Mindfulness, Rational Emotive Behavioural Counselling, Social Competence, Emotional Competence

1. Introduction

The recent marked shift from the sole focus on the core cognitive competence of adolescents to their holistic development has emphasised the development of various personal and interpersonal competencies. Social, emotional, moral competencies are some of the competencies considered necessary for positive adolescent development. Social and emotional competencies have been related to positive adaptive outcomes, psychological well-being (Chae & Lee, 2011; Williams & Galliher, 2006), and school, home and peer adjustment (Mpofu, Thomas & Chan, 2004; Chen et al., 2010) among adolescents [1]-[4]. The quality of the interpersonal interaction with the peers and other significant people at school and home are extremely important for positive adolescent adaptive outcomes. Such interactions obviously involve the ability for emotion management and regulation. Devassy and Raj (2012) conceptualized social competence in terms of three sub domains: cognitive, behavioural and adaptive outcomes. They defined social competence as the ability of an individual to recognize and accept social situation and the ability to effectively deal with those social contexts making all the resources to produce positive outcome for oneself and others [5]. Social competence encompasses many related interpersonal skills and is manifested in emotional self-regulation, social cognition, positive communication, and pro-social relationships with family members, peers, and teachers (Bornstein, Hahn & Haynes, 2010) [6].

Social and emotional competencies are very closely related, yet they are different too. While emotional competence may be seen as the ability to manage one's emotions and inner strengths for positive relationships, the social competence goes beyond the one-person psychology to two-person psychology (Goleman, 2007)[7]. All emotions are generally welled up in either direct or indirect social contexts and hence all emotions are social in nature. Goleman defined emotional competence as the learned skill for realizing ones' own and others' emotions, for motivation of self and for managing emotions in us and in others' (Goleman, 1999) [8]. He identified six factors of emotional competence: 'self awareness, self regulation, motivation, empathy, social skills and group working skills'.

It is assumed that social and emotional competence of adolescents can be learned with training and experience. Various ways to develop train and nurture the adolescent social and emotional competence have been identified. Developmental counselling, mentoring and education interventions have been found useful in promoting adaptive functioning of individuals. Mindfulness based interventions have been used to treat many psychological and behavioural dysfunctions. Mindfulness and rational emotive behavioural interventions are also used in preventive and developmental counselling practices. There is growing interest in adopting mindfulness in counselling and research for the past three decades (Brown, Marquis & Guiffrida, 2013) [9]. It is assumed that human cognition plays a very critical and crucial role in the social and emotional development of adolescents. The dysfunctional, faulty or distorted thinking can lead to low self-esteem, self-efficacy and underachievement. The mindfulness-based cognitive interventions can assist the individual to challenge irrational or faulty belief systems and arrive at emotional rational insight, unconditional acceptance and a drive for achievement of goals. The present paper attempts to report the findings of Mindfulness-Based Rational Emotive Behavioural Counselling (MBREBC) intervention in enhancing the social and emotional competence of adolescents.

2. Mindfulness Based Interventions

Mindfulness is a state of being present in the present without making any judgement and in an all accepting way. It is entering into and remaining in the state of awareness observing, perceiving and listening to ones emotional experience, thoughts, and behaviours both overt and covert without trying to describe or rationalize them. Mindfulness meditation is one of India's most ancient Buddhist meditative techniques - *Vipassana* meditation. The word *Vipassana* in Pali language comes from the combination of two words: *Vi*, which means 'special' and *passana*, which means, 'to see, to observe' and refers to being conscious, aware, observing, or paying attention in a special way (Sharma, 2002) [10]. The practice of mindfulness mediation is an intentional choice to be consciously and reflectively aware of and respond to internal and external events and situations (Sharma, Mao & Sudhir, 2012) [11]. It is bringing awareness and total attention to present intentionally with an attitude of openness and curiosity (Bauer-Wu, 2010) [12], in a nonjudgmental or accepting way (Brown & Ryan, 2003; Kabat-Zinn, 2000, 1994, 1990; Shapiro & Carlson, 2009) [13]-[17]. Mindfulness is conceptualized as a one-dimensional and multidimensional construct by the researchers. Brown and Ryan (2005) argued that mindfulness consists of a single factor: attention to and awareness of what is taking place in the present [13], whereas to Segal and colleagues (2002) mindfulness is multidimensional and includes observation of present-moment experience, acceptance, non-judging, and non-reactivity [18]. Mindfulness can be developed through the regular practice of meditation, and it increases positive qualities such as awareness, insight, wisdom, compassion, and equanimity (Kabat-Zinn, 2000) [14]. Mindfulness can also be developed through other exercises of routine activities such as mindful walking, breathing, eating, etc. (Baer, Smith & Allen, 2004) [19]. The two general styles of mindfulness meditation practices are focused attention and open monitoring (Lutz, et al., 2008) [20]. Mindfulness-based interventions have been effective in treating mental health issues (Williams, Russell, & Russell, 2008) [21]. There are many mindfulness based interventions in mental health such as mindfulness-based stress reduction developed by Kabat-Zinn (1982, 1990) [22], [16], dialectical behaviour therapy by Linehan (1993) [23], acceptance and commitment therapy by Hayes, Strosahl, & Wilson (1999) [24] and mindfulness-based cognitive therapy by Segal, Williams, & Teasdale (2002) [18].

3. Mindfulness Based Rational Emotive Behavioural Counselling

Mindfulness based rational emotive behavioural counselling (MBREBC) intervention integrates the techniques of mindfulness and REBT to achieve 'emotional rational insight'. Mindfulness based interventions are more experience-based, not knowledge-based i.e. emphasis is more on arriving at 'emotional rational insight' than 'intellectual rational insight' (Neenan & Dryden, 2004) [25]. According to Neenan and Dryden (2004) promoting emotional rational insight is difficult but mindfulness which is experiential intervention can enhance achieving emotional rational insight (Whitfield, 2006) [26]. Ellis (2006) the author of REBT himself agreed and disagreed with the integration of mindfulness and REBT [27]. Whitfield (2006) attempted to extend mindfulness to the theory and practice of REBT [26]. In the ABC theory of mindfulness, B stands for the beliefs usually irrational and unjust demands on the self, others and life conditions. These irrational cognitions about the activating events lead to consequences which are negative and unhealthy. The focus of mindfulness is again on becoming aware of the emotions, thoughts, perceptions and sensations to internal and external events. Practice of mindfulness can enhance the client's perceptions and understanding of beliefs- B and this awareness helps the client to overcome the internal forces which leads to unreasonable demands on self and others and the consequent experience of unhealthy emotions.

Mindfulness can also complement the practice of REBT. Some of the techniques employed in REBT to understand the irrational beliefs are to test the empirical evidence, the usefulness of such belief system and to see if they are logical. Mindfulness practice and the Socratic questioning used in REBT are complementary and hence mindfulness can substantiate the practice of REBT intervention. Mindfulness also complements the REBT philosophies of acceptance. REBT teaches the clients self acceptance, other acceptance and the acceptance of life conditions. Mindfulness also trains the practitioners to be aware of and accept their cognitions, emotions, feelings, sensations non-judgementally (Whitfield, 2006) [26].

The MBREBC intervention used in the present research consisted of 13 group counselling session of 60 minutes each which integrated the principles and techniques of mindfulness and REBC. The sessions were aimed at introducing the concept and practice of mindfulness, ABC theory of REBT, disputing and attaining effective rational philosophies, social competence training, acceptance, emotional competence training, rational emotive imagery and leadership skill training. The actual sessions started with the serenity prayer and mindfulness exercise for about 10 minutes and the sessions always emphasised on identifying and disputing the irrational beliefs pertaining to these competencies and disputing them in REBC framework and arriving at rational and effective philosophies.

4. Need and Significance of the Study

On the one hand, there is a marked shift from sole focus on the core cognitive competence of adolescents to their holistic development which includes the development of various personal and interpersonal competencies. Reputed and widely accepted school curriculum has started giving adequate emphasis on the whole person education. On the other hand, the adolescents experience lot of pressure from high academic expectations, peer influence, influence of social media, demands of technological advancement and the consequent competitions. Mindfulness based interventions have been used to treat many psychological and behavioural dysfunctions. Mindfulness and rational emotive behavioural interventions are also used in preventive and developmental counselling practices. It was desirable to develop and validate an intervention programme that integrates mindfulness and principles of REBT, which can aid the

development of adolescent social and emotional competencies. Many of the mindfulness-based interventions are used as remedial interventions in treating mental illness or developmental lags and few interventions have been designed for developmental counselling. The MBREBC intervention developed in the lines of developmental counselling and rational emotive education sessions would fill the research gap by testing usefulness of the intervention programme for positive adolescent functioning. The development of social and emotional competencies is all the more important in the context of technological advancement, increased academic pressure, unprincipled competitions, increasing peer and media influence and excessive use of social media.

5. Hypotheses

The present pilot intervention study employed two hypotheses. First, it was hypothesized that the MBREBC intervention would significantly enhance the various dimensions of social competence: school competence, team organizing competence, peer social competence, social cognition, home related social competence, socio-emotional competence, social forethought and compassion and social flexibility. Secondly it was hypothesised that the MBREBC intervention would significantly enhance the various dimensions of emotional competence: adequate depth of feeling, adequate expression and control of emotions and ability to function with emotions, ability to cope with problem emotions, and encouragement of positive emotions.

6. Method

6.1 Participants

The present study reports the outcome of the pilot intervention undertaken for the development and validation of MBREBC to enhance the psycho-social competence of adolescents. Fifty four adolescents in the age range of 16 to 18 attending pre-university college in Bangalore were selected for the present research. Eight participants were dropped out for various reasons and forty six attended the complete intervention programme. The participants were matched on two criteria: socio-economic status and academic performance. All of them were from middle or lower middle economic status and their academic performance in the previous exams was average. Among the participants 20 were males and 26 were females. Informed consent was taken from the students, the principal of the school and the coordinator of the programme.

6.2 Research Design

The research design employed in the present research was one group pre-test post-test quasi experimental design. The measures of social competence and emotional competence were administered before giving the intervention and the same were administered after the intervention as well. The data of pre-test and post test were analysed for differences using t-test for dependant sample wherever the data was normally distributed and Wilcoxon signed rank test was used for the data that were not normally distributed.

6.3 Procedure

After having explained the research study in detail informed consent was taken from the participants and the school authorities. The measures of social competence and emotional competence were given to the participants for self rating. Thirteen group counselling sessions of 60 minutes each of mindfulness based rational emotive behavioural counselling were given to the participants with individual attention to the individuals wherever necessary. The sessions started with serenity prayer and mindfulness exercise of 10 minutes each. All the sessions except the first one started with the review of the cognitive and behavioural home assignments and feedback with the help of two assistants. The objective of each session was stated and the expected learning outcome was explained by the researcher with the focus on unconditional self acceptance, other acceptance and the acceptance of one's conditions. The researcher always expressed unconditional acceptance towards the participants. The sessions usually included identifying and disputing irrational beliefs, rational emotive education, activities and rational emotive imagery. All sessions were concluded with the recap of all the major points dealt with and understanding the cognitive or behavioural assignments for the participants. All sessions had home reading assignments in the frame work of rational emotive education, with three to four questions each to be answered in the journal provided. The sessions were concluded with the serenity prayer recited by all. In the concluding session of the intervention programme the participants identified the rational and effective philosophies they already learnt. A resolution was made to continue to use mindfulness and REBC framework for their future growth and development. The measures of social competence and emotional competence were administered after the completion of the intervention programme.

6.4 Outline of MBREBC Intervention Program

Session One: Introduction to Mindfulness based REBC
Session Two: Mindfulness Training
Session Three: Teaching the basic tenets of REBC
Session Four: Teaching ABC Theory
Session Five: Learning to Dispute (D) and replace irrational Beliefs with Effective Rational Outlook (E)
Session Six: Social Competence Training I
Session Seven: Social Competence Training II
Session Eight: Social Competence Training III
Session Nine: Learning Unconditional Acceptance and Rational Emotive Imagery
Session Ten: Emotional Competence Training I
Session Eleven: Emotional Competence Training II
Session Twelve: Emotional Competence Training III
Session Thirteen: Concluding Session

6.5 Measures

6.5.1 Adolescent Social Competence Scale (ASCS): The social competence of adolescents was measured by the Adolescent Social Competence Scale (ASCS) constructed and standardized by Devassy and Raj (2012) [5]. The scale with 37 items in five-point scale in the line of Likert Scale, measures eight dimensions of adolescent social competence. The reliability of the total scale was derived at by

Cronbach's alpha. The total split-half reliability score of the scale is .87. The measure of the intrinsic validity of the scale was calculated by taking the square root of Guttman Split-half reliability and was found to be 0.93.

6.5.2 Emotional Competence Scale (ECS): The emotional competence of the adolescents was measured using the Emotional Competence Scale developed by Sharma and Baharadwaj (1995) [28]. It consisted of 30 items on five point scale in Likert model measuring five emotional competencies. The scale has a test-retest reliability of .74 and split-half reliability of .76 and validity of scale was arrived at with factor A and C of 16 PF questionnaire and it was found to be .64 and .69.

7. Results

The normality of the data was checked for the use of appropriate statistics. The data of pre-test and post-test were analysed for differences using t-test for dependant sample wherever the data was normally distributed and Wilcoxon signed rank test was used for the data that were not normally distributed. The results of the statistical analysis are presented here.

7.1 The Effectiveness of MBREBC Intervention on Social Competence of Adolescents

Table 1(a): Post intervention and pre-intervention scores for School Competence, Peer Social Competence, Home related Competence, Socio-Emotional Competence and Social Forethought and Compassion using Wilcoxon singed rank test

Sub Scales	*Rank*	*N*	*Mean Rank*	*Sum of Ranks*	*Z*
School Competence	Negative	17	16.38	278.50	2.169*
	Positive	25	24.98	624.50	
	Ties	4			
Peer Social Competence	Negative	14	17.00	238.00	2.512*
	Positive	27	23.07	623.00	
	Ties	5			
Home Related Social competence	Negative	20	16.43	328.50	1.548
	Positive	22	26.11	574.50	
	Ties	4			
Socio-Emotional Competence	Negative	14	21.46	300.50	1.702
	Positive	27	20.76	560.50	
	Ties	5			
Social Flexibility	Negative	10	17.30	173.00	-2.710**
	Positive	27	19.63	530.00	
	Ties	9			

* p < .05, ** p < .01

Table 1 shows that the mean of negative ranks on school competence (16.38, Z=2.169, p< .05), peer social competence (17.00, Z=2.512, p< .05) and social forethought and compassion (17.30, Z=2.710, p< .05) are lower than the mean of positive ranks (24.98; 23.07; 19.63) and the mean rank difference is statistically significant. The result suggests that the scores on school competence, peer social competence and social forethought and compassion of the participants after the intervention are higher than before the treatment was applied. The MREBC intervention had a positive impact in enhancing the school competence of adolescents. However significant gain was not observed on home-related social competence and socio-emotional competence dimensions.

Table 1 (b): Post intervention and pre-intervention scores for Team Organizing Competence, Social cognition and Social Flexibility using Paired't' test

Scales	*Pre/Post Test*	*Mean*	*SD*	*SE*	*r*	*t*
Team Organizing Competence	Pre test	19.65	4.831	.712	.470**	4.333**
	Post test	22.61	4.069	.600		
Social Cognition	Pre test	10.91	2.117	.312	.557**	3.489**
	Post test	11.91	2.009	.296		
Social Flexibility	Pre test	14.20	2.455	.362	.216	.959
	Post test	14.65	2.693	.397		

** p < .01; N=46

The result of paired 't' test for team organizing competence (t = 4.33, p <0.01) and social cognition (t = 3.489, p <0.01) between post intervention and pre-intervention scores are significant with higher mean scores indicating that the team organizing competence has increased after the intervention program. However significant difference was not observed on social flexibility dimension of social competence (t = .959, p>0.05).

7.2 The Effectiveness of MBREBC Intervention on Emotional Competence of Adolescents

Table 2 (a): Post intervention and pre-intervention scores for Adequate Depth of Feelings, Adequate Expression and Control of Emotions, Ability to Cope with Problem Emotions, and encouragement of Positive Emotions using Paired 't' test

Dimensions		*Mean*	*SD*	*SE*	*r*	*t*
Adequate Depth of Feelings	Pre test	15.17	3.647	.538	.614**	2.635*
	Post test	16.39	3.474	.512		
Adequate Expression and Control of Emotions	Pre test	16.48	3.607	.532	.258	2.229*
	Post test	17.76	2.685	.396		
Ability to Cope with Problem Emotions	Pre test	17.85	3.502	.516	.040	2.618*
	Post test	19.65	3.240	.478		
Encouragement of Positive Emotions	Pre test	21.41	2.680	.395	.200	1.371
	Post test	22.26	3.809	.562		

* p < .05

The result of Paired 't' test indicate that there is a significant difference between pre-test and post test on the ability for adequate depth of feelings (t = 2.635, p <0.05), adequate expression and control of emotions (t = 2.229, p <0.05), ability to cope with problem emotions (t = 2.618, p <0.05). It shows that the mean score of adolescents post intervention is higher, indicating that the ability for adequate depth of feeling, adequate expression and control of emotions and ability to cope with problem emotions have increased after the MBREBC intervention programme. Though there was a gain in the mean score, a significant difference was not observed on encouragement of positive emotions after the intervention.

Table 2 (b): Post intervention and pre-intervention scores for Ability to Function with Emotions using Wilcoxon singed rank test

Ability to Function with Emotions	*Rank*	*N*	*Mean Rank*	*Sum of Ranks*	*Z*
Post-test – Pre-test	Negative	14	17.18	240.50	1.892
	Positive	24	20.85	500.50	
	Ties	8			
	Total	46			

The table shows the result of Wilcoxon singed rank test for the dimension ability to function with emotions between Post intervention and pre-intervention scores. The mean of negative ranks (17.48) is lower than the mean of positive rank (20.85). However the difference in mean of positive and negative ranks is not statistically significant ($Z=1.892$, $p>0.05$) indicating that MBREBC did not have a positive impact on ability to function with emotions among adolescents.

8. Discussion and Conclusions

The quasi-experimental research was aimed at finding the impact of MBREBC on the social and emotional competence of adolescents. Two hypotheses were formulated and tested for their statistical significance. The results show that the MBREBC intervention has impacted the adolescents school competence, team organizing competence, peer social competence, social cognition, social forethought and compassion significantly. Previous research has established that positive interventions can enhance well-being and that the participants in the positive interventions with mindfulness would benefit more (Seear & Vella-brodrick, 2013) [29]. The results of the present research is also in concurrence with some of the previous studies which found that mindfulness can enhance social interest (Hilewsky, 2009) and social relations (Kanagy-Borofka, 2013) [30], [31]. Mindfulness-based interventions have been used in clinical settings to treat behavioural dysfunctions (Williams, Russell & Russell, 2008) [21]. Recent researches have established that mindfulness can positively increase the self awareness, well-being (Brown & Ryan, 2003; Keune & Forintos, 2010) [13], [32], self-care behaviours (Harris, 2010) [33], subjective well-being and ecologically responsible behaviour (Kirk & Kasser, 2005) [34]. However significant impact was not observed on home related social competence, socio-emotional competence and social flexibility dimensions of social competence after the MBREBC, though the means scores and mean ranks were higher after the intervention.

The second hypothesis formulated for the present study was to find the impact of MBREBC on the emotional competence of the adolescents. The result shows that there is statistically significant difference on the dimensions of adequate depth of feeling, adequate expression and control of emotions, and the ability to cope with positive emotions of emotional competence before and after the interventions. According to Corstophine (2006) cognitive emotional behavioural interventions have been useful in understanding the experience and expression of emotions and responding to them adaptively and rationally [35]. Mindfulness also enables one to understand ones thoughts, emotions, emotional expression and respond to them in an accepting manner instead of reacting to them. Mindfulness has been positively correlated with achievement emotion and achievement oriented self regulation (Howell, & Buro, 2011) [36]. Seeking to extended mindfulness from psychology into management, Hede (2010) advocated mindfulness practice for managers to increase their capacity to handle emotional reactivity and to reduce stress [37]. Banks & Zionts (2006) presented a mental health program which can be incorporated into class room curriculum to deal with emotional and behavioural problems with remedial and preventive objectives [38]. Rational emotional behavioural interventions have been effective in dealing with behavioural dysfunctions in children and adolescents (Gonzalez, et al., 2004) [39]. The present intervention programme could not impact the two dimensions of emotional competence: ability to function with emotions and encouragement of positive emotions significantly, though the mean of positive ranks are higher on ability to function with emotions and the mean score on encouragement of positive emotions is higher post the intervention.

9. Limitations of the Study

The intervention study was limited to a small sample and hence it may not be concluded that mindfulness based-rational emotive behavioural counselling can positively impact the adolescent psychosocial competence, though the intervention in the present study had positive impact. The results may not be also generalised to other populations. The duration of the session i.e. 60 minutes of intervention may not have been sufficient enough for the participants to be in a state of mindfulness, be aware of their own irrational thinking and then dispute the irrational beliefs to achieve rational philosophies. Some of the dimensions of social and emotional competencies were not impacted by the intervention and hence there is a need to relook into some of the modules of MBREBC intervention. It was difficult to motivate and monitor the practice of mindfulness outside the regular sessions other than that was reflected in the daily journals.

10. Implications and Recommendations for Further Studies

The study has implications for both practice and further research. The practice of MBREBC which integrates the principles of mindfulness and precepts of REBT seem to help arrive at emotive rational insight faster as both try to be present to the experience, feelings and cognitions of the present moment. The intervention can be incorporated in adolescent education and training to enhance adaptive functioning and development of various competencies among them. Further research could be done to find the impact of MBREBT on other adolescent competencies and skills. It would be desirable to make a comparative research to find the difference in the impact of mindfulness based REBC and REBC alone. The same research can be extended to other periods of the life-span and on a larger population for better generalization of the results.

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