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Effectiveness of a Counseling Program based on Unified Protocol Therapy in Reducing Symptoms of Social Anxiety and Developing Social Competence among Divorced Women in Riyadh

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Abstract

Divorced women often grapple with the feelings of anxiety, depression, and poor personal and social compatibility, as well as less opportunity for efficient social interaction, less satisfaction with life, and lower productivity at work. This study aimed to identify the effectiveness of a counseling program based on the Unified Protocol Therapy in reducing symptoms of social anxiety and developing social competence among divorced women in Riyadh (Saudi Arabia). To achieve the objectives of the study, a semi-experimental approach was used in a two-group design and the study sample consisted of (28) divorced women who were randomly distributed between two equivalent groups (experimental - control) with (14) women for each group. The Social Anxiety Scale, the social competence scale, and the counseling program based on the unified protocol were also used.

The study results showed that there were statistically significant differences between the mean scores of the experimental and control scores in the post application of the social anxiety scale in favor of the control group, and on the scale of social Competence of the total score of the scale and all its sub-dimensions in favor of the experimental group. The results also indicated that there were statistically significant differences between the mean scores of the experimental group members in the pre- and post-applications on the total score of the social anxiety scale in favor of the pre-application, and on the social Competence scale of the total score of the scale and all its sub-dimensions favoring the post-application. Finally, the results showed that there were no statistically significant differences between the mean scores of the experimental group members in the post and follow-up applications on the total score of the social anxiety scale and social competence.

In light of the study results, the importance of providing social and psychological services to divorced women can be emphasized, with recommendation of benefiting from this study program in training, qualifying and caring for divorced women, and to highlight the importance of joining preventive and curative programs.

Keywords: symptoms of social anxiety, social competence, Unified Protocol therapy, divorced women.

Introduction

Experiencing divorce is widely recognized as one of the most stressful life events. Divorced women often grapple with the feelings of anxiety, depression, and poor personal and social compatibility, as well as less opportunity for efficient social interaction, less satisfaction with life, and lower productivity at work (Ibrahim & Abdul Moneim, 2008). Although divorced women represent an important segment of the social fabric, they are a neglected segment despite the social responsibility towards this group (Azab et al., 2016).

The number of divorced women in the Kingdom of Saudi Arabia stands at (350741), with (92557) of them residing in Riyadh region (General Authority for Statistics, 2023). Disturbingly, the Saudi National Mental Health Survey reveals that 60% of divorced individuals experience mental health issues during the period of divorce (Altwajri et al., 2020).

One of the noticeable facets of mental health challenges among divorced women is social anxiety (Shawaqfa & Al-Mahayra, 2022). Social anxiety is categorized as an anxiety disorder, marked by cognitive, emotional, and behavioral responses to social situations perceived as self-threatening (Anyadubalu, 2010). This is often accompanied by low self-esteem, with divorcees believing that their actions are constantly under scrutiny, leading to negative evaluation, criticism, and blame from others. Consequently, many women tend to isolate themselves, avoid social interactions, and limit their social circles (Mahmoud, 2020).

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders DSM-5 provides criteria for diagnosing social anxiety disorder. This includes a profound fear of one or more social situations, characterized by anxiety stemming from the anticipation of negative judgment. These individuals often fear that their anxiety symptoms will become visible to others, resulting in negative evaluation. As a consequence, social situations are frequently avoided or endured with intense anxiety. These feelings of fear, anxiety, or avoidance typically persist for six months or longer, impeding social, functional, occupational, or other areas of daily life functioning (APA, 2013).

This study aimed to identify the effectiveness of a counseling program based on the Unified Protocol Therapy in reducing symptoms of social anxiety and developing social competence among divorced women in Riyadh (Saudi Arabia).

Theoretical Framework and Literature Review

Theories Explaining Social Anxiety

Many models and theories have explained social anxiety. According to Hofling et al. (2012), an individual with social anxiety has negative beliefs about himself/herself and about social interaction attitudes; therefore, he is alert to any social signal that supports these beliefs and ignores other signals, which leads to increased feelings of stress and thus the emergence of physiological symptoms. And in order to relieve unpleasant feelings, he/she avoids social situations.

According to Rape and Heimberg's model (1997) the symptoms of social anxiety are created and sustained through a self-renewed cycle that begins with the expectation that the individual will face negative evaluation by others such as criticism and contempt, and then during social interaction this individual focuses on the signals that are consistent with this expectation, which increases comparisons between internal representations (belief how others see them) and sources of external threat (interaction of others), the greater the gap between internal representations and standards of social performance, the greater the feelings of anxiety, stress, and physiological symptoms.

According to the perception of Hofmann (2007), the symptoms of social anxiety persist in the individual are as a result of: 1. inability to set realistic goals for social interaction; 2. having negative self-beliefs such as feelings of inferiority and lack of social interaction; 3. over-exaggerating the consequences of social interaction; 4. use of safety behaviors such as avoidance and 5. ruminating on what happened in a social interaction situation.

Theories Explaining Social Competence

On the other hand, the divorced woman's adaptation and social compatibility may be affected after the divorce. Ayyad (2015) stated that the percentage of divorced women who suffered from social problems after divorce reached (87%); and it is expected that improving the divorcee's interaction and communication with others reduces the negative effects of divorce, raises her self-confidence, and alleviates the pressures she faces (Al-Khalayleh, 2019).

Hence, the importance of social competence in divorced women becomes evident, and it can be defined as a set of cognitive and social skills that an individual possesses, which enables them to generate the desired effect from interacting with others in order to achieve the ability to conform, engage with them, and build effective positive relationships with others (Zsolani, 2015).

An individual's low social competence can be explained through a group of models and theories. According to the information processing model, it is due to a defect in the stages of the social information processing process, such as a defect in attention to social signals, a weakness in the perception of the dimensions of the social situation, difficulty in determining the goals of interaction, or the inability to benefit from the results of previous experiences to choose the appropriate response, in addition to a weakness in emotional regulation skills (Crick & Dodge, 1994).

The theory of resource control focuses on the extent of an individual's success in accessing social resources, such as access to others and caring for them, access to informational resources through awareness of information related to the social situation, and finally access to material resources which are things related to the social situation, through positive social strategies (Hawley, 1999).

Social competence can be developed according to Cavell's hierarchical model (in Piquart, 2014) by: First; social and emotional skills training, then training to employ these skills according to the right context and finally using this in achieving the community's developmental goals in learning, home and work to reach social adaptation. Social competence can also be developed according to the quadruple model (Felner et al., 1990) through: 1. social skills training: Such as decision-making

ability and social awareness; 2. behavioral skills training: such as self-affirmation and negotiation; 3. skills of emotional competence training: such as the ability to regulate emotionally, and 4. self-motivation and value building training.

From the above, it is clear that women need psychological counseling after divorce. The researchers have stressed the importance of developing counseling programs that help divorced women develop their social and personal aspects to improve their psychological health (Strobe et al., 1996; Al-Buhairi, 2015; Badwan, 2019).

Unified Protocol therapy

Since the mid-2000s, cognitive-behavioral therapies have been developed with transdiagnostic perspective, a therapeutic approach that targets the common factors of disorders (Schäuffele et al., 2021), and one of the types of transdiagnostic therapies is the Unified Protocol therapy (Barlow & Farchione, 2018), which is considered one of the methods of cognitive-behavioral therapy which assumes that the essence of psychological disorders is an increase in negative impact and the avoidance of emotions, and includes three basic principles that target the commonalities between emotional disorders: increasing mindful emotional awareness, increasing cognitive flexibility, and reducing avoidance of emotions (Schäuffele et al., 2021).

It is designed to be a flexible intervention that can treat a wide range of emotional disorders (Cassello-Robbins et al., 2020). More than 70 pilot studies have shown that the unified protocol helps reduce symptoms of anxiety and depression disorders, developing emotion regulation skills, and improve quality of life (Barlow & Farchione, 2018).

Previous Studies

By reviewing the results of previous studies relevant to this study, it was indicated that the effectiveness of the unified protocol therapy in the long term in reducing symptoms of anxiety and depression and a moderate to significant improvement in Functionality at work, home, social life and family relationships, which can be concluded that the study results support the durability of long-term treatment gains (Bullisa, Fortunea 2014, Barlow & Farchione, 2018).

Barlow et al. (2018) conducted a study that aimed to compare the effectiveness of the unified protocol therapy (UP) with the effectiveness of specific treatment (SDPs) in the treatment of anxiety disorders such as social anxiety. The study results indicated that the members of the unified protocol treatment group were less withdrawn than the members of the specific treatment group, and the study found that there were no differences in the post-test and follow-up test (after six months) in unified protocol treatment and specific treatment, and it can be concluded that unified protocol treatment is equivalent to the specific treatment in reducing symptoms of emotional disorders, which means that a single treatment can be used to reduce the symptoms of anxiety disorders and depression instead of using multiple individual treatments.

Mehrdadfar, et al. (2023) aimed to verify the effectiveness of unified protocol therapy in improving social-emotional skills (self-regulation, social competence, responsibility and empathy), and the study results indicated an improvement in socio-emotional skills (self-regulation, social competence, responsibility, and empathy).

Research Problem

Through the previously presented studies and theoretical frameworks, the problem of the study is to verify the effectiveness of the counseling program based on the unified protocol in reducing symptoms of social anxiety and developing social competence among divorced women in Riyadh.

Research Questions

The study seeks to answer the following questions:

1. What are the differences between the performance averages of the members of the experimental group and the control group in the post-measurement on the scale of social anxiety and social competence?
2. What are the differences between the average performance of the experimental group members in the pre-post-measurements on the scale of social anxiety and social competence?

3. What are the differences between the average performance of the experimental group members in the post and follow-up measurements on the scale of social anxiety and social competence?

Methodology

Study Design

A semi-experimental approach was used in a two-group design and the study sample consisted of (28) divorced women who were randomly distributed between two equivalent groups (experimental - control) with (14) women for each group. The Social Anxiety Scale (Shawaqfa & Al-Mahayra, 2020), the social competence scale (Al-Far, 2022), and the counseling program based on the unified protocol (Barlow & Farchione, 2018) were also used.

Study population and sample

The original population of the study consisted of all divorced women in the city of Riyadh, totaling (92,557), according to the General Authority for Statistics (2023), and the sample was chosen intentionally from the study population, where the study tools were applied to (152) divorcees who benefited from the Ayyami Society and the Mawaddah Society, and who had been divorced for a period not exceeding five years. (28) women were selected from them who met the following conditions:

They obtained high scores on the social anxiety scale and low scores on the social competence scale. They filled out a consent form to participate in the current study. They were also randomly distributed between two equal groups with (14) women for each group (experimental - control).

The equality of the experimental and control groups was verified before implementing the program using the chi-square test in the following variables: Age (3.40), educational level (1.733), work status (0.243), and number of children (1.202), as well as using the Mann-Whitney test for differences between two independent groups to verify the equality of the two groups in the ranks of the social anxiety scale scores, where the Z value was (-0.834), and in the ranks of the social

competence scale scores, where the Z value for the total score of the scale was (-1.037), and the results indicate the equivalence of the two groups.

Study tools

- *Social Anxiety Symptoms Scale:*

To achieve the objectives of the study, the scale prepared by Shawaqfa and Al-Mahayra (2020) was used, which aimed to estimate the degree of social anxiety symptoms among divorced women. The scale consists of (10) items. The scale's items were answered by choosing one of the following alternatives: Strongly agree, agree, disagree, strongly disagree. They were given grades (4, 3, 2, 1) respectively.

The highest grade that the subject could obtain was (40) and the lowest was (10). The developer of the scale obtained the psychometric properties by presenting it to (10) arbitrators, and through the internal construct validity by applying the scale to a sample of (36) respondents, and obtaining the correlation values between the items and the total score of the scale, and calculating the internal consistency coefficient according to the Cronbach's alpha equation, where it reached (0.916), and reliability was calculated using the split-half method (0.904).

In this study, the psychometric properties of the scale were verified by presenting it to (11) arbitrators, and applying it to (120) divorced women to verify the factorial validity (confirmatory factor analysis), where the ratio between the Chi-square value and the CMIN/DF degrees of freedom was (1.045) and the value of the Root Mean Squared Error of Approximation index (RMSEA) was (0.019), as well as the value of the Root Mean Residual (RMR) was (0.017), and the values of the conformity quality indicators ranged from (0,914-0,999), all of which confirm the factorial validity of the scale.

Through internal consistency, the values of the correlation coefficients between the degree of each item of the scale and the total score of the scale were statistically significant at the level of (0.01), and the composite reliability value of the scale was high, reaching a value of (0.951), and the value of the reliability coefficient using the Cronbach alpha method was (0,948), and the split-half

reliability coefficient corrected using the Spearman-Brown equation for the scale was (0.949), and these results indicated that the scale had a high degree of reliability and validity.

- *Social Competence Scale:*

The Social Competence Scale prepared by Al-Far (2022) was used to estimate the degree of social competence of the subject. The scale consists of (22) items distributed on three dimensions: social compatibility, social intelligence, and social resilience. The items of the scale are answered by choosing one of the following alternatives: Yes, no, sometimes, and was given grades (1-2-3) respectively, and all the items of the scale are formulated positively except for the items (1, 8, 13, 21, 22) which were formulated in a negative form, given grades (1-2-3) respectively.

The scale developer obtained the psychometric properties of the scale by presenting it to (5) arbitrators, and through internal consistency validity by applying the scale to a sample of (10) individuals, and calculating the reliability of the scale using the test-retest method (0.921).

In the current study the psychometric properties of the scale were verified by presenting it to (11) arbitrators, and by applying it to (120) divorced women to verify factorial validity (confirmatory factor analysis) where the ratio between the value of the chi-square and the degrees of freedom CMIN/DF was (1,951) and the value of the Root Mean Squared Error of Approximation (RMSEA) was (0.056), as well as the value of the Root Mean Residual (RMR) was (0.039). The values of the conformity quality indicators ranged from (0.901-0.970), all of which confirm the factorial validity of the scale.

Through internal consistency, the values of the correlation coefficients between the score of each item of the scale and the overall score of the scale showed statistically significant at the level (0.01). The composite reliability value of the total score of the scale was high, reaching (0.967), the reliability coefficient value using the Cronbach's alpha method was (0.948), and the split-half reliability coefficient corrected using the Spearman-Brown equation for the scale was (0.885). Such results indicate that the scale enjoys a high degree of reliability and validity.

- *Unified protocol-based counseling program:*

To build the counseling program based on the unified protocol, the cognitive frameworks were reviewed, and the previous studies for treatment according to the unified protocol (Barlow & Farchione, 2018; Barlow et al., 2018). Moreover, the studies that used unified protocol therapy were reviewed (Bullisa et al., 2014; Barlow, et al. 2017; Bameshgi et al., 2019; Schaeuffele et al., 2021; Camacho et al., 2021; Osma, et al., 2021; Celleri et al., 2022; Mehrdad far et al., 2023; Ito et al., 2023).

The modifications of the program were done according to what suits the study sample, and to verify the validity of the content of the counseling program sessions based on treatment with the unified protocol, it was presented to (11) arbitrators in the field of psychology and psychological counseling, and (80%) of the arbitrators' approval was adopted.

The program aimed to reduce the symptoms of depression by training divorced women to: understand emotions and know their cognitive, behavioral and physiological dimensions, as well as mindful emotional awareness, cognitive flexibility, countering emotional behaviors, confronting physical sensations, and emotional exposure.

The program contained (18) sessions, each session lasting (90) minutes distributed over (6) weeks, three sessions per week. The following was a plan of the program sessions: First session: Introduction and acquaintance, Second session: Definition of symptoms of depression, Third session: emotional experiences, Fourth, fifth and sixth sessions: Self-awareness of emotions, Seventh, Eighth and Ninth Sessions: Mindful Emotional Awareness , Tenth, Eleventh and Twelfth Sessions: Cognitive Flexibility, Thirteenth Session: countering Emotional Behaviors, Fourteenth Session: Confronting Physical Sensations, Fifteenth, Sixteenth and Seventeenth Sessions: Emotional Exposure, Eighteenth Session: Recognizing Accomplishments and Looking forward to the Future.

Results and Findings

1. Differences between experimental and control groups in post measurement on the Social Anxiety Scale:

Table (1) shows that there are statistically significant differences at the level of (0.01) between the averages of the experimental and control grades of the experimental and control groups in the post application of the social anxiety scale favoring the control group, the value of the effect size (r) based on the differences between the experimental and control groups after the application of the program was (0.67), which is a large effect size ($r \geq 0.50$) for the proposed program in reducing social anxiety.

Table (1): the results of "Mann-Whitney" test for the differences between the averages of the experimental and control groups in the **post** measurement on the social anxiety scale

Social Anxiety Scale	Group	No.	Average ranks	Total ranks	Z	Sig. level	Effect size r
Overall score of the scale	Experimental	14	9,00	126,00	-3,552	<0,001	0.67
	Control	14	20,00	280,00			
	Total	28					

2. Differences in the pre-and-post-measurements of the experimental group on the social anxiety scale:

Table (2) shows that there are statistically significant differences at the level of (0.01) between the average ranks of the scores of the experimental group members in the pre- and post-applications on the total score of the social anxiety scale in favor of the pre-application as shown by the increase in negative ranks over the positive ranks, the effect size value (r) based on the differences between the pre- and post-measurements of the experimental group on the social anxiety scale was (0.85), which is a large effect size ($r \geq 0.50$) for the proposed program in reducing social anxiety.

Table (2): the results of "Wilcoxon" test for differences between the average grades of experimental group scores in the pre- and post-applications of the social anxiety scale

Social Anxiety Scale	Level	No.	Average ranks	Total ranks	Z	sig	Effect size r
Overall score of the scale	Negative ranks	13	7.92	103.00	-3.182	<0,001	0.85
	Positive ranks	1	2.00	2.00			
	Neutral ranks	0					
	Total	14					

3. Differences between the experimental and control groups in the post measurement on the social Competence scale:

Table (3) shows that there are statistically significant differences at the level of (0.01) between the averages of the experimental and control grades of the experimental and control group in the post measurement on the social Competence scale, for the total score of the scale and all its sub-dimensions (social compatibility - social intelligence - social resilience) in favor of the experimental group, Where all levels of significance came (<0.01), which means that the scores of the experimental group members are higher than the scores of the control group in the post measurement of the social Competence scale, which indicates the improvement of social Competence among the members of the experimental group, and confirms the effectiveness of the proposed program in improving them, and the value of the effect size (r) of the scale as a whole based on the differences between the experimental and control groups after the application of the program was (0.71), and the effect sizes of the scale dimensions (0.75 - 0.64 - 0.61) on Ranking, all have significant impact sizes ($r \geq 0.50$) of the proposed program in improving social Competence .

Table (3): Results of "Mann Whitney" test for differences between the averages of the ranks of the experimental and control groups in the scale of social competence (total score and dimensions) in the post measurement

Social Competence Scale	Group	No.	Average ranks	Total ranks	Z	sig	Effect size r
Social compatibility	Experimental	14	20,68	289,50	-3,995	<0,001	0.75
	Control	14	8,32	116,50			
	Total	28					
Social intelligence	Experimental	14	19,71	276,00	-3,368	<0,001	0.64
	Control	14	9,29	130,00			
	Total	28					
Social Resilience	Experimental	14	19,46	272,50	-3,220	0,001	0.61
	Control	14	9,54	133,50			
	Total	28					
Overall score of the scale	Experimental	14	20,36	285,00	-3,773	<0,001	0.71
	Control	14	8,64	121,00			
	Total	28					

4. Differences in the pre- and post-measurements of the experimental group on the social Competence scale:

Table (4) shows that there are statistically significant differences at the level of (0.01) or less between the mean scores of the experimental group members in the pre- and post-applications for all dimensions of the social Competence scale, and the total score of the scale is in favor of the post-application as shown by the increase in positive ranks over the negative ranks and the value of the effect size (r) for the scale as a whole based on the differences between the pre- and post-measurements of the experimental group on the Social Competence was (0.85), and the impact sizes for the dimensions of the scale were (0.89-0.83-0.80) respectively, all of which are large impact sizes ($r \geq 0.50$) for the proposed program in improving social Competence .

Table (4): Results of Wilcoxon Test for Differences between the mean scores of the Experimental Group in the Pre- and-Post-Applications of the Social Competency Scale

Social Competence Scale	Level	No.	Average ranks	Total ranks	Z	sig	Effect size r
Social compatibility	Negative ranks	0	0.00	0.00	-3.310	0.001	0.89
	Positive ranks	14	7.50	105.00			
	Neutral ranks	0					
	Total	14					
Social intelligence	Negative ranks	2	1.50	3.00	-3.116	0.002	0.83
	Positive ranks	12	8.50	102.00			
	Neutral ranks	0					
	Total	14					
Social Resilience	Negative ranks	2	1.50	3.00	-2.985	0.003	0.80
	Positive ranks	11	8.00	88.00			
	Neutral ranks	1					
	Total	14					
Overall score of the scale	Negative ranks	0	0.00	0.00	-3.183	0.001	0.85
	Positive ranks	13	7.00	91.00			
	Neutral ranks	1					
	Total	14					

5. Differences in the post and follow-up measurements of the experimental group on the social anxiety scale:

Table 5 shows that there are no statistically significant differences between the mean scores of the experimental group members in the post and follow-up applications on the total score of the social anxiety scale, as shown by the convergence of the number of negative and positive ranks, which indicates the previous result that the scores of the experimental group members on the social anxiety scale in the follow-up application (a month after the application of the proposed program) has continued to decline after the application of the proposed program, and did not return to its level before the application of the program.

Table (5): Results of Wilcoxon test for differences between the mean scores of the experimental group in the post and follow-up applications of the social anxiety scale

Social Anxiety Scale	Level	No.	Average ranks	Total ranks	Z	Sig
Overall score of the scale	Negative ranks	6	4,92	29,50	-0,313	0,755
	Positive ranks	5	7,30	36,50		
	Neutral ranks	2				
	Total	13				

6. Differences in the post and follow-up measurements of the experimental group on the social Competence scale:

Table 6 shows that there were no statistically significant differences between the mean scores of the experimental group members in the post and follow-up applications in all dimensions of the social Competence scale, and in the total score of the scale as shown by the convergence of the number of negative and positive ranks in all dimensions of the scale, and in the equal number of positive and negative ranks in relation to the total score of the scale. The previous result indicates that the scores of the experimental group members on the social Competence scale in the post application (a month after the application of the proposed program) continued at the height that occurred after the application of the proposed program, and did not decline to their level before the application of the program.

Table (6): Results of Wilcoxon test for differences between the mean scores of the experimental group in the post and follow-up applications of the social competence scale

Social Competence Scale	Level	No.	Average ranks	Total ranks	Z	sig
Social compatibility	Negative ranks	6	7,17	43,00	-0,902	0,367
	Positive ranks	5	4,60	23,00		
	Neutral ranks	2				
	Total	13				
Social intelligence	Negative ranks	4	4,88	19,50	-0,835	0,404
	Positive ranks	6	5,92	35,50		
	Neutral ranks	3				
	Total	13				
Social Resilience	Negative ranks	4	3,63	14,50	-0,085	0,932
	Positive ranks	3	4,50	13,50		
	Neutral ranks	6				
	Total	13				
Overall score of the scale	Negative ranks	5	4,70	23,50	-0,409	0,682
	Positive ranks	5	6,30	31,50		
	Neutral ranks	3				
	Total	13				

Discussion

The **first & second results** confirmed the effectiveness of the Unified protocol-based counseling program in reducing social anxiety symptoms among members of the experimental group. This was consistent with the result of Barlow et al. (2017) that showed the effectiveness of the unified protocol therapy in reducing anxiety disorders in general. Moreover, other studies showed similar results (Celleri, et al., 2014; Camacho et al., 2021; Bullisa et al., 2022).

The result showed the effectiveness of the counseling program based on the unified protocol in reducing the symptoms of social anxiety among divorced women that can be attributed to the various techniques that target the symptoms. The most prominent symptoms of social anxiety among divorced women are the presence of negative beliefs about self-social interaction situations (Radwan, 2001; Al-Joufi, 2014; Dickson, 2015).

According to the cognitive model of social anxiety of Clark and Wells (1995), a socially anxious person has three false beliefs: the existence of unrealistic high standards of social performance and negative beliefs associated with social functioning outcomes and negative beliefs about oneself. These beliefs lead the individual to direct his attention to aspects that are consistent with his negative beliefs rather than to the positive aspects of the social interaction situation (Hofling et al., 2012).

The unified protocol targets thinking errors and negative attribution by increasing cognitive flexibility. It appears that divorced women during social interaction feel anxiety and tension, which leads to the emergence of physical symptoms such as increased heartbeat, tremors and dry throat, and this is what Mahmoud (2020) pointed. This was consistent with the cognitive model of social anxiety of Clark and Wells (1995) and the cognitive-behavioral model of social anxiety of Rabie and Heimberg (1997).

The Unified Protocol targets the physical symptoms associated with social anxiety - increased heartbeat, tremor and dry throat by counteracting internal sensations using internal exposure training and through exercise the woman gains the ability to tolerate this sensation without making judgments, thus changing the belief that the symptoms are severe, annoying and unbearable and that others will notice them and therefore judge them negatively to the belief that they are tolerable symptoms, as well as recognizing that resistance to these symptoms increases their strength and escalation, it thus, helps women believe that social interaction was possible despite the presence of these symptoms.

One of the reasons for the continued emergence of symptoms of social anxiety in divorced women was the lack of focus on the current moment during social interaction, either to think about a situation that happened previously or preoccupied with thinking about herself, as well as many negative judgments on the self. This was consistent with the cognitive model of social anxiety (Clark & Wells, 1995) and the cognitive model of continued social anxiety (Hofmann, 2007), who believed that one of the factors contributing to the continuation of social anxiety was the focus of attention towards oneself.

One of the reasons for the persistence of symptoms of social anxiety and the increase in its symptoms among divorced women are rumination on social situations of divorcee after the end of such situations (Shooshtari et al., 2016) and this was consistent with the theoretical conceptualization of the cognitive model of the persistence of social anxiety (Hofmann, 2007) and the interpersonal perspective of social anxiety (Alden, 2005). The unified protocol addressed these two symptoms - decreased mental alertness and rumination - through training in mindful emotional awareness.

One of the most prominent symptoms of social anxiety in divorced women was the avoidance of social situations after their divorce (Mahmoud, 2020, Rahimi & Zare 2016). This was consistent with the interpersonal perspective of social anxiety (Alden, 2005) and targeted the protocol through two exercises: the ARC model and emotional exposure.

The **third & fourth findings** indicated the effectiveness of the program based on the unified protocol in developing social competence among divorced women, and were consistent with the study findings of (Mehrdadfar et al., 2023) that showed that the unified protocol was effective in improving social-emotional skills (self-regulation, social competence and responsibility, and empathy), and was partially consistent with the study of (Mohammadpour et al., 2018).

The researcher attributed the Competence of the unified protocol in developing social competence among divorced women to the fact that the program was designed to develop the most important dimension of social Competence, which was the dimension of emotional regulation. This was

consistent with the study of (Bornstein, et al., 2010; Junge, et al., 2020; Kwon & López-Pérez, 2021; Nassar 2021)

Women linked what happened during social interaction to previous events and often judged themselves, such as thinking that I should not say such and such or do such or feel so-and-so, so they become absorbed in thinking about the past and observing themselves, which made them far from the present moment and could not process information related to the situation, which lead to poor social skills and thus did not get the gains of interaction and weaken their adaptation (Dunsmore , 2001; Rose-Krasnor et al., 2009).

In light of the quadruple model of social competence (Phillips, 1990), one of the most important elements of social competence was the individual's ability to pay attention to emotional signals in the situation and their ability to employ them to perform socially appropriate responses and to form positive relationships with others, through mindful emotional awareness, women could be present at the present moment and pay attention to social signals during social interaction, so they were more aware of the requirements of the social situation and more able to respond in appropriate ways.

The researcher noticed through communication with the members of the experimental sample during the program sessions that divorced women responded in a non-adaptive way to social situations that provoked discomfort such as criticism of others and lack of support, and this was consistent with what the theory of resource control (Stump, et al., 2009). This indicated that there were two ways to access social resources, either through strategies of coercion or through positive social strategies.

Confronting emotional behaviors contributed to reducing the emergence of maladaptive behavior and replacing it with other non-emotional - adaptive behavior and was done through the use of the ARC model. Divorced women's low social competence is linked to many negative beliefs about themselves, others, and social situations, (Spence, et al., 1999; Al-Jawfi, 2014; Abu Yahya, 2019).

In light of the Social Information Processing Model (Crick & Dodge, 1994), the first stage of the model – the interpretation of social cues – is an essential element of social interaction, a process that precedes and determines responses. After divorce, women have low self-esteem (Badr, 2021), and low social competence is associated with low self-esteem (Mubarak, 2011), and the unified protocol targets these two symptoms – miss-thinking and poor cognitive control - through training on cognitive flexibility.

Previous methods and procedures – mindful emotional awareness, cognitive flexibility and confronting emotional behaviors- aimed to address low social Competence, and it was worth noting that social competence skills could be obtained through training, and for their development, the method of emotional exposure was used. Developing divorced women’s social competence skills will bring them many benefits; such as enabling divorced women to solve social problems, develop warm relationships, and obtain the benefits of social interaction such as support, and approval, thus reducing withdrawal and isolation, and accordingly increasing their social compatibility.

According to Abdel Maqoud (2008), social competence is the cornerstone of coexistence and interaction with society, and it is also a basic requirement for the individual to succeed in his/her life and social relations, as the individual with social competence succeeds in choosing the appropriate skills for each situation and uses them in ways that lead to positive outcomes.

The **fifth & sixth results** confirmed the continued effectiveness of the program in reducing social anxiety symptoms and improving the level of social competence among the experimental group members a month after the end of the program, and this result was consistent with (Bullisa, et al., 2014; Barlow, et al. 2017; Schaeuffele, et al., 2021; Osma, et al., 2021).

The researcher attributed the continued effectiveness of the program to the fact that the unified protocol was based on the principles of trans-diagnostic therapy, which deemed that emotional disorders shared the factors underlying the emergence of emotional disorders such as neuroticism, negative influence and sensitivity to anxiety, and that it used techniques and therapeutic methods

that target common factors instead of using techniques and methods that target specific symptoms (Schäuffele, et al., 2021).

Unified protocol therapy is equivalent to the specific treatment in reducing symptoms of emotional disorders, which means that a single treatment can be used to reduce symptoms of anxiety disorders and depression rather than using multiple individual treatments (Barlow et al., 2017).

One of the things that contributed to the continued effectiveness of the program was the design of the last session with the aim of reviewing achievements and planning for the future, as well as providing the program as group guidance, which helped women get support, empathy and exchange of experiences. Group counseling gave results similar to individual counseling, in addition to that; group counseling excelled in reducing the stigma associated with treatment, increasing the exchange of experiences among group members, and obtaining support and motivation (Barlow et al., 2018).

One of the indicators of the effectiveness of the program was the lack of withdrawal of members of the experimental group, and this was consistent with the findings of Barlow et al. (2017) that showed that the members of the Unified protocol therapy group (UP) were less withdrawn than the members of the specific treatment group (SDPs).

The researcher attributed this to the strong construction of the counseling program and its containment of information of high value and appropriate to the needs of divorced women and the design of the first session with the aim of raising the motivation for treatment, as well as providing it online, which greatly contributed to the ease of attendance of women for the sessions and this was consistent with the results of previous studies that indicated the effectiveness of online counseling based on the unified protocol (Schäuffele, et al., 2021; Celleri, et al., 2022; Peláez, et al., 2022).

Conclusion

Ultimately, the study showcased the efficacy of a counseling program rooted in the Unified Protocol Therapy. This program successfully diminished symptoms of social anxiety and bolstered social competence among divorced women residing in Riyadh, Saudi Arabia. The results indicated that the experimental group, which participated in the counseling program, demonstrated notable enhancements in social competence in comparison to the control group. In addition, the control group had lower ratings for social anxiety after the intervention, but the experimental group demonstrated a significant reduction in social anxiety after participating in the program.

The findings emphasize the significance of offering customized social and psychological assistance to women who have gone through divorce, especially in specific settings like Riyadh, Saudi Arabia. The study program provides useful insights for the advancement of training and support efforts designed to improve the well-being and social integration of divorced women. Furthermore, the results underscore the importance of both preventative and remedial measures in tackling the distinct difficulties experienced by divorced women, underscoring the potential advantages of incorporating comparable counseling initiatives within the wider framework of social and psychological support. In summary, the study highlights the importance of focused interventions in empowering and assisting divorced women in their personal and social spheres.

Recommendations

According to the findings of this study, it is recommended to:

- 1- **Conduct Comprehensive Studies:** it is essential to conduct in-depth research to evaluate the effectiveness of unified protocol-based counselling programs in reducing mental disorders. These studies should encompass a diverse range of demographic groups within Saudi society to better understand the program's impact and its adaptability to various needs and context.
- 2- **Community-based Outreach:** To promote mental health and well-being, it is advisable to organize treatment and counselling programs with a dual focus on prevention and intervention. This can be achieved through interactive workshops and community meetings, aligned with

significant events such as International Day for the Elimination of Violence against Women and International Women's Day. These gatherings should target the identified groups, providing them with the necessary tools to cope with mental health challenges.

- 3- Collaborate with relevant associations and government authorities to underscore the significance of addressing the mental health needs of divorced women. Encourage them to prioritize and allocate resources for psychological, therapeutic, and counselling services tailored to this specific group. Advocacy can play a pivotal role in increasing awareness and garnering support for comprehensive mental health care.

Limitations

The limitations of the study are represented in the effectiveness of a counseling program based on the unified protocol in reducing symptoms of social anxiety and developing social competence among divorced women who attend the Ayyama Association and the Mawaddah Association in the city of Riyadh. The study was implemented during the year (2023), so the results were determined by the characteristic that was applied.

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