




# The Effectiveness of Integrated Unified Protocol for Transdiagnostic Treatment on the Self-Concept of Children with Internalized Behavior Problems

Maryam Sadat. Hosseini<sup>1</sup>, Simindokht. Rezakhani<sup>2\*</sup>, Pantea. Jahangir<sup>3</sup>

<sup>1</sup> PhD Student, Department of Counseling, Roudehen Branch, Islamic Azad University, Roudehen, Iran

<sup>2</sup> Associate Professor, Department of Counseling, Roudehen Branch, Islamic Azad University, Roudehen, Iran

<sup>3</sup> Assistant Professor, Department of Counseling, Roudehen Branch, Islamic Azad University, Roudehen, Iran

\* Corresponding author email address: rezakhani@riau.ac.ir

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### ABSTRACT

In recent years, the mental and emotional health of children has received increasing attention within the field of psychology, with a particular focus on behavioral problems. This study aims to investigate the effectiveness of the Unified Protocol for Transdiagnostic Treatment on the self-concept of children exhibiting internalized behavior problems. This study employed a semi-experimental design with pre-test, post-test, and follow-up assessments (2 months) and a control group. The statistical population comprised all children aged 8 to 10 years with internalized behavioral problems in Najaf Abad city in the second half of 2022. A total of 30 children were selected based on the inclusion criteria using a convenience sampling method and were randomly assigned to two groups of 15 participants each (experimental and control). The Children's Self-Concept Scale (Piers-Harris, 1969) was used to measure self-concept. The experimental group received the Unified Protocol for Transdiagnostic Treatment (children's version) for 15 sessions, each lasting 120 minutes, delivered weekly. The control group received no intervention. Data were analyzed using repeated measures analysis of variance (ANOVA). Repeated measures ANOVA indicated that the Unified Protocol for Transdiagnostic Treatment significantly improved the self-concept of children in the experimental group, with the effects remaining stable over time. The implementation of the Unified Protocol for Transdiagnostic Treatment can strengthen and improve the self-concept components in children with internalized behavioral problems. This intervention may therefore be considered an effective approach to enhancing self-concept and reducing psychological and behavioral disorders in this population.

**Keywords:** *self-concept, Unified Protocol for Transdiagnostic Treatment, internalized behavior problems*

## 1. Introduction

Children today are the architects of tomorrow's society, and their health and well-being will profoundly impact the future health of society and subsequent generations (Talkovsky et al., 2017). Researchers and experts in child and adolescent psychology assert that many behavioral and psychological issues experienced during childhood persist into adolescence and adulthood, and as these issues endure, they become progressively more difficult to treat (Kennedy et al., 2018). Behavioral problems are among the most common and debilitating childhood disorders, both in terms of incidence and prevalence. As a result, there has been an increasing focus on addressing children's behavioral problems in recent years (Abdolali et al., 2023).

The new dimensional classification model of childhood disorders identifies two categories of behavioral problems: internalized and externalized (Abbasi Abrazgah et al., 2024). Externalizing disorders include issues such as law-breaking, aggression, hyperactivity, and conduct disorders, while internalizing disorders are characterized by symptoms such as anxiety, depression, social isolation, and withdrawal (Tabrizi et al., 2023).

In addition to the significance of biological factors and problematic parent-child relationships, children's perceptions and mental evaluations of their own behavioral characteristics—referred to as self-concept—play a crucial role in the onset, development, persistence, or exacerbation of internalized behavioral problems (Ain, 2024). During childhood, self-concept evolves significantly, becoming more comprehensive. At ages 7 and 8, children begin evaluating their cognitive, social, and physical abilities through comparisons with their peers, gradually developing a more realistic self-concept and perception of their capabilities. This self-concept largely shapes the individual's behavior (Rohmalimna et al., 2022). Consequently, self-concept can significantly influence the intensification or alleviation of behavioral problems. As damage to self-concept can jeopardize a child's mental health and contribute to behavioral issues, interventions aimed at improving self-concept—alongside addressing emotional and behavioral problems—are essential.

One such intervention is the Unified Protocol for Transdiagnostic Treatment, an integrated therapy developed to treat psychological, emotional, and behavioral problems. Rooted in cognitive-behavioral therapy, the Unified Protocol emphasizes emotional regulation and the modification of

maladaptive emotion regulation strategies (Ehrenreich-May & Bilek, 2012; Gallegirian et al., 2022). Ehrenreich-May et al. (2012) developed two versions of this transdiagnostic protocol for treating anxiety and depression in adolescents (Protocol for the Treatment of Emotional Disorders in Adolescents, UP-A) and children (Protocol for the Treatment of Emotional Disorders in Children, UP-C). The protocol, originally designed by Barlow et al. (2011), was adapted for children in the form of the Unified Protocol for Transdiagnostic Treatment for Children, also known as "Emotion Detectives" (UP-C:ED). This protocol aligns with the original framework in both content and structure (Barlow et al., 2017; Ehrenreich-May & Bilek, 2012).

Research on children has demonstrated that the Unified Protocol for Transdiagnostic Treatment positively influences various components of self-concept, including intellectual status, attitude (Kennedy et al., 2018; Sakiris & Berle, 2019), behavior (Sandín et al., 2020), anxiety (Loevaas et al., 2020), and social skills (Alavi et al., 2022). Given the effectiveness of the Unified Protocol for Transdiagnostic Treatment in improving the behavioral, psychological, and emotional health of children with behavioral problems, the present study aims to investigate its impact on the self-concept of children with internalized behavioral issues.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The statistical population of this study consisted of all children aged 8 to 10 years with internalized behavioral problems in Najaf Abad city during the second half of 2022. A total of 30 children were selected based on the inclusion criteria using a convenience sampling method and were randomly assigned to two groups of 15 participants each (experimental and control). To assess the stability of the therapeutic intervention's effect over time, the research questionnaire was re-administered to the experimental group after 2 months.

The inclusion criteria for this study were: informed consent, willingness to participate, presence of internalized behavioral problems based on the diagnostic criteria of the DSM-5, an age range of 8 to 10 years, no concurrent psychotherapy or use of psychiatric medication. The exclusion criteria included: more than two missed sessions, diagnosis of disorders other than internalized behavioral problems according to the DSM-5 and a clinical interview, previous participation in psychological treatment or group

therapy, and occurrence of unforeseen events during the study.

To ensure ethical compliance, participant information was kept confidential. After the completion of the study, individuals in the control group were invited to participate in the therapeutic intervention on a voluntary, free-of-charge basis, and 8 mothers and children from the control group subsequently participated in the sessions.

## 2.2. Measures

### 2.2.1. Self-Concept

Children's Self-Concept Scale (CSCS), developed by Piers-Harris (1969), was used to measure the self-concept of children and adolescents. The scale consists of six sub-scales: behavior, intellectual and academic status, physical appearance and attitudes, anxiety, reputation, and happiness and satisfaction. To assess the reliability of the scale, Piers-Harris (1969) conducted a test-retest with a two-month interval and found a correlation coefficient of 0.88 for the total score, indicating high reliability. In Iran, Saatchi, Kamkari, and Askarian (2009) reported alpha coefficients for the sub-scales ranging from 0.77 to 0.84, demonstrating high reliability and strong content validity. Expert evaluations from professors in education and psychology indicated that the scale possessed optimal content validity (Mikaeili et al., 2013).

## 2.3. Intervention

### 2.3.1. Unified Protocol for Transdiagnostic Treatment

Session 1: Introduction to Emotions and the Unified Protocol

The first session introduces the children to the concept of emotions, helping them recognize and label different emotional states. The therapist explains that emotions are normal and serve important functions, but sometimes, children's emotional reactions can be unhelpful or overwhelming. The session also introduces the Unified Protocol for Transdiagnostic Treatment (UP-C), explaining its purpose in helping children manage their emotions and behavior. The therapist works with the children and their parents (mothers) to establish rapport and create a safe, supportive environment for learning.

Session 2: Understanding and Identifying Internalizing Symptoms

In the second session, the therapist discusses common internalizing symptoms, such as anxiety, sadness, and social

withdrawal, helping children identify their own emotional and behavioral patterns. Children are encouraged to talk about times when they feel these emotions, and how they affect their thoughts and behaviors. Parents are also involved in understanding these symptoms to provide support at home. Psychoeducation on internalizing disorders is provided, emphasizing the connection between thoughts, feelings, and behavior.

Session 3: Learning to Monitor Emotions

This session focuses on helping children monitor and track their emotional states over time. They are taught how to use an emotion diary, where they can record situations that trigger intense emotions, how they felt, and what they did in response. This exercise helps children become more aware of their emotional patterns and the situations that contribute to their emotional distress. Parents are encouraged to support their children in maintaining the emotion diaries at home.

Session 4: Cognitive Restructuring: Identifying Negative Thought Patterns

In the fourth session, children are introduced to the concept of negative thought patterns and how these thoughts can contribute to emotional distress. The therapist teaches children how to recognize automatic negative thoughts, such as "I'm not good enough" or "People won't like me," and helps them understand the link between thoughts, feelings, and behavior. The therapist then guides children through exercises to challenge these thoughts and replace them with more balanced and realistic alternatives.

Session 5: Learning to Challenge Unhelpful Thoughts

Building on the previous session, this session focuses on practical strategies for challenging and reframing unhelpful thoughts. Children are taught how to ask themselves questions such as "What evidence do I have for this thought?" and "Is there another way to look at this situation?" Through role-playing and real-life examples, children practice disputing their negative thoughts and replacing them with more helpful and realistic ones. The goal is to reduce emotional distress and enhance self-efficacy.

Session 6: Introduction to Emotion Regulation Strategies

In session six, children learn about emotion regulation and how they can manage strong emotions more effectively. The therapist introduces various coping strategies, such as deep breathing, progressive muscle relaxation, and mindfulness techniques. Children practice these strategies during the session and are encouraged to use them at home when they encounter challenging emotions. Parents are

taught how to reinforce these strategies in the home environment.

#### Session 7: Exposure to Avoidance and Safety Behaviors

This session addresses avoidance behaviors, which are common in children with internalizing disorders. The therapist explains how avoidance can reinforce anxiety and other negative emotions in the long run. Children are guided through a process of identifying their avoidance behaviors (e.g., avoiding social situations, avoiding schoolwork) and are encouraged to face these situations gradually. The therapist works with the children to develop a hierarchy of feared situations and begin confronting them step by step in a controlled manner.

#### Session 8: Gradual Exposure to Anxiety-Inducing Situations

Building on the previous session, the children begin to implement gradual exposure to anxiety-inducing situations. They are encouraged to start with less distressing scenarios from their avoidance hierarchy and practice using the emotion regulation strategies learned in earlier sessions. The goal is to help children reduce their fear and anxiety through repeated exposure and the application of coping techniques. Parents are involved in providing encouragement and support throughout the exposure process.

#### Session 9: Enhancing Social Skills and Self-Esteem

This session focuses on improving social skills and boosting self-esteem. The therapist teaches children strategies for initiating and maintaining positive social interactions, such as making eye contact, using open body language, and starting conversations. Children are also encouraged to identify their strengths and positive attributes to help build their self-esteem. Parents are taught how to provide positive reinforcement and praise for their children's efforts to engage socially and improve their self-concept.

#### Session 10: Building Problem-Solving Skills

In this session, children are introduced to problem-solving techniques that can help them manage challenges in their lives. The therapist teaches a step-by-step approach to problem-solving, which includes identifying the problem, brainstorming possible solutions, weighing the pros and cons, and selecting the best course of action. Children practice solving problems in session and are encouraged to apply these skills to real-life situations. Parents are encouraged to support their children in using problem-solving strategies at home.

#### Session 11: Managing Worry and Rumination

In this session, the therapist addresses excessive worry and rumination, which are common in children with

internalizing disorders. Children are taught cognitive-behavioral strategies to interrupt and manage repetitive, anxious thoughts. They learn techniques such as thought-stopping, rethinking their worries, and setting aside time for "worrying" later in the day. The goal is to reduce the impact of excessive worry on children's emotional well-being.

#### Session 12: Building Resilience and Coping with Setbacks

The focus of session 12 is on building resilience and coping with setbacks. Children are taught how to bounce back from difficulties and view challenges as opportunities for growth. They practice reframing negative events and developing a more optimistic outlook. The therapist helps children develop a "growth mindset" and learn that mistakes are a natural part of life. Parents are involved in reinforcing these resilience-building strategies at home.

#### Session 13: Review and Consolidation of Skills

In this session, the therapist reviews all the skills and strategies learned throughout the intervention, including emotion regulation, cognitive restructuring, exposure, and problem-solving. Children and parents are encouraged to reflect on their progress and identify areas where they may need further practice. The therapist provides additional guidance and support as needed, ensuring that children feel confident in applying these strategies independently.

#### Session 14: Preparing for the Future and Relapse Prevention

Session 14 focuses on preparing children and parents for the future. The therapist discusses the potential for setbacks and relapses but emphasizes that the skills learned during the intervention can help children manage challenges moving forward. The session includes a relapse prevention plan, where children and parents work together to identify warning signs of emotional distress and develop a plan for addressing them before they escalate.

#### Session 15: Termination and Final Review

The final session marks the conclusion of the intervention. The therapist reviews the overall progress made by the child and family and celebrates successes. Children and parents reflect on how they have grown and how they will continue to use the skills learned in the future. The therapist provides a final summary of the intervention and offers additional resources or referrals if needed. Follow-up plans are discussed to ensure ongoing support and maintenance of progress.

## 2.4. Data Analysis

Data analysis was conducted using repeated measures analysis of variance (ANOVA), multivariate analysis of covariance (MANCOVA), and univariate analysis of covariance (ANCOVA). Statistical analyses were performed using SPSS-22 software.

## 3. Findings and Results

**Table 1**

*Mean and Standard Deviation of Research Variables*

Variable	Group	Pre-Test M (SD)	Post-Test M (SD)	Follow-Up M (SD)
Behavior	Experimental	47.12 (6.35)	52.35 (5.87)	54.04 (5.23)
	Control	46.98 (6.29)	48.29 (6.45)	48.77 (6.02)
Intellectual/Educational Status	Experimental	45.78 (7.01)	51.00 (6.14)	52.56 (5.79)
	Control	46.25 (6.92)	46.83 (7.13)	47.21 (6.94)
Appearance and Attitudes	Experimental	43.67 (7.48)	47.28 (6.31)	48.92 (6.08)
	Control	44.18 (7.22)	44.79 (7.04)	45.14 (6.98)
Anxiety	Experimental	48.06 (6.82)	42.78 (7.15)	41.64 (6.37)
	Control	47.94 (6.53)	47.15 (6.85)	46.98 (6.44)
Reputation	Experimental	49.84 (6.15)	54.27 (5.92)	55.13 (5.49)
	Control	50.02 (6.05)	51.18 (6.09)	51.49 (6.14)
Happiness and Satisfaction	Experimental	46.15 (7.03)	51.56 (6.24)	53.32 (5.94)
	Control	45.95 (7.08)	46.80 (6.94)	46.91 (7.02)
Total Score	Experimental	278.60 (35.54)	299.24 (32.38)	304.61 (30.67)
	Control	280.32 (33.22)	293.13 (33.85)	294.30 (32.41)

The data were analyzed using repeated measures analysis of variance (ANOVA). [Table 2](#) presents the results of the multivariate analysis, which tested the effect of the

The mean age of the children in the experimental group was 9.07 years (SD = 0.80), while in the control group, it was 9.13 years (SD = 0.83). The mean age of the mothers in the experimental group was 35.80 years (SD = 3.38), and in the control group, it was 35.93 years (SD = 3.10).

[Table 1](#) presents the mean (M) and standard deviation (SD) values for all self-concept components, as well as the total self-concept score, in both the experimental and control groups at the pre-test, post-test, and follow-up stages.

implementation of the Unified Protocol for Transdiagnostic Treatment on the components of children's self-concept.

**Table 2**

*Multivariate Analysis Results Evaluating the Effect of the Intervention on the Components of Children's Self-Concept*

Dependent Variable	Wilks' Lambda	F	df	p	$\eta^2$	Test Power
Behavior	0.620	8.28	27	0.002	0.380	0.941
Intellectual/Educational Status	0.579	9.81	27	0.001	0.421	0.970
Appearance and Attitudes	0.752	4.45	27	0.021	0.248	0.714
Anxiety	0.604	8.84	27	0.001	0.396	0.954
Reputation	0.548	11.16	27	0.001	0.452	0.985
Happiness and Satisfaction	0.719	5.29	27	0.012	0.281	0.792
Total Score	0.414	19.11	27	0.001	0.586	1.00

The results indicate that the implementation of the intervention significantly affected the components of behavior, intellectual/educational status, appearance and attitudes, anxiety, reputation, happiness and satisfaction, as well as the total self-concept score (Wilks' Lambda = 0.414,  $p = 0.001$ ,  $F = 19.11$ ). In the analysis of repeated measures ANOVA, the interaction effect of group  $\times$  time was significant for both the individual components of self-

concept and the total self-concept score. Specifically, the Unified Protocol for Transdiagnostic Treatment led to an increase in the mean scores for the components and total score of children's self-concept at the post-test and follow-up stages compared to the pre-test.

To further explore the changes in the experimental group, a Bonferroni post hoc analysis was conducted. The results are summarized in [Table 3](#), showing significant differences



between the pre-test, post-test, and follow-up stages for each component of self-concept.

**Table 3**

*Bonferroni Post Hoc Analysis Results for the Experimental Group*

Variable	Comparison	Mean Difference (MD)	p-value
Behavior	Pre-test vs Post-test	-5.23	0.001
	Post-test vs Follow-up	-1.69	0.193
Intellectual/Educational Status	Pre-test vs Post-test	-5.22	0.002
	Post-test vs Follow-up	-1.56	0.206
Appearance and Attitudes	Pre-test vs Post-test	-3.61	0.010
	Post-test vs Follow-up	-1.64	0.248
Anxiety	Pre-test vs Post-test	5.28	0.001
	Post-test vs Follow-up	1.14	0.150
Reputation	Pre-test vs Post-test	-4.43	0.001
	Post-test vs Follow-up	-0.86	0.308
Happiness and Satisfaction	Pre-test vs Post-test	-5.41	0.001
	Post-test vs Follow-up	-1.76	0.135
Total Score	Pre-test vs Post-test	-20.64	0.001
	Post-test vs Follow-up	-5.37	0.276

The Bonferroni post hoc analysis confirmed that all comparisons between the pre-test and post-test stages in the experimental group were statistically significant, indicating substantial improvements in the self-concept components. Specifically, there were significant improvements in behavior, intellectual/educational status, appearance and attitudes, anxiety, reputation, happiness and satisfaction, and the total self-concept score from the pre-test to the post-test (all  $p$ -values  $\leq 0.010$ ). However, the post-test vs follow-up comparisons were not significant, suggesting that the improvements observed in the post-test stage were generally maintained at the follow-up stage, with no further significant changes. The results indicate that the Unified Protocol for Transdiagnostic Treatment led to significant improvements in children's self-concept at post-test, which were largely sustained at the two-month follow-up.

#### 4. Discussion and Conclusion

The results of this study indicated that the Unified Protocol for Transdiagnostic Treatment significantly improved self-concept and its components in children with internalized behavioral problems, with the effects remaining stable over time. This finding is consistent with the results reported in previous research (Fernández-Martínez et al., 2020; Sandín et al., 2020; Talkovsky et al., 2017). The Unified Protocol for Transdiagnostic Treatment incorporates strategies such as cognitive restructuring, self-regulation of thoughts, emotional exposure (both mental and in vivo), awareness and control of bodily sensations, and emotional

response management. Learning these skills contributes significantly to the improvement of behavioral, cognitive, and emotional evaluations, particularly in alleviating anxiety (Barlow et al., 2017). This heightened awareness of emotions and cognitions enables children and adolescents to develop the necessary confidence to manage their emotions, physical tensions, and self-perceptions, which fosters a more positive self-concept and reduces behavioral problems (Sakiris & Berle, 2019).

A key skill taught in the Unified Protocol for Transdiagnostic Treatment is the challenge of negative and anxiety-provoking evaluations related to internal and external stressors, such as physical sensations and emotional responses (Sandin et al., 2021). This process aids in forming a more accurate perception of one's self-image. Moreover, acquiring this knowledge provides children and adolescents with the psychological security needed to confront their authentic selves constructively, thereby enhancing both their performance and mental resilience, which ultimately reduces negative thinking patterns (de Ornelas Maia et al., 2015). In essence, the emotional regulation strategies used in the Unified Protocol for Transdiagnostic Treatment teach individuals to increase their tolerance toward emotions. This process not only improves self-evaluations but also enhances their understanding of personal competence and mental well-being, contributing to an overall improvement in self-concept (Grossman & Ehrenreich-May, 2020).

One limitation of this study is the relatively small sample size, which may limit the generalizability of the findings to

larger populations of children with internalized behavioral problems. Additionally, the study relied on a single method of data collection (self-report measures), which may introduce biases such as social desirability or inaccurate self-assessment. The study's focus on a specific geographical location (Najaf Abad city) also restricts the applicability of the results to other cultural or demographic groups. Furthermore, the lack of a long-term follow-up (beyond two months) limits the ability to assess the enduring effects of the intervention. Finally, the absence of a measure to assess potential therapist effects (e.g., expertise or consistency in delivery of the intervention) may have influenced the results.

Future research could address these limitations by including a larger, more diverse sample across different regions and cultures to enhance the generalizability of the findings. Longitudinal studies with extended follow-up periods could provide valuable insights into the long-term efficacy of the Unified Protocol for Transdiagnostic Treatment in children with internalized behavioral problems. Moreover, future studies could incorporate multiple data collection methods, such as behavioral observations or reports from teachers and parents, to obtain a more comprehensive understanding of the intervention's impact. Additionally, exploring the role of therapist characteristics (e.g., training, experience) in the outcomes of the intervention could further refine the application of the treatment.

The findings of this study have significant implications for clinical practice, particularly for psychologists and mental health professionals working with children facing internalized behavioral problems. The Unified Protocol for Transdiagnostic Treatment offers an effective approach for improving children's self-concept and emotional regulation, which could be incorporated into therapeutic settings to address a range of internalizing disorders. Practitioners should consider integrating emotional awareness and cognitive restructuring techniques into their treatment plans to promote better emotional resilience and self-efficacy in children. Additionally, the study highlights the importance of early intervention in shaping positive self-concept, suggesting that the Unified Protocol could be particularly beneficial in school-based mental health programs or community outreach initiatives targeting children at risk for emotional and behavioral difficulties.

### Authors' Contributions

Authors contributed equally 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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### Ethical Considerations

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

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