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Self-Empowerment Program (SEP) to Reduce the Externalizing Behaviors of Adolescents Exposed to Interparental Conflict in India

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Abstract
Adolescents frequently experience stress from interparental conflict, and their perception of it has a significant role in the problem behaviors that they exhibit. The study aimed to develop and examine the efficacy of the Self-Empowerment Program (SEP) with nine modules in reducing the externalizing behaviors of adolescents exposed to interparental conflict. Conklin's three-phase program development model planning, design and implementation, and assessment and program validation were used in this study. Adolescents (N=385, 11–18 years old) from Assam, India, comprised the participants. They were randomly split into the experimental group (n = 21) and the control group (n = 21), using a randomization process to ensure unbiased group assignment. Focus group discussions, interviews, and the Youth Self-Report Scale evaluated the severity of the issue. The post-test results between the experimental and control groups made a noteworthy distinction. This distinction was seen for example, in the experimental group: Externalizing Behavior: *M*=26.61, *SD*=2.65,Social Problem: *M*=5.95, *SD*=1.49; Rule breaking, *M*=3.38, *SD*=.864; Aggressive behavior, *M*=6.57, *SD*=1.32; and in the control group, Externalizing behavior: *M*=25.23, *SD*=2.64, Social Problem=8.42, *SD*=1.07; Rule breaking: *M*=6.76, *SD*=1.22; Aggressive behavior: *M*=10.04, *SD*=1.71. The Pre-test and post-test scores of the experimental group (Pre-test: Experimental group: *M*=26.61, *SD*=2.65, Social Problem: *M*=8.76, *SD*=1.22; Rule breaking: *M*=7.0, *SD*=1.26; Aggressive behavior: *M*=10.8, *SD*=1.71; Post-test: Externalizing behavior: *M*=15.90, *SD*=2.27, Social Problem: *M*=5.95, *SD*=1.49; Rule breaking: *M*=3.38, *SD*=.864; Aggressive behavior=6.57, *SD*=1.32) indicated that the nine modular program of SEP has proved and helped to reduce the externalizing behaviors in adolescents exposed to IPC.

Keywords: Adolescents, Coping, Externalizing Behaviors, Interparental Conflict, Self-Efficacy, Self-Empowerment

1. Introduction

Family plays exceptional and lifelong importance in the all-round well-being of adolescents (Herke et al., 2020). The family environment is crucial during adolescence when physical, social, and intellectual capacities rapidly develop (Park & Lee, 2020). The relationship between parents and adolescents is among the most critical aspects of their lives (Branje, 2018). Adolescents' social and emotional development is significantly shaped by their

relationship with their parents, which profoundly impacts several developmental outcomes (Frosch et al., 2019). Consequently, the family environment can be a potent source of support for growing adolescents by offering intimate interactions and serving as an example of positive behavior (Krauss et al., 2020).

Family life involves arguments and conflicts, and one of the most common parent-driven factors that hurt adolescents' home environment is inter-parental conflict (Hosokawa & Katsura, 2017). Interparental conflicts are important risk factors for adolescents' mental health, emotional and behavioral issues, and social conduct (Auersperg et al., 2019). Various processes are put out in the literature to explain this link, which can be classified into direct and indirect effects (O'Hara et al., 2019). It has been demonstrated that parent-child attachment and adolescents' sense of security within the family structure is directly impacted by inter-parental conflict (Brock & Kochanska, 2016).

Even though the importance of inter-parental conflict is highlighted in early and middle childhood, it still significantly influences adolescents' externalizing behavior (Masten & Palmer, 2019). Interparental conflict (IPC) is the term for physical or verbal hostility between parents resulting from dissension or other causes (Ye et al., 2023). A study reports that 20% to 40% of parents who cohabit manifest clinically significant levels of relationship distress. Each year, between 3.3 and 10 million adolescents experience inter-parental conflict (Liu, 2020). Some of the leading causes of IPC are predominantly financial strain, intimate relations, selfishness, adultery, miscommunication, domestic duties, expectations for children and stepchildren, and interference from in-laws (Marenco et al., 2019).

Further studies have revealed the critical effects of both positive and negative interparental conflict on adolescents. Constructive conflict, which takes the form of support and problem-solving, is consistently associated with lower psychological problems in adolescents (Zemp et al., 2014; Zhou & Buehler, 2019). Conversely, adolescents who experience destructive conflict, which is marked by coercion, aggression, and growing rage, are more likely to develop psychopathology (Brock & Kochanska, 2016; Davies et al., 2016). A study conducted by Delvecchio suggests that as IPC increases, parents become less affectionate, and their interactions become more acrimonious (Delvecchio, 2020).

1.1. Effects of IPC on Adolescents

Harold and Sellers noted in a literature review that poorly handled IPC impairs adolescents' cognitive and emotional functioning and surfaces it through externalizing behavior (Harold & Sellers, 2018). If not addressed before maturity, adolescents manifest externalizing behavior, frequently involving social problems, aggressive behavior, attention problems, rule-breaking, and affective problems (Picinich, 2022). According to Snodgrass, those adolescents experiencing IPC may also have weakened immune systems and are more prone to sickness, low mood, hopelessness, and motivation (Croom, 2015). Adolescents who exhibit externalizing behavior are also more likely to commit crimes, abuse drugs, and be involved in aggressive behaviors, which include picking fights and bullying. (Gonzales et al., 2017). Adolescents who exhibit these behaviors are more likely than their peers to be teased, rejected, use drugs, and have trouble in school and society (Picinich, 2022).

Some adolescents are most referred to mental health treatment for externalizing behavior, which is characterized as violence, noncompliance, hyperactivity, inattention, and impulsivity (Ogundele, 2018). The majority of them exhibit some of these behaviors, which are seen as being a normal part of development (Aksoy, 2020). Adolescent behavior problems can take many forms, but some common expressions are poor interpersonal interactions, poor learning attitudes, and unhealthy lifestyle choices (Kremer et al., 2016). According to pertinent research, adolescent problem behavior is enduring and can have a significant impact on adult drinking, violence, and even criminal activity (Pol et al., 2012; Evans et al., 2020). A study was conducted by Mushtaque and colleagues (2021) to determine how inter-parental conflicts affected adolescents and their externalizing behaviors. The results were noteworthy because 22% of the adolescents had suicidal tendencies, 9% had attempted suicide once, 4.6% had done so twice, and 11% claimed they were likely to do so again (Mushtaque et al., 2021).

1.2. Interparental Conflict and Externalizing Behavior

Many researchers have looked at the adverse effects of IPC on adolescents (Brock & Kochanska, 2016; Martin, 2018). It has been confirmed in previous research that there is a strong connection between inter-parental conflict and the externalizing behavior of adolescents (Picinich, 2022). Externalizing behavior refers to disruptive, damaging, troublesome, or delinquent actions aimed at people or objects. Delinquent actions can result in low academic performance and absenteeism from school. Stealing, damaging property, being physically hostile, selling drugs, breaking, robbery, vandalism, and skipping school are a few examples of these actions (Lopez et al., 2017). IPC can debilitatingly impact their externalizing behavior and future life (Bernet et al., 2016; Hosokawa & Katsura, 2017). In their study, Loureiro and colleagues (2019) found that frequent, severe, and unresolved IPC predicts adolescent externalizing behavior. Additionally, it has been discovered that as a result of IPC, negative parenting actions, such as psychological control and disrespectful conversations with adolescents, have affected their externalizing behavior negatively (Hess, 2021).

In a study by Van Eldik and his colleagues, the focus was on adolescents' externalizing behavior, and the externalizing behavior was found to have a significant effect size of .27 (Van Eldik et al., 2020). Adolescents who engage in externalizing behavior cannot express their unpleasant experiences constructively. Instead of misbehaving against oneself, they vent their negative emotions by acting out against other people or things (Mouton et al., 2018). The manifestations of these externalizing behaviors include physical and verbal aggressiveness, rule-breaking habits, social problems, vandalism, lying, cheating, and theft (Kristalin, 2024). Aggression, defiance, as well as a lack of self-control and emotional regulation can also be the key traits of externalizing behavior (Hess, 2021).

1.3. Theoretical Framework of Self-Empowerment Program (SEP)

Due to adolescents' externalizing behaviors caused by IPC, the author has developed a Self-Empowerment Program (SEP) to reduce its effects. The development of SEP is based on (1) Self-efficacy Theory and (2) Coping Theory. In encountering stressful situations and combating negative situations such as IPC, self-efficacy, and coping play a protective role among adolescents involved in externalizing behaviors (Mete, 2021). Adolescents with self-efficacy and coping have high motivation (Zhou & Kam, 2017).

Self-efficacy makes reference to an individual's belief in successfully performing a specific task or behavior to achieve a desired outcome (Andrews, 2019). According to Snodgrass et al. (2019), it significantly influences behavior shaping and can help reduce externalizing tendencies. Interventions and strategies that enhance self-efficacy and coping can be valuable in addressing externalizing behaviors (Tyler, 2022). Adolescents with high self-efficacy are more likely to set challenging goals for themselves. Believing in their ability to achieve these goals motivates them to engage in positive and constructive behaviors. Adolescents with high self-efficacy tend to approach problems as challenges rather than insurmountable obstacles that destroy their lives (Ackerman, 2018). This positive mindset encourages them to seek solutions and engage in effective problem-solving and self-empowerment rather than resorting to externalizing behaviors (Wood et al., 2018). Self-efficacy can act as a protective factor against externalizing behavior through a self-empowerment program, influencing motivation, problem-solving, resilience, coping mechanisms, social skills, modeling behavior, self-regulation, and creating positive feedback loops that promote adaptive behavior (Snodgrass et al., 2019).

The coping model of Lazarus and Folkman (1984) suggested for an adult sample has become the standard in the research on coping strategies for children and adolescents. According to this paradigm, coping is a goal-oriented process where people focus on controlling their thoughts and behaviors to address the source of their stress and manage their responses to it (Jackson et al., 2017). Coping strategies often involve techniques for managing and regulating emotions (Algorani & Gupta, 2023). Individuals who can effectively regulate their emotions are less likely to act impulsively or engage in externalizing behaviors to express frustration or anger (Brinke et al., 2018). Coping mechanisms aim to reduce the impact of stressors on an individual's well-being. By employing stress

reduction techniques, individuals can minimize the likelihood of resorting to externalizing behaviors as a maladaptive response to stress (Leonard et al., 2015).

Knowing about the effects of interparental conflict on adolescents and their externalizing behaviors, this research endeavors to develop a program known as the "Self-empowerment Program" (SEP) to reduce their externalizing behaviors. We hypothesized that (1) “the intervention program” we developed is reliable and valid in reducing the externalizing behaviors of IPC-exposed adolescents; (2) the intervention program is valuable in promoting self-empowerment by equipping them to be self-efficacious and learning the art of coping with difficult situations of their lives.

2. Method

2.1. Design

This study employed the Program Development Model of Conklin (1997), which consisted of three phases: planning, design and implementation, evaluation, and program validation. Employing a model for program development enhances the program's relevance and enables targeted resources to address the pressing needs of numerous individuals (Franz et al., 2015). Planning comprised the following: determining program goals, carrying out a need assessment, establishing program priorities, determining target audiences, formulating program objectives based on a thorough review of relevant literature, and evaluating data from focus groups, interviews, and surveys involving the various target populations constituted the first phase of research. In the second phase, the Self-empowerment Program (SEP) was designed by creating an implementation schedule and curating and building resource materials, content, and delivery strategies. Assessment and program validation of the effectiveness of the Self-empowerment Program (SEP) in lowering the externalizing behaviors of the chosen adolescents exposed to IPC constituted the third research phase.

2.2. Participants

Assam, a northeastern state of India, served as the study's location. Adolescents between the ages of 11 and 18 who had experienced IPC were explicitly chosen to participate in the current study because of their propensity to exhibit externalizing behaviors. Adolescents who had either directly or indirectly experienced IPC; (2) having both parents; (3) being from the Indian state of Assam; (4) being boys and girls between the ages of 11 and 18; and (5) exhibiting externalizing behaviors as measured by the Youth Self-Report Scale were the inclusion criteria that the participants fulfilled.

2.3. Demographic Information Measures (DIF)

This datasheet included details on age, gender, income, educational attainment, and personal and professional information. Moreover, would they ever witness, hear about, or observe instances of interparental conflicts or if they were exposed to them? To make the purposive sampling process easier, information on how they were exposed to it was also gathered. The demographic questionnaire and personal data sheet included assent and informed consent forms. The guardians of the minors gave their assent, while the other eighteen-year-old participants gave their informed consent.

2.4. Youth Self-Report Scale

Under the guidance of Achenbach, Saber (2013) modified the Youth Self-Report scale (1991). Each adolescent fills out the form independently, and it is intended for use with adolescents between the ages of 11 and 18. The Youth Self-Report (YSR) is comprised of two sub-areas: (a) 20 competence items that evaluate the adolescent's participation in extracurricular activities, games, sports, jobs, chores, friendships, and other activities; and (b) 112 items that evaluate eight sub-scale symptoms, such as physical complaints, withdrawal, anxiety, and depression, social problems, issues with aggression, aggression, and cognition, and delinquent behavior (Achenbach, 1991). The first three subscales are called ‘internalizing,’ whereas the others are called ‘externalizing.’ The answers

receive a score of zero for untrue, one for occasionally true, and two for frequently true. The scoring is done by counting T scores, raw scores, and percentiles using the computations found in the instruction manual (Achenbach, 1991). The internal consistency of the surveys was determined by utilizing Cronbach's alpha coefficients. The internal consistency of the symptom scales varied among social difficulties (alpha.68), externalizing problems (alpha.89), and internalizing problems (alpha.91). This current study exclusively looks at adolescents' externalizing behaviors in order to ensure clarity.

2.5. Procedure

Pre-experimental and experimental phases provided the data for this study. Following approval from relevant authorities, 385 adolescents aged 11 to 18 were purposefully chosen from eight Assamese schools. Participants included both boys and girls. I first met with the principals of eight English medium schools in Assam, India, to conduct the research in their respective schools. With their permission, I distributed the Assent forms for minors and Informed consent for those 18. Once all the filled-out informed consent/assent forms were collected, the questionnaire pack was distributed with the help of the counselors of the particular schools. Following the 385 study participants' informed consent and assent, I chose 372 adolescents who satisfied the inclusion criteria using the screening questions. It is included in the personal data sheet and with the assistance of social workers and counselors. The questionnaire pack contained the following items: 1. Personal data sheet/Demographic profile, and 2. Youth Self-Report/11-18.

Both focus group discussions and interviews took place in the schools. The schedule and location were chosen to suit the needs of the participants best. I assured the participants of the confidentiality and security of both FGD and interviews. Forty adolescents were randomly drawn from the participant pool (N=117) to form experimental and control groups were chosen based on their borderline Youth Self-Report~~/11-18~~ externalizing behavior score. These forty adolescents were selected based on their borderline Youth Self-Report~~/11-18~~ externalizing behavior score to ensure homogeneity.

The Self-Empowerment Program (SEP) was administered to the experimental group's participants after establishing the necessary baseline conditions. Instructions and exercises to preserve the experimental group's heterogeneity were given to each participant in an intervention program. In order to guarantee the same results for every participant, I ensured that every participant gave the program their full attention. Thus, the program now included testing (quizzes based on the session) and qualitative reports (What knowledge did this session impart to you?). The control group did not receive the program. After completing the Intervention program (SEP), we tested the effectiveness of the intervention in reducing the externalizing behaviors of adolescents exposed to IPC in both the experimental and control groups.

The pre-and post-intervention scores were statistically examined to determine if there was a significant difference. In accordance with research ethical guidelines, the Control Group has also been given access to the Self-Empowerment Program (SEP) so that they can benefit from this effective intervention program. A schematic diagram of the current study's data-gathering procedure, guided by the program development model technique, is presented in Figure 1.

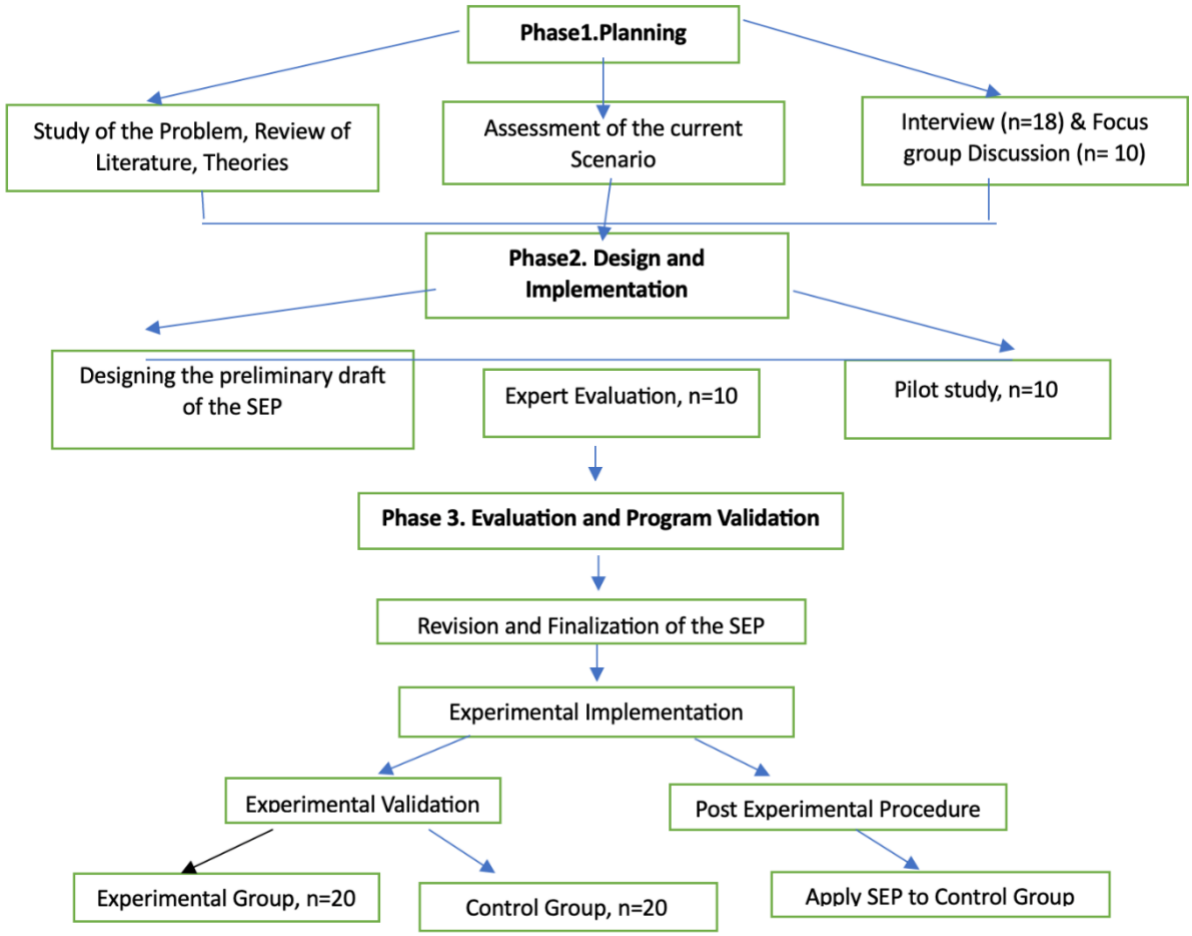

Figure 1: Diagrammatic representation of the process for acquiring data

3. Results

3.1. Participants' demographic details

Of the 40 participants, 40% were between the ages of 15 and 18, and 60% were between the ages of 11 and 14. 67.5% were female, and 65% came from low-income homes. Regarding schooling, 37% and 62% of respondents were in classes of 6–12 students, respectively. The demographic data of the participants is presented in Table 1.

Table 1: Demographic data

Variable	Frequency	%
Age		
11-14	24	60
15-18	16	40
Gender		
Male	13	32.5
Female	27	67.5
Income		
Middle	16	35
Low	26	65
Education		
6-9	25	62

10-12	15	37

3.2. Program Development

Table 2: The Self-Empowerment Program (SEP)

MODULE	OBJECTIVES
1. Overview in broad terms and objectives	To create a friendly environment where people may learn from one another, establish SEP expectations, discuss the goals of the SEP intervention program, and decide on a training ground
2. Understanding Triggers and Emotions	To develop emotional vocabulary, to recognize personal triggers, to understand the connection between thoughts and emotions, and to practice mindfulness for emotional awareness
3. Building Self-Efficacy through One's Strengths	To recognize and appreciate individual strengths, to foster a positive self-image, to set personal 'Strength-Based' goals
4. Building Confidence Through Skill Development	To identify skills for personal growth, to engage in skill-building activities, to promote peer support and encouragement
5. Effective Communication Skills	To identify different communication styles, to practice active listening, and to develop assertiveness through role-playing techniques.
6. Building Your Coping Strategies Toolbox	To introduce various coping strategies, to personalize coping tools, and to practice mindfulness for stress reduction
7. Applying Coping Strategies in Real-Life Situations	To discuss real-life stressors, role-play coping strategies, develop a personal coping plan
8. Problem-solving, Anger Management, and Decision-Making.	To understand the problem-solving process, apply critical thinking skills, foster collaboration in problem-solving, and develop decision-making skills.
9. Building Supportive Networks and Future Planning	Identify personal support networks, strengthen peer support, reflect on achievements, set future goals, and reinforce learned skills.

Experts, including three counseling psychologists, two psychiatrists, two clinical psychologists, and three psychiatric social workers, evaluated the newly developed Self-Empowerment Program (SEP) presented in Table 2. Based on the total assessment score and the intervention program's grading, 10 experts awarded the program an "A-grade," signifying its efficacy. The experts who assessed the SEP found that the assessment of its numerous elements was dependable, as evidenced by the inter-rater reliability coefficient alpha value of .819. The program included expert evaluations for improvements and changes in various aspects and modalities.

3.3. Program Testing

To determine whether the program was ready for experimental validation, a pilot study was carried out following the development of SEP. In the pilot study, the mean and standard deviation of externalizing behaviors, pre-test, and post-score (From Social Problem**,** M=4.2, SD=.788; Rule breaking, M=5.6, SD=.516; Aggressive behavior, M=6.4, SD=.516; to Social Problem, M=2.0, SD=.666; Rule breaking, M=3.6, SD=.699; Aggressive behavior, M=3.5, SD=.527) showed the reduction of externalizing behaviors in adolescents exposed to IPC. The "Wilcoxon signed-rank test" was employed to evaluate the pre-and post-test results of the externalizing behaviors. The scores differed significantly (Z=-2.814, p=.005). The findings of the pilot study suggested that the SEP may be experimentally validated.

Table 3: The externalizing behaviors of adolescents exposed to IPC Measured by YSR

	Normal		Borderline		Clinical	
	F	%	F	%	F	%
Externalizing Behavior	253	68.0	117	31.5	2	.5
Social Problem	264	71.0	108	29.0	0	0
Rule Breaking	279	75.0	92	24.7	1	.3
Aggressive Behavior	261	70.2	110	29.6	1	.3

Legend: N=385, Normal= 0-59, Borderline= 60-63, Clinical = 63 above

Table 3 shows the prevalence of externalizing behaviors measured by the YSR scale. The findings show that among adolescents impacted by IPC, social issues, aggressive behaviors, and rule-breaking are more prevalent. A total of 119 adolescents have externalizing behaviour. 117 are borderline and two are clinical range. Suggesting a 31.5% prevalence rate of externalizing behaviors among adolescents exposed to IPC. The subscale shows that a total of 108 (social), 92 (rule-breaking), and 110 (aggressive) adolescents scored borderline on YSR.The current scenario points out that they need immediate care and attention to empower them to be self-efficacious and cope with the situations in which they are.

Table 4: Paired t-test results from the experimental group's pre- and post-test (N=20)

Variable	Pre-test		Post-test		*t*-value
	Mean	*SD*	Mean	*SD*	
Externalizing Behavior	26.61	2.65	15.90	2.27	21.10*
Social Problem	8.76	1.22	5.95	1.49	11.46**
Rule Breaking	7.0	1.26	3.38	.864	18.60**
Aggressive Behavior	10.8	1.71	6.57	1.32	12.20**

Note. ***p*<.01

Using a paired t-test, Table 4 compares the experimental group's externalizing behavior (YSR) pre-and post-test scores. The result demonstrates a significant difference in externalizing behavior (Pre-test: *M*=26.61, SD=1.71; Post test: *M*=15.90, *SD*=2.27) in adolescents. The subscales show a significant difference in social problem (Pre-test: *M*=8.76, *SD*=1.22; Posttest: *M*=5.95, *SD*=1.49) Rule breaking (Pre-test: *M*=7.0, *SD*=.1.26; Posttest: *M*=3.38, *SD*=.864) and aggressive behavior (Pre-test: *M*=10.8, *SD*=.1.71; Posttest: *M*=6.57, *SD*=1.32) between pre-and post-scores when tested at the .05 levels of significance.Thus, the post-test results validate the efficacy and impact of the SEP as an intervention program.

Table 5: Paired t-test results from the Control group's pre- and post-test

Variable	Pre-test		Post-test		*t*-value
	Mean	*SD*	Mean	*SD*	
Externalizing Behavior	25.42	2.50	25.23	2.64	1.706
Social Problem	8.42	1.07	8.42	1.07	.186
Rule Breaking	6.80	1.20	6.76	1.22	.329
Aggressive Behavior	10.19	1.60	10.04	1.71	.104

Note. *p*>.01

Table 5 shows that because the control group received no intervention, there was no significant difference in their pre-and post-test mean scores. The mean scores for externalizing behaviors before and after the exam were nearly the same (Pre-test: *M=25.42, SD=2.50*; Posttest: *M=25.23, SD=2.64).* Similarly, the subscales revealed almost identical scores: (Social problem in Pre-test: *M=8.42, SD=1.07*; Posttest: *M=8.42, SD=1.07,* Rule breaking= Pre-test: *M=6.80, SD=1.20*; Posttest: *M=6.76, SD=1.22, Aggressive behavior=* Pre-test: *M=10.19, SD=1.60*; Posttest: *M=10.04, SD=1.71).*

Table 6: Results of the MANOVA analysis of the post-test results for Externalizing Behaviors in the Experimental and Control groups

Variable	Experimental Group		Control Group		*F*-value
	Mean	SD	Mean	SD	
Externalizing Behavior	15.90	2.64	25.23	2.65	150.18
Social problem	5.95	1.49	8.42	1.07	37.81*
Rule breaking	3.38	.864	6.76	1.22	107.25*
Aggressive behavior	6.57	1.32	10.04	1.71	53.93*

Note. * p<.001

Table 6 shows how SEP affected the participants based on MANOVA variance analysis. The intervention program successfully reduces externalizing behaviors in adolescent participants, as evidenced by the significant difference in post-test scores between the experimental and control groups (*p*=.001; F=150.18, 37.81,107.2,53.93). Cohen's d-test was used to determine how well the SEP reduced adolescents' social, rule-breaking, and aggressive behaviors in the experimental and control groups. Cohen's d value of 3.5 corroborates the SEP's strong impact.

4. Discussion

The Self-Empowerment Program (SEP) has been shown to be successful in reducing externalizing behaviors of adolescents exposed to IPC when it is applied to a small sample of an experimental group of adolescents (n = 20). The pre-and post-test results for the experimental group marked a significant minimization in the externalizing behaviors identified using the YSR scale. It revealed notable variations, making SEP an effective intervention program. Based on statistical evidence demonstrating its effectiveness and noteworthy impact, the nine-module intervention program has been validated as a reliable tool for reducing adolescents' externalizing behaviors.

The SEP intervention program adapted Self-efficacy and coping theories to develop it. Thus, the study's results adequately supported the findings and results of numerous previous studies. Adolescents who feel they can cope with IPC well may have more self-efficacy, resulting in more favorable primary and secondary assessments (Davies et al., 2016). As a result, they could be more inclined to adopt problem-focused coping mechanisms and keep their emotional and physical well-being despite difficulties.

Self-efficacy is associated with coping mechanisms adolescents employ when confronted with challenging situations. When it comes to stress management, intense feelings of self-efficacy are generally accepted to be negatively correlated with maladaptive coping strategies (like wishful thinking, self-criticism, and social withdrawal) and positively correlated with adaptive coping strategies (like problem-solving and cognitive restructuring) (Salas et al., 2017; Woodman & Hauser-Cram, 2012). Adolescents encounter numerous issues in their homes and particularly at school. Self-efficacy is believed to correlate directly with their capacity to address these issues successfully and effectively (Kozcu Cakir, 2020). Adolescents' ability to cope with issues is a talent that must be encouraged throughout all stages of life, and its effects last a lifetime. According to Folkman and Lazarus (1984), the ability to cope is the sum of all cognitive and behavioral techniques used to either solve a problem or lessen its impact on adolescents. According to Bandura's (1982) research, self-efficacy plays a role in a person's capacity for coping. There are logical reasons why self-efficacy should be considered when coping with situations arising from IPC (Mete, P. (2021).

Adolescents with high self-efficacy are more likely to think they can cope or find a way to deal by getting assistance, information, etc., and using resources despite the IPC they witness. According to some research, people who are confident in their ability to perform under IPC are more likely to use effective coping mechanisms, and their beliefs increase the likelihood that stressors will have a less detrimental or crippling effect on the adolescent (Liu et al., 2018). Adolescents' self-efficacy is growing due to their coping skills in dealing with IPC (O'Hara et al., 2018). Therefore, the Self-Empowerment Program helps adolescents be self-empowered and reduces the externalizing behaviors of those exposed to IPC.

5. Implications, Limitations, Future Directions, and Conclusion

This developed intervention program (SEP) benefits adolescents exposed to IPC. It raises their self-efficacy and coping skills, which supports people in adopting constructive and compassionate attitudes toward themselves in the face of setbacks and personal failings. This research may assist psychologists, school administrators, families, and other caregivers in helping adolescents exposed to interparental conflict reduce externalizing behaviors and ultimately achieve self-empowerment.

The population used in this study was relatively tiny. As a result, it is suggested that a comparable program be employed in subsequent studies that include a larger population. The SEP participants were placed in schools. The participants voiced throughout the conversations and in their feedback how uncomfortable they were to be talking about some subjects in public. As a result, several of the attendees' questions went unaddressed. Furthermore, other relevant elements, like genetics, personality, health, academic success, etc., should be considered while establishing a program. These problems are the study's limitations and require more studies.

The SEP's positive and statistically significant impacts on the experimental group of adolescents confirmed its effectiveness and potential long-term benefits. Additionally, self-empowerment has significantly benefited from applying self-efficacy and coping in intervention. The SEP intervention program was created and implemented as a group exercise. Nevertheless, it can be put into practice on an individual basis. Without question, the SEP was a significant factor in helping adolescents become more responsible persons and reduce their externalizing behaviors. By assisting adolescents in reflecting, quitting self-defeating thoughts, and accepting and navigating the reality of their living situations, SEP helps reduce externalizing behaviors and improves the prospects of adolescent self-empowerment.

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References

Achenbach, T. M. (1991). Manual for the Child Behavior Checklist/4-18 and 1991 profile. Burlington, VT: University of Vermont, Department of Psychiatry.

Ackerman E Courtney, C. E. A. (2018). *What Is Self-Acceptance? 25 Exercises +Definition & Quotes*. PositivePsychology.Com. https://positivepsychology.com/self-acceptance.

Aksoy, P. (2020). The Challenging Behaviors Faced by the Preschool Teachers in Their Classrooms, and the Strategies and Discipline Approaches Used against These Behaviors: The Sample of United States. *Participatory Educational Research*, *7*(3), 79–104.

Algorani, E. B., & Gupta, V. (2023). Coping Mechanisms. In *StatPearls*. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK559031/

Andrews, C. J. (2019). *Self-Efficacy and Job-Related Tasks: Special Educators Who Teach Students with Emotional Disorder*.

Auersperg, F., Vlasak, T., Ponocny, I., Barth, A. (2019). Long-term effects of parental divorce on mental health - A meta-analysis. DOI: 10.1016/j.jpsychires.2019.09.011.

Bandura, A., Freeman, W. H., & Lightsey, R. (1999). Self-Efficacy: The Exercise of Control. *Journal of Cognitive Psychotherapy*, *13*(2), 158–166.

Bernet, W., Wamboldt, M.Z., & Narrow, W. (2016). Child Affected by Parental Relationship Distress. Journal of the American Academy of Child &
Adolescent Psychiatry 55(7).

Branje, S. (2018). Development of Parent-Adolescent Relationships: Conflict Interactions as Mechanism of Change. Utrecht University. https://doi.org/10.1111/cdep.12278.

Brinke, L. W., Schuiringa, H. D., Menting, A. T. A., Deković, M., & de Castro, B. O. (2018). A cognitive versus behavioral approach to emotion regulation training for externalizing behavior problems in adolescence: Study protocol of a randomized controlled trial. BMC Psychology, 6(1), 49.

Brock, R., & Kochanska, G. (2016). Interparental conflict, children's security with parents, and long-term risk of internalizing problems: A longitudinal study from ages 2 to 10. Development and Psychopathology -1(1).

Cherry Kendra. (2023). *How Self-Efficacy Helps You Achieve Your Goals*. Very well Mind. https://www.verywellmind.com/what-is-self-efficacy-2795954

Croom, A. M. (2015). Music practice and participation for psychological well-being: A review of how music influences positive emotion, engagement, relationships, meaning, and accomplishment. *Musicae Scientiae*, *19*(1), 44–64.

Davies, P.T., Martin, M.J., & Sturge-Apple, M.L. (2016). Emotional security theory and Developmental psychopathology. Developmental Psychopathology, 1–66.

Delvecchio, E., Germani, A., Raspa, V., Lis, A., & Mazzeschi, C. (2020). Parenting Styles and Child's Well-Being: The Mediating Role of the Perceived Parental Stress. *Europe's Journal of Psychology*, *16*(3), 514–531.

Frosch, C., Mitchell, Y., Hardgraves, L., & Funk, S. (2019). Stress and coping among early childhood intervention professionals receiving reflective supervision: A qualitative analysis. https://doi.org/10.1002/imhj.21792.

Gonzales, N. A., Liu, Y., Jensen, M., Tein, J.Y., White, R., Deardorff, J. (2017). Externalizing and Internalizing Pathways to Mexican American Adolescents' Risk-taking Published online by Cambridge University Press: 03 April 2017.

Harold, G. T., & Sellers, R. (2018). Annual Research Review: Interparental Conflict and youth psychopathology: evidence reviews and practice focused update. Journal of Child Psychology and Psychiatry, 59(4), 374–402.

Herke, M.; Knöchelmann, A.; Richter, M. (2020). Health and Well-Being of Adolescents in Different Family Structures in Germany and the Importance of Family Climate. International Journal of Environmental Research and Public Health, *17*, 6470. https://doi.org/10.3390/ijerph17186470

Hess, S. (2021). 'Effects of Inter-Parental Conflict on Children's Social Well-Being and the Mediation Role of Parenting Behavior | SpringerLink', 2021 <https://link.springer.com/article/10.1007/s11482-021-10022-y>

Hosokawa, R., Katsura, T. (2017). A longitudinal study of socioeconomic status, family processes, and child adjustment from preschool until early elementary school: the role of social competence. Child Adolescent Psychiatry Ment Health. doi: 10.1186/s13034-017-0206-z.

Jackson, Y., Huffhines, L., Stone, K., Fleming, K., & Gabrielli, J. (2017). Coping styles in youth exposed to maltreatment: Longitudinal patterns reported by youth in foster care. Child Abuse & Neglect. Volume, August, Pages 65-74.

Kozcu Cakir, N. (2020). The relation between self-efficacy beliefs towards science teaching and learning strategies of primary school teacher candidates. International Journal of Research in Education and Science (IJRES), 6(2), 347-360.

Krauss, S., Orth, U., & Robins, R. (2020). Family Environment and Self-Esteem Development: A Longitudinal Study from Age 10 to 16. Journal of Personality and Social Psychology, Aug; (119). (2): 457–478.

Lazarus, R., & Folkman, S. (1984). Coping Strategies and Perceived Support in Adolescents and Young Adults: Predictive Model of Self-reported Cognitive and Mood Problems. Stress, Appraisal, and Coping. New York: Springer.

Leonard, N.R., Gwadz, M.V., Amanda S Ritchie, A.S., & Linick, J.S. (2015). A multi-method exploratory study of stress, coping, and substance use among high school youth in private schools. Frontiers in Psychology. DOI:10.3389/fpsyg.2015.01028.

Liu, C., Huang, N., Fu, M., Zhang, H., Feng, X. L., & Guo, J. (2021). Relationship between risk perception, social support, and mental health among the general Chinese population during the COVID-19 pandemic. Risk Manage. Healthcare Policy 14, 1843–1853.

López, C, M; Andrews, A; Chisolm, A, M; de Arellano, M, A; Saunders, B., & Kilpatrick, D, G. (2017). Racial/ethnic differences in trauma exposure and mental health disorders in adolescents. *Cultural Diver Ethnic Minority Psychol.* 23:382–7. doi:10.1037/cdp0000126

Loureiro, M. Alves, M.P., Ana Isabel Cunha, A.I., & Paula Carvalho, P. (2019). Perceived Interparental Conflict and Depressive Symptomatology in Emerging Adults: The Mediating Role of Aggressive Attitudes. Journal of Aggression Maltreatment & Trauma 29(1):73-91.

Marenco, A. L., Coleman, K., & Wonser, R. (2019). *Contributions from Cecilia Gomez, Jennifer Jaworowski, and Kristin Sanchez*.

Martin, M. J., O'Leary, J. D., DeVries, L. M., & Gottschalk, C. L. (2018). *The Influence of Interparental Conflict on Children*. Nebguide.

Masten, A. S., & Palmer, A. (2019). Parenting to promote resilience in children. In M. H. Bornstein (Ed.), Handbook of parenting, Volume 5: The practice of parenting. New York, NY: Routledge.

Mete, P. (2021). Structural Relationships between Coping Strategies, Self-Efficacy, and Fear of Losing One's Self-Esteem in Science Class. *International Journal of Technology in Education and Science*, *5*(3), 375–393.

Mouton, B., Loop, L., Roskam, I., & Stievenart, M. (2018). Parenting Programs to Reduce Young Children's Externalizing Behavior: A Meta-Analytic Review of Their Behavioral or Cognitive Orientation. Child & Family Behavior Therapy online publication (2). DOI:10.1080/07317107.2018.1477348.

Mushtaque, I., Rizwan, M., & Muneer K. (2021). Inter-Parental Conflict's Persistent Effects on Adolescent Psychological Distress, Adjustment Issues, and Suicidal Ideation During the COVID-19 Lockdown. Committee on Publication Ethics (COPE) Volume 88, Issue 3.

O'Hara, K. L., Sandler, I. N., Wolchik, S. A., Tein, J.-Y., & Rhodes, C. A. (2019). Parenting time, parenting quality, interparental conflict, and mental health problems of children in high-conflict divorce. *Journal of Family Psychology, 33*(6), 690–703. https://doi.org/10.1037/fam0000556.

Ogundele, M. O. (2018). Behavioral and emotional disorders in childhood: A brief overview for pediatricians. *World Journal of Clinical Pediatrics*, *7*(1), 9–26.

Park, H., & Lee, K.S (2020). The association of family structure with health behavior, mental health, and perceived academic achievement among adolescents: a 2018 Korean nationally representative survey. BMC Public Health. April 16;20(1):510. doi:10.1186/s12889-020-08655-z.

Picinich, A. (2022). Interparental Conflict in Early Childhood as a Predictor of Depression and Anxiety Symptoms At Age 15. *Dissertation, B.S. Saint Louis University*.

Rosenfield D, Jouriles EN, McDonald R, & Mueller V (2014). Interparental conflict, community violence, and child problems: Making sense of counterintuitive findings. *American Journal of Orthopsychiatry*, 84(3), 275–283. 10.1037/h0099805

Salas, B. L., Rodríguez, V. Y., Urbieta, C. T., & Cuadrado, E. (2017). The role of coping strategies and self-efficacy as predictors of life satisfaction in a sample of parents of children with autism spectrum disorder. *Psicothema*, 29(1), 55–60.

Salters, K. (2024). The Definition of Externalizing in Psychiatry. Verywell Mind. https://www.verywellmind.com/externalizing-425248

Snodgrass, J. G., Lacy, M. G., Dengah, H. J. F., Polzer, E. R., Else, R. J., Arevalo, J. M. G., & Cole, S. W. (2019). Positive mental well-being and immune transcriptional profiles in highly involved videogame players. *Brain, Behavior, and Immunity*, pp. *82*, 84–92.

Tyler, E Smith. (2022). Self-management interventions for reducing challenging behaviors among school-age students: A systematic review—Smith—2022—Campbell Systematic Reviews—Wiley Online Library.

Van Eldik et al. (2020). (PDF) The interparental relationship: Meta-analytic associations with children's maladjustment and responses to interparental conflict.

Wood, D., Crapnell, T., Lau, L., Bennett, A., Lotstein, D., Ferris, M., & Kuo, A. (2018). Emerging Adulthood as a Critical Stage in the Life Course. In N. Halfon, C. B. Forrest.

Woodman, A. C., & Hauser-Cram, P. (2012). The role of coping strategies in predicting change in parenting efficacy and depressive symptoms among mothers of adolescents with developmental disabilities. *Journal of Intellectual Disability Research*, 57(6), 513–530. https://doi.org/10.1111/j.1365-2788.2012.01555.x

Ye, W, Y., D., K., Wang, L.-X., Lin, X.-Q., & Zhang, M.-C. (2023). Longitudinal association between interparental conflict and risk-taking behavior among Chinese adolescents: Testing a moderated mediation model. Child and Adolescent Psychiatry and Mental Health, 17(1), 5.

Zemp M, Merrilees CE, & Bodenmann G (2014). How much positivity is needed to buffer the impact of parental negativity on children? *Family Relations*, 63(5), 602–615. 10.1111/fare.12091

Zhou N, & Buehler C (2019). Marital hostility and early adolescents' adjustment: The role of cooperative marital conflict. *The Journal of Early Adolescence*, 39(1), 5–27. 10.1177/0272431617725193

Zhou, M., & Kam, C. (2017). Trait procrastination, self-efficacy, and achievement goals: the mediation role of boredom coping strategies. DOI:10.1080/01443410.2017.1293801.