PsiqueMag
Revista Científica Digital de Psicología
https://doi.org/10.18050/psiquemag

Universidad César Vallejo

Social skills and change processes in children and adolescent consumers of psychoactive substances in a therapeutic community in Lima

Habilidades sociales y procesos de cambio en niños y adolescentes consumidores de sustancias psicoactivas de una comunidad terapéutica de Lima

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Fecha de recepción: 14.01.2025
Fecha de aprobación: 03.03.2025
Fecha de publicación: 06.06.2025

Cómo citar: Yaya Castañeda, E.; Ucedo Silva, V. y Lopez Villavicencio, C. (2025). Social skills and change processes in children and adolescent consumers of psychoactive substances in a therapeutic community in Lima. *Psiquemag 14*(1), e140112. https://doi.org/10.18050/psiquemag.v14i1.3384

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Abstract

The consumption of psychoactive substances in children and adolescents has increased in recent years, with a worrying age of onset between 11 and 14 years in Peru. Therapeutic communities have played a fundamental role in the intervention of these cases, providing treatment and social support to minors in vulnerable situations. In this context, the development of social skills has been identified as a crucial factor for rehabilitation and relapse prevention. Social skills, such as communication, empathy and conflict resolution, play a key role in the processes of change related to substance use. Previous research has shown that strengthening these skills significantly reduces the risk of consumption and facilitates social integration. The present research, based on data from 113 children and adolescents in treatment in a therapeutic community in Lima, analyzes the relationship between social skills and the phases of change according to the Prochaska and DiClemente model. The results showed a significant association between social skills and the process of change ($p < 0.05$). It was identified that 62% of the participants were in the precontemplation phase, presenting high levels of social anxiety and withdrawal. In adolescents, the correlation between social skills and change was more marked ($\chi^2 = 4.87$, $p < 0.01$) than in children, suggesting that psychosocial maturation plays a key role in the transition to abstinence. These findings reinforce the need for interventions aimed at strengthening social skills as a strategy for rehabilitation and prevention of drug use in minors.

Keywords: psychoactive substances, social skills, children and adolescents.

Resumen

El consumo de sustancias psicoactivas en niños y adolescentes ha aumentado en los últimos años, con una edad de inicio preocupante entre los 11 y 14 años en Perú. Las comunidades terapéuticas han desempeñado un papel fundamental en la intervención de estos casos, proporcionando tratamiento y apoyo social a menores en situación de vulnerabilidad. En este contexto, el desarrollo de habilidades sociales se ha identificado como un factor crucial para la rehabilitación y la prevención de recaídas. Las habilidades sociales, como la comunicación, la empatía y la resolución de conflictos, desempeñan un papel clave en los procesos de cambio relacionados con el consumo de sustancias. Investigaciones previas han demostrado que el fortalecimiento de estas habilidades reduce significativamente el riesgo de consumo y facilita la integración social. La presente investigación, basada en datos de 113 niños y adolescentes en tratamiento en una comunidad terapéutica de Lima, analiza la relación entre las habilidades sociales y las fases del cambio según el modelo de Prochaska y DiClemente. Los resultados evidenciaron una asociación significativa entre las habilidades sociales y el proceso de cambio ($p < 0.05$). Se identificó que el 62% de los participantes se encontraba en la fase de precontemplación, presentando niveles elevados de ansiedad social y retraimiento. En adolescentes, asociación de habilidades sociales y cambio fue más marcada ($\chi^2 = 4.87$, $p < 0.01$) que, en niños, lo que sugiere que la maduración psicosocial desempeña un papel clave en la transición hacia la abstinencia. Estos hallazgos refuerzan la necesidad de intervenciones dirigidas al fortalecimiento de habilidades sociales como estrategia para la rehabilitación y la prevención del consumo de drogas en menores.

Palabras clave: Sustancias psicoactivas, habilidades sociales, procesos de cambio niños y adolescentes.

INTRODUCTION

In recent years, drug use in the child and adolescent population has registered a worrying increase, generating alarm in various regions of the world. According to the United Nations Office on Drugs and Crime (Canton, 2021), the use of illicit substances increased globally by 22% between 2010 and 2019. In the Peruvian context, this trend has not been unrelated, evidencing an increase in the consumption of illegal drugs. For example, according to the National Commission for Development and Life without Drugs (Devida), substances such as tobacco, alcohol and marijuana are the most used by secondary school students. Likewise, it is known that 3 out of 10 students have a poly-drug use behavior; that is, they combine marijuana and cocaine as psychoactive substances (PAS), El Peruano (2024).

Therapeutic Communities are care centers that help address the problem of psychoactive substance use. These are residential treatment models that focus on substance abstinence, coupled with the personal and social development of residents (Bobes and Casas, 2017). These therapeutic communities are crucial due to the vulnerable group of residents who have been affected by drug use. This life experience can cause mental disorders and social problems in children and adolescents (Regadas, 2024). In Peru, drug use among adolescents is a growing problem, and specific programs have been implemented to treat and rehabilitate abandoned or high-risk minors. These programs seek family and social reintegration through a multidisciplinary approach and are framed in national and international child protection regulations (Corea *et al.*, 2012).

For Aguirre *et al.* (2021), addressing drug use in children and adolescents must take into consideration the associated factors that promote it and facilitate changes in the intervention. these concepts are fundamental for understanding behavior in situations of healthy development, as well as in problematic behaviors, specifically drug consumption. Social skills in children and adolescents, range from basic skills such as asking and thanking, to complex skills such as negotiation and stress management. Tapia-Gutierrez and Cubo-Delgado (2017) stress the importance of these skills in childhood to avoid negative emotions such as anxiety and depression. Social skills and addictions in the child and adolescent population are very important in intervention programs to prevent risk behaviors and improve interpersonal communication and empathy. In Colombia, a social skills program in addicted patients showed positive results in their rehabilitation and relapse reduction (Barbosa and Castrillón, 2019).

The transition from childhood to adolescence involves the acquisition of more complex social skills, since physical and psychological changes imply a modification of the adolescent's role in terms of how they see themselves, how they perceive the world, and how others perceive them (Lopez, 2015). Greater contact with peers, particularly those of the opposite sex, and the use of free time and money, among other aspects, entail the development of skills in verbal interaction, interpersonal conflict resolution, praise, and the expression of positive and negative emotions. Pino (2021) found that adolescents with high levels of interpersonal understanding and positive communication skills have the greatest influence on their peers, which allows us to assume that they employ a greater number of social skills.

In this sense, it is evident that social skills are associated with the stages of change in PAS consumption.

Thus, in the precontemplation phase, individuals with deficits in social skills may have difficulty recognizing the problems associated with their consumption, as they lack the ability to communicate effectively about their experiences and receive feedback from their social environment (Toledo *et al.*, 2023). Therefore, the lack of assertive and conflict resolution skills may perpetuate problematic consumption patterns by making it difficult to seek help and establish healthy boundaries in interpersonal relationships.

During the contemplation phase, social skills facilitate the evaluation of the pros and cons of change. Individuals with strong social skills can engage in open and honest discussions about their consumption, explore healthy alternatives, and seek support within their social network (Pérez-Cavazos *et al.*, 2024). This means that the ability to effectively express emotions and needs allows individuals to communicate their concerns and motivations for change, which in turn streng-

thens their commitment to the recovery process. On the contrary, a lack of social skills can lead to isolation and make it difficult to find relevant information and resources.

The study of the processes of change helps to identify the critical phases of development and the factors that influence the transition from one stage to another. In this sense, Prochaska and DiClemente's (1982) transtheoretical model, known as the "Stages of Change Model", explains how people change their behaviors, especially those related to unhealthy habits such as dependence on psychoactive substances. That is, how people go through different stages to modify addictive behaviors, from precontemplation to the maintenance of a behavioral change. This approach makes it possible to identify the precise moment when children and adolescents are at their readiness to change, facilitating the implementation of more effective and personalized interventions. In Mexico, Pérez *et al.* (2024) emphasize the importance of social skills such as empathy and assertiveness for the prevention of alcohol consumption in high school students. In Colombia, the protective role of the family has been highlighted, while, in Peru, recent studies have explored the relationship between motivation to change and the psychological characteristics of adolescent drug users (Quispe & Zela, 2019; Abramonte, 2019).

This analysis seeks to identify the specific stages of the change process associated with social skills in this population. The association between the process of behavioral transformation and the development of social skills is sought, which could be useful in explaining drug use in children and adolescents.

METHOD

A secondary source was used, using the database of the professional therapeutic community, with data from 113 children and adolescents in treatment for drug use. The database contains data on age, stage of use, and social skills. The minors were male and came from low-income backgrounds, due to inhalant and marijuana use, from 2015 to 2017. Inclusion criteria included voluntary admission of the children, admission, and complete evaluation by the center, both during the admission and intervention stages. The center collected information on social skills using the Arévalo (2002) BAS test. It has empirical and concurrent validity, as well as reliability using the split-half method. It is worth noting that the statistics obtained are based on the dimensions and ages of those evaluated. The database used for the research analysis was: information from the *Treatment Phases Assessment and the BAS-3 Socialization Battery test*.

Type

This is a cross-sectional predictive study due to the objective of exploring the functional relationship between the two variables without any distinction between them both (Ato *et al.*, 2013).

Design

Non-experimental, quantitative study - association.

Participants

It consists of 113 reports on children and adolescents, boys sheltered in the community, covering the period from 2015 to 2017.

Instruments:

For the present study, a secondary database confidentially provided by the participating therapeutic community was used. This database contained previously collected information on child and adolescent substance users who were part of its therapeutic program. The information the institution had was the data from the social skills instrument of the BAS-3 Socialization Battery, an instrument that measures the participants' level of socialization. This instrument was created by Silva and Martorell (1983). However, the institution uses the adaptation by Arévalo (2002), which was adapted to a population of 2,566 secondary school students in Trujillo, aged 12 to 18 years, both male and female, with an education from first to fifth year of secondary school, from both public and private schools. The BAS-3 has five socialization scales and one sincerity scale: consideration for others (Co-14 items), self-control in social relationships (Ac-14 items), social withdrawal (Re-14), social anxiety/shyness (At-12 items), and leadership (L1-12 items). The sincerity scale consists of 10 items. On the other hand, the evaluation of the treatment phases was carried out using an instrument

designed by the institution itself, based on Prochaska and Di Clemente's theory of change processes. This latter data classifies participants into the different stages of treatment, thus facilitating an understanding of their therapeutic progress within the program. The evaluation of the Treatment Phases, an instrument created by the same therapeutic community, is still used by the institution to this day to diagnose the child's current treatment phase. The test adopts the approaches of Prochaska and Di Clemente's theory of change processes. The test has three phases: pre-contemplation, contemplation, and action and maintenance, each of which has seven criteria.

Data analysis

The information was processed using STATA version 18, PSPP version 1.6.2, and Excel version 365. First, in order to describe the characteristics of the children and adolescents, descriptive measures such as the mean and standard deviation for age and univariate frequency tables for the variable's stages of change and social skills were obtained, all independently. Secondly, in order to analyze the association between the qualitative variables, contingency tables were obtained, especially the column profile tables, thus obtaining a more detailed and in-depth analysis of the change processes for each of the social skills, adding general observation and by age groups, which were useful to have a deeper approach between these characteristics under study in children and adolescents. Thirdly, in order to obtain a graphical representation that would support the analysis of the association between the qualitative variables, it was decided to present the profile graphs with the details mentioned in the previous step. Finally, association measures such as the Chi-square coefficient and contingency coefficients were obtained.

Ethical Aspects

This study is part of a study approved by the Office of Research Regulation and Ethics Assessment (ORVEI) of the Universidad Peruana Cayetano Heredia (UPCH).

RESULTS

In Table 1, the absolute values of the participants are presented. In the analysis, according to age, it is observed that the age of the children and adolescents in the present study was between 8 and 17 years old with an average age of 13.04 years and a standard deviation of 2.28 years. They were classified into two groups, the first being from 8 to 12 years old and the second group from 13 to 17. On the other hand, of the total participants, 45 children were found representing 39.8% of the sample. When observing their social skills, the majority of children presented social anxiety and shyness, 66.7% followed by 24.4% of children with social withdrawal, while only 8.9% of them showed leadership as a social skill. When evaluating the stages of change in children, the most representative group was precontemplative (reception) with 84.4%, followed by contemplative and preparation (pre-community) with 11.1% and only 4.4% action and maintenance (community). Of the total number of participants, 68 adolescents were found, representing 60.2% of the sample. When observing their social skills, most adolescents showed social anxiety and shyness, with 66.2% followed by 25% of adolescents with social withdrawal, while only 8.8% of them showed leadership as a social skill. When assessing motivation in adolescents, the most representative group was precontemplative (reception) with 67.6%, followed by contemplative and preparation (pre-community) with 17.6% and only 14.7% action and maintenance (community). It was observed that in both children and adolescents, social anxiety, shyness, and social withdrawal occur mostly with a high incidence rate; as well as the stages of change in the precontemplative stage, which are observed with a higher incidence rate. However, it would be important to analyze them in conjunction with social skills and stages of change. In the analysis of the data, social skills and stages of change are associated, especially depending on whether the individual is a child or adolescent, which will be addressed in the following sections.

Table 1

Percentage distribution of children and adolescents according to stages of change in social skills

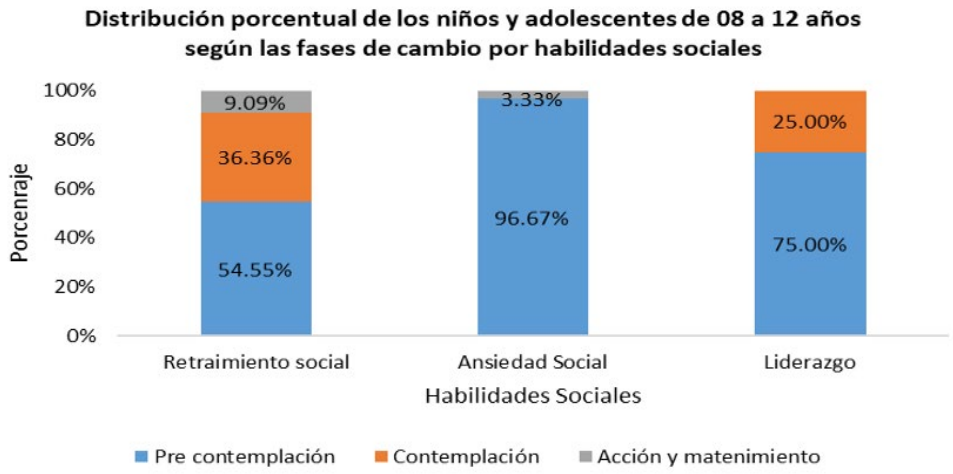
	Stages of change	Social withdrawal	Social Anxiety	Leadership	
8 to 12 years	Pre-contemplation	54.55%	96.67%	75.00%	84.44%
	Contemplation	36.36%	0.00%	25.00%	11.11%
	Action and maintenance	9.09%	3.33%	0.00%	4.44%
	Total	100.00%	100.00%	100.00%	100.00%
13 to 17 years	Pre-contemplation	35.29%	84.44%	33.33%	67.65%
	Contemplation	52.94%	4.44%	16.67%	17.65%
	Action and maintenance	11.76%	11.11%	50.00%	14.71%
	Total	100.00%	100.00%	100.00%	100.00%
In general	Pre-contemplation	42.86%	89.33%	50.00%	74.34%
	Contemplation	46.43%	2.67%	20.00%	15.04%
	Action and maintenance	10.71%	8.00%	30.00%	10.62%
	Total	100.00%	100.00%	100.00%	100.00%

When analyzing social skills and stages of change in children, a chi-square statistic of 12. 87 with 4 degrees of freedom (p-value of 0.02 less than 0.05, reference) and a contingency coefficient of 0.47 (C = 0.47 greater than 0.30) in social skills, which is why it can be said that the stages of change are moderately associated.

Figure 1 below shows the distribution of *children aged 8 and older and adolescents aged 12 and older according to the stages of change in social skills.*

Figure 1

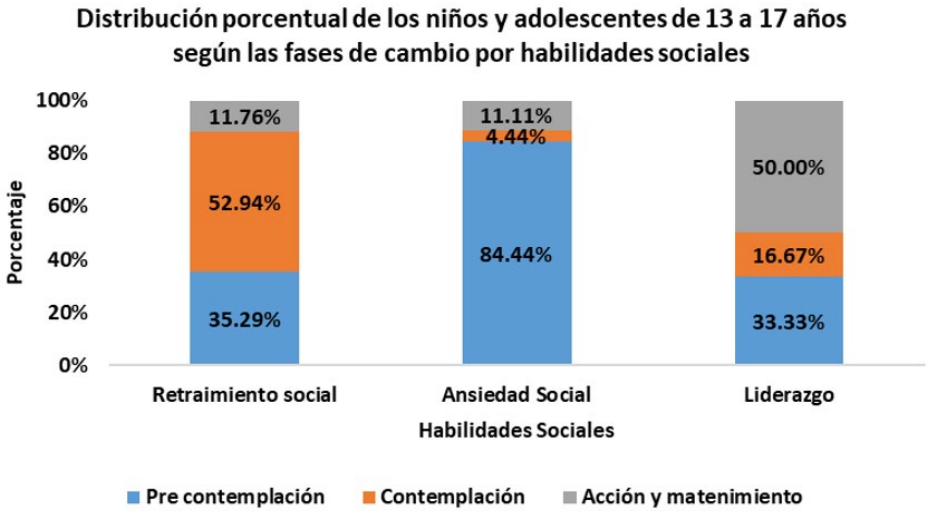
Percentage distribution of children and adolescents aged 8 to 12 according to stages of change in social skills



Similarly, when analyzing social skills and stages of change in adolescents, a chi-square statistic of 27. 58 with 4 degrees of freedom (p-value of 0.00 less than 0.05, reference) and a contingency coefficient of 0.54 (C = 0.54 greater than 0.50), i.e., evidence was found that social skills and stages of change are associated in adolescents, and that this association is strong. As can be seen in Figure 2.

Figure 2

Percentage distribution of adolescents aged 13 to 17 according to stages of change in social skills



In general, when children and adolescents are observed jointly with respect to their social skills and the stages of change, a Chi square statistic of 36.95 was found with 4 degrees of freedom (p value of 0.00 less than 0.05, referential) and the contingency coefficient of 0.50 (C = 0.50) which states that the association is strong between social skills and the processes of change. It was observed that the association between these characteristics is around 0.50 when analyzed independently, that is, only in children or adolescents. Even though it coincides with the threshold of 0.50 when analyzed in general, it is important to observe how children and adolescents are distributed in the different categories of the stages of change: precontemplation, contemplation, action, and maintenance, especially in each of the social skills, which may be social withdrawal, social anxiety, and leadership. As shown in Figure 3.

Figure 3

Percentage distribution of children and adolescents according to stages of change in social skills

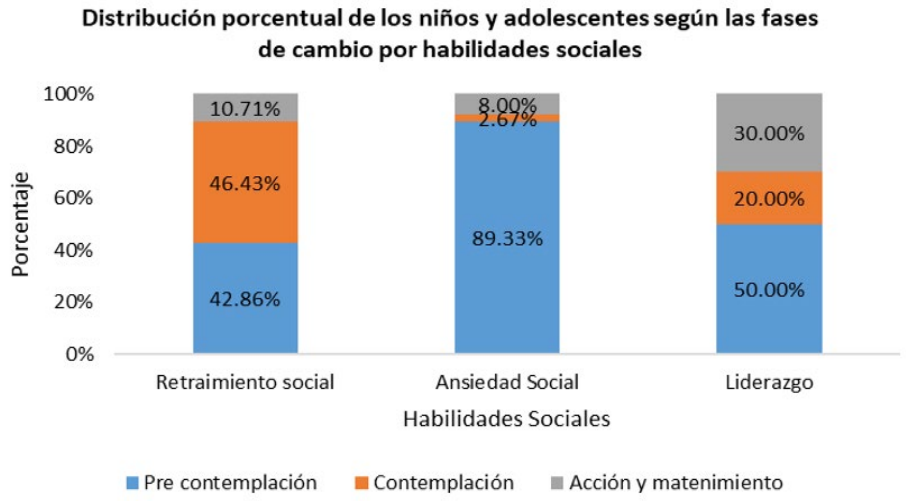


Table 2 shows the distribution of children and adolescents in different stages of change (according to Prochaska's model) in relation to three dimensions of social skills: social withdrawal, social anxiety, and leadership. In the Precontemplation stage, 74.34% of the sample is found, suggesting that most children and adolescents have not yet considered a change in their behavior in relation to drug use. The phases of change in Action and Maintenance are found in a smaller proportion. This phase is found in 10.62% of participants who have moved on to the active or sustained change phase, indicating that few have managed to advance in the behavior modification process. A comparison between age groups (8-12 years vs. 13-17 years) shows the following:

· Social anxiety is observed to increase with age, with social anxiety being more prevalent in adolescents (39.82%) than in children (26.55%), with a significant increase in the precontemplation phase (33.63% in adolescents vs. 25.66% in children). This suggests that social anxiety may be linked to a lower willingness to change.

· Social withdrawal is more common in adolescents, although social withdrawal is less prevalent than social anxiety, it is also more frequent in the 13-17 age group (15.04%) compared to children (9.73%).

· Leadership decreases in the precontemplation phase, with children showing a higher percentage of leadership (2.65%) compared to adolescents (1.77%), suggesting that the perception of leadership may be related to greater openness to change at younger ages.

Regarding the Stages of Change and Social Skills, there is a higher incidence of withdrawal in the Contemplation stage, in which social withdrawal is higher in adolescents (7.96%) than in children (3.54%), suggesting that introspection about change may be accompanied by greater isolation in adolescence. In terms of Social Anxiety in the Action and Maintenance Phase, social anxiety is dominant in the precontemplation phase and persists in action and maintenance (4.42% in adolescents vs. 0.88% in children). This indicates that even in advanced stages of change, some individuals may experience difficulties in social interaction.

Leadership increases in the Action and Maintenance phase: In this phase, there is an increase in leadership among adolescents (2.65%) compared to children (0.00%), suggesting that as they progress through change, adolescents may develop greater social confidence.

Table 2

Percentage distribution of children and adolescents according to stages of change and social skills by age group.

Stage	Social withdrawal		Social anxiety		Leadership		
	8 a 12	13 a 17	8 a 12	13 a 17	8 a 12	13 a 17	Total
Pre-contemplation	5.31%	5.31%	25.66%	33.63%	2.65%	1.77%	74.34%
Contemplation	3.54%	7.96%	0.00%	1.77%	0.88%	0.88%	15.04%
Action and maintenance	0.88%	1.77%	0.88%	4.42%	0.00%	2.65%	10.62%
Total	9.73%	15.04%	26.55%	39.82%	3.54%	5.31%	100.00%

DISCUSSION

When analyzing these data together, a strong association (c = 0.50) is evident, reaffirming that the development of social skills could directly influence the stages of change, regardless of age group. This finding is consistent with recent studies on the importance of psychosocial interventions or social skills in early stages as a form of prevention against psychoactive substance use. For example, Álamo and Falla (2023) point out that the development of social skills such as leadership significantly reduces risky behaviors. Along the same lines, García et al. (2018) mention that social skills act as a protective factor against PAS consumption, with alcohol, marijuana, cocaine, and heroin being the most commonly consumed substances. Perdomo (2020) argues that the causes of alcohol consumption are: lack of affection, fear of rejection, low family support, low self-confidence, and peer influence. In other words, socialization patterns influence consumption behavior. Pulido (2019) shares the same view, stating that self-control, emotional balance, motivation, enthusiasm, and empathy are protective factors against substance use.

Other authors, such as García and Moral-Jiménez (2018), point out that there is a weak negative relationship between impulsivity, aggression, and consumption, as it has been observed that the more alcohol consumed, the less control adolescents have over their behavioral impulses. Problems, fights, and even many criminal behaviors originate from this poor impulse control, which worsens with frequent alcohol consumption. Vera Pérez *et al.* (2021) also argue that there is a negative relationship between social skills and alcohol consumption.

As for children, the analysis shows a moderate association (c = 0.47) between social skills and the stages of change, suggesting that the development of skills such as leadership and overcoming social anxiety or withdrawal are linked to progress in the stages of Prochaska's model. As for adolescents, there is a strong association (c = 0.54), indicating that psychosocial maturation may play a key role in the processes of change toward greater social adaptation. Barbosa and Castrillón (2019) established that the most common social skills in adolescents with addictive behaviors are related to aggression and low levels of emotional openness. Similarly, Flores et al. (2016) consider that there are relationships between social skills and interpersonal communication. Therefore, risky behavior can be prevented with high levels in both variables. It is known that people addicted to drugs often exhibit behaviors with low social adaptability; as a result, these individuals tend to have conflictive relationships with their environment, prioritizing the compulsion to use drugs over other activities (García *et al.*, 2018).

The prevalence presented in the study is high in social anxiety and shyness in children (66.7%). Regarding adolescents (66.2%), there is an urgent need to implement therapeutic approaches focused on emotional regulation and improving social interaction. This finding is consistent with research highlighting the effectiveness of Cognitive Behavioral Therapy (CBT), particularly in school settings, for addressing these challenges. CBT has been shown to significantly reduce symptoms of social anxiety through techniques such as gradual exposure and cognitive restructuring, facilitating better social adaptation in children and adolescents (García et al., 2018; Luterek et al., 2003). Furthermore, the predominance of the precontemplative phase in both children (84.4%) and adolescents (67.6%) reinforces the notion of initial resistance to change, which may be due to a lack of social skills and motivational strategies. Therefore, emotional stability is a protective factor in reducing anxiety levels and controlling addictive impulses. (Liberini *et al.*, 2016)

The low percentage of leadership observed in children (8.9%) and adolescents (8.8%) reveals a critical opportunity to develop proactive and resilient skills. Recent studies suggest that strengthening competencies such as leadership not only improves social interactions but is also linked to a decrease in the incidence of risky behaviors, including substance use (Álamo and Falla, 2023). This approach may be key to facilitating the transition to more advanced stages of change, such as action and maintenance, allowing for a positive impact at both the individual and community levels.

As for limitations, it should be noted that this is a study based on data from a therapeutic community, and due to the size of the sample, it is not advisable to generalize the results. The population is heterogeneous in terms of age, stages of motivation, and family history. The results of this study have a significant impact

on improving therapeutic interventions aimed at this vulnerable population. Understanding the relationship between social skills and stages of motivation serves as a starting point for designing more effective strategies to promote recovery and prevent relapse. It is also hoped that this study will contribute to improving the quality of life of young people undergoing rehabilitation by providing them with tools and resources for social and family reintegration.

In this study, the limitation was the difficulty in collecting complete information from each instrument, as the database contained data from some instruments that were incomplete.

Regarding limitations, it is important to note that the difficulty of obtaining complete information from the instruments may compromise the validity and reliability of the results obtained in the study. The lack of complete items in some of the instruments in the database meant that information had to be eliminated, affecting the ability to generalize the findings. From a research perspective, this limitation could also imply that the data collection or database management process was not sufficient to generalize the results.

CONCLUSIONS

- The analysis suggests that adolescents exhibit greater social anxiety and withdrawal in all stages of change assessed during the therapeutic evaluation period. This may indicate that it could be an obstacle to behavioral change.

- With regard to leadership, it is evident that this skill has a lower indicator in the precontemplation stage and subsequently increases in the contemplation, action, and maintenance stages, which could indicate that the development of social skills is key in promoting the change of stage experienced by a person undergoing therapeutic treatment for psychoactive substance use.

Acknowledgments:
The authors are grateful for the support provided by the participants.

Funding:
Self-financed

Authors Roles:

EEYC: Conceptualization, manuscript drafting, methodology, formal analysis and interpretation of results, and review.

VHUS: Conceptualization, manuscript drafting, methodology, formal analysis and interpretation of results, and review.

CLLV: Conceptualization, manuscript drafting, methodology, formal analysis and interpretation of results, and review.

Competing interests: The authors declare under oath that they have not been involved in any conflict of interest in writing this article.

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