INPLASY

Group-Based Social Skills Training for Children and Adolescents Aged 6–18 in Nonclinical Populations

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202590108

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 September 2025 and was last updated on 10 August 2026.

INTRODUCTION

Review question / Objective This research aims to conduct a systematic review with a mapping and narrative synthesis of the scientific literature on Group-Based Social Skills Training (SST) for school-aged children and adolescents (6–18 years old) without a specific diagnosis. The review aims to map and characterize existing SST programs, with particular attention to their conceptual foundations, components and structure, formal characteristics, and evaluated outcomes.
The following research questions were formulated: What conceptual foundations underpin SST programs? What are the typical components and structure of such programs? What are the formal characteristics of SST programs (e.g., duration, facilitators, and setting)? What outcomes are evaluated in studies of SST programmes, how are they assessed, and what patterns of findings are reported?

The project aims to integrate dispersed empirical knowledge and provide a structured overview of Group-Based SST programs and the ways in which they have been implemented and evaluated. The findings may also inform practical recommendations for professionals and other stakeholders involved in supporting children and adolescents.

Rationale Social Skills Training (SST) is gaining increasing attention in developmental and educational psychology. However, the literature highlights inconsistencies in the definitions, structures, and evaluation methods of SST programs (Bellini et al., 2007; Kavale & Mostert, 2004; Wojnarska, 2019). There is also conceptual ambiguity in distinguishing among social “skills,” “competencies,” and “abilities” (Kupiec, 2013; McFall, 1982).
Social and emotional skills—such as emotional recognition and regulation, effective communication, and active listening—are essential

for interpersonal functioning and overall psychological well-being (Knopp, 2005; Wosik-Kawala, 2013).

Researchers contend that effective Social Skills Training (SST) programs should be grounded in developmental psychology theories, social learning theory (Bandura, 1977), and empirically validated approaches (Campbell, 2008; Węglarz & Bentkowska, 2024). Evidence-based practices (EBPs) are particularly valuable as they minimize the negative consequences of social and communication deficits (Gresham, 2016; Reichow & Volkmar, 2010; Whalon et al., 2015).

Evaluating the effectiveness of intervention and prevention programs is crucial in the context of intervention validity—defined as the extent to which assessment outcomes can guide intervention selection and support evaluation. Interventions with high validity generate measurable, beneficial outcomes aligned with participants' needs (Gresham, 2016).

EBPs are designed to foster the development and application of social skills, reinforce prosocial behaviors, and strengthen social competence. Their effectiveness increases when they are tailored to specific participant needs—for example, when targeting children who possess certain social skills but do not apply them consistently in real-life contexts (McIntosh et al., 2013).

An important consideration in designing interventions is the selection of tools with documented ecological validity—that is, interventions that have demonstrated effectiveness in natural environments such as schools or homes (Reichow & Volkmar, 2010).

Deficits in social skills can have profound and lasting effects on academic performance, school behavior, emotional well-being, social relationships (including friendships and family interactions), and life outcomes in adulthood (Gresham, 2016). Preventive and therapeutic SST interventions are therefore crucial for mitigating these adverse consequences (Domitrovich et al., 2017).

Regular evaluation ensures that resources—time, money, and personnel—are directed toward programs that are truly effective and yield meaningful results.

A systematic review of SST interventions will allow for a comprehensive summary of their effectiveness and an exploration of the contextual factors influencing their implementation in various environments (e.g., schools). Additionally, such a review will help identify gaps in current research and inform future directions for optimizing interventions that support the social development of children and adolescents.

Reliable, evidence-based knowledge is crucial for implementing interventions that benefit not only individual participants but also broader societal well-being (Durlak et al., 2011).

Condition being studied Current State of Knowledge on the Effectiveness of Social Skills Training (SST) for Children and Adolescents

The effectiveness of Social Skills Training (SST) for children and adolescents has been relatively well documented in clinical populations, particularly among youth with mental health conditions such as Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). These studies suggest that SST yields measurable benefits for these groups, though they often require a more individualized approach and the involvement of significant adults (Allen, Boyle, Lauchlan, & Craig, 2020; Jijina, & Sinha, 2016; Liu, 2023; Mikami, Smit, & Khalis, 2017). However, there is still a significant lack of robust scientific evidence regarding the effectiveness of SST among typically developing children and adolescents.

Some empirical studies have demonstrated moderate effectiveness of SST in improving core social skills such as communication, emotion recognition, conflict resolution, and emotional regulation in both clinical and non-clinical youth populations (Gresham et al., 2001; de Mooij et al., 2020).

Meta-analyses indicate that the most effective SST programs tend to include specific components such as social behavior modeling (e.g., by a facilitator or through video demonstrations), skills practice (e.g., role-playing), immediate feedback, homework or transfer tasks, peer-group interaction, and active involvement of parents or teachers (de Mooij et al., 2020; Beelmann & Lösel, 2020).

The effectiveness of SST is influenced by multiple variables. Age appears to be a significant moderator, with children aged 6–12 showing greater gains than adolescents (Reichow et al., 2012). Programs implemented in school settings tend to yield better generalization and transfer of learned skills (Pollak et al., 2020), and interventions comprising at least 10 sessions are more effective than shorter ones. Furthermore, programs delivered by trained professionals—such as psychologists or therapists with relevant clinical experience—are associated with stronger outcomes.

In universal school-based interventions, SST has been shown to improve peer relationships and overall classroom climate (Barrett, 2010–2023; FRIENDS program). These findings also suggest a promising role for SST in the prevention of emotional disorders and behavioral problems (Beelmann & Lösel, 2020).

However, relatively few studies have examined the long-term effects of SST. The available studies suggest that program effects tend to diminish within a few months post-intervention unless supplemented with additional strategies such as follow-up sessions, coaching, or environmental reinforcement. Sustained effects are more likely when programs include reinforcement and repetition components, are supported by teachers or parents, and are embedded into everyday life contexts (Beelmann & Lösel, 2020; Hart et al., 2024).

METHODS

Search strategy Following databases will be searched: PsychInfo; Psycharticles; Pubmed; ERIC; Scopus, and Web of Science. Following keywords will be used:
1. Population
child

adolescent

youth

teenager*
students
pupils

school-aged

young people

nonclinical population

Typical development
2. Intervention
social skills training

social skills intervention

socio-emotional learning

emotional competence

social competence

interpersonal skills

communication skills training

SEL (Social and Emotional Learning)

group-based intervention

skills-based training

soft skills development
social communication
social behavior
prevention
preventive social skills training
preventive intervention
behavioral prevention
SSGT (Social Skills Group Training)

3. Outcomes
emotion regulation

emotional development

social functioning

prosocial behavior

self-regulation

communication skills

empathy

behavioral adjustment

psychosocial outcomes

psychological well-being
4. Study design/publication type
randomized controlled trial

quasi-experimental

intervention study

empirical study

program evaluation

pre-post study

outcome evaluation

effectiveness

Search strings to each resource are below:
PsycINFO, PsycARTICELS and ERIC (via EBSCOhost)
(
child OR adolescent OR youth OR teenager* OR student* OR pupil* OR "school-aged" OR "young people" OR "nonclinical population" OR "typical development"
)
AND
(

"social skills training" OR "social skills intervention" OR "socio-emotional learning" OR "social and emotional learning" OR "emotional competence" OR "social competence" OR "interpersonal skills" OR "communication skills training" OR "SEL" OR "group-based intervention" OR "skills-based training" OR "soft skills development" OR "social communication" OR "social behavior" OR prevention OR "preventive social skills training" OR "preventive intervention" OR "behavioral prevention" OR SSGT OR "Social Skills Group Training"
)
AND
(
"emotion regulation" OR "emotional development" OR "social functioning" OR "prosocial behavior" OR "self-regulation" OR "communication skills" OR empathy OR "behavioral adjustment" OR "psychosocial outcomes" OR "psychological well-being"
)
AND
(
"randomized controlled trial" OR "quasi-experimental" OR "intervention study" OR "empirical study" OR "program evaluation" OR "pre-post study" OR "outcome evaluation" OR effectiveness
)

PubMed
(
child[Title/Abstract] OR adolescent[Title/Abstract] OR youth[Title/Abstract] OR teenager*[Title/Abstract] OR student*[Title/Abstract] OR pupil*[Title/Abstract] OR "school-aged"[Title/Abstract] OR "young people"[Title/Abstract] OR "nonclinical population"[Title/Abstract] OR "typical development"[Title/Abstract]
)
AND
(
"social skills training"[Title/Abstract] OR "social skills intervention"[Title/Abstract] OR "socio-emotional learning"[Title/Abstract] OR "social and emotional learning"[Title/Abstract] OR "emotional competence"[Title/Abstract] OR "social competence"[Title/Abstract] OR "interpersonal skills"[Title/Abstract] OR "communication skills training"[Title/Abstract] OR SEL[Title/Abstract] OR "group-based intervention"[Title/Abstract] OR "skills-based training"[Title/Abstract] OR "soft skills development"[Title/Abstract] OR "social communication"[Title/Abstract] OR "social behavior"[Title/Abstract] OR prevention[Title/Abstract] OR "preventive social skills training"[Title/Abstract] OR "preventive intervention"[Title/Abstract] OR "behavioral prevention"[Title/Abstract] OR SSGT[Title/Abstract] OR "social skills group training"[Title/Abstract]
)
AND
(
"emotion regulation"[Title/Abstract] OR "emotional development"[Title/Abstract] OR "social functioning"[Title/Abstract] OR "prosocial behavior"[Title/Abstract] OR "self-regulation"[Title/Abstract] OR "communication skills"[Title/Abstract] OR empathy[Title/Abstract] OR "behavioral adjustment"[Title/Abstract] OR "psychosocial outcomes"[Title/Abstract] OR "psychological well-being"[Title/Abstract]
)
AND
(
"randomized controlled trial"[Publication Type] OR "quasi-experimental"[Title/Abstract] OR "intervention study"[Title/Abstract] OR "empirical study"[Title/Abstract] OR "program evaluation"[Title/Abstract] OR "pre-post study"[Title/Abstract] OR "outcome evaluation"[Title/Abstract] OR effectiveness[Title/Abstract]
)

Scopus
TITLE-ABS-KEY(
(
child OR adolescent OR youth OR teenager* OR student* OR pupil* OR "school-aged" OR "young people" OR "nonclinical population" OR "typical development"
)
AND
(
"social skills training" OR "social skills intervention" OR "socio-emotional learning" OR "social and emotional learning" OR "emotional competence" OR "social competence" OR "interpersonal skills" OR "communication skills training" OR SEL OR "group-based intervention" OR "skills-based training" OR "soft skills development" OR "social communication" OR "social behavior" OR prevention OR "preventive social skills training" OR "preventive intervention" OR "behavioral prevention" OR SSGT OR "social skills group training"
)
AND
(
"emotion regulation" OR "emotional development" OR "social functioning" OR "prosocial behavior" OR "self-regulation" OR "communication skills" OR empathy OR "behavioral adjustment" OR

"psychosocial outcomes" OR "psychological well-being"
)
AND
(
"randomized controlled trial" OR "quasi-experimental" OR "intervention study" OR "empirical study" OR "program evaluation" OR "pre-post study" OR "outcome evaluation" OR effectiveness
)
)

Web of Science
TS=(
(
child OR adolescent OR youth OR teenager* OR student* OR pupil* OR "school-aged" OR "young people" OR "nonclinical population" OR "typical development"
)
AND
(
"social skills training" OR "social skills intervention" OR "socio-emotional learning" OR "social and emotional learning" OR "emotional competence" OR "social competence" OR "interpersonal skills" OR "communication skills training" OR SEL OR "group-based intervention" OR "skills-based training" OR "soft skills development" OR "social communication" OR "social behavior" OR prevention OR "preventive social skills training" OR "preventive intervention" OR "behavioral prevention" OR SSGT OR "social skills group training"
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"emotion regulation" OR "emotional development" OR "social functioning" OR "prosocial behavior" OR "self-regulation" OR "communication skills" OR empathy OR "behavioral adjustment" OR "psychosocial outcomes" OR "psychological well-being"
)
AND
(
"randomized controlled trial" OR "quasi-experimental" OR "intervention study" OR "empirical study" OR "program evaluation" OR "pre-post study" OR "outcome evaluation" OR effectiveness
)
)

Additional filters:
Document type: Article, Conference Paper, Book
Language: English.

Participant or population Children and adolescents aged 6–18 years in typical (normative) development, representing non-clinical samples.

Intervention Training aimed at developing socio-emotional competencies, conducted either in person or online.

Comparator The comparators will include different types of control groups: both active (other interventions) and passive (wait-list, no intervention).

Study designs to be included The review will include both experimental and quasi-experimental studies evaluating the effectiveness of socio-emotional skills training. Eligible designs may involve randomized or non-randomized control groups, pre-post assessments, and various forms of comparison (e.g., active or passive control conditions).

Eligibility criteria Description in the line of the PICO framework: Population (P): Children and adolescents aged 6 to 18 years who are in typical (normative) development. Only nonclinical populations will be included. Studies involving clinical samples (e.g., individuals with diagnosed psychiatric or neurodevelopmental disorders) will be excluded. Studies focusing exclusively on populations identified as being at risk due to specific social, educational, or contextual circumstances (e.g., immigrant status or being identified as at risk of school failure) will also be excluded. Intervention (I): Structured training programs aimed at developing socio-emotional competencies (e.g., emotional regulation, empathy, interpersonal skills). Interventions may be delivered in-person or online, across various settings such as schools, afterschool programs, or community centers. Comparator (C): Studies must include a comparator group. Eligible comparators include: Active controls (e.g., alternative interventions), and Passive controls (e.g., wait-list, no intervention, or treatment-as-usual). Outcomes (O): Studies must report quantitative measures of socio-emotional competencies. Eligible outcomes include standardized or validated assessments capturing changes in areas such as emotional regulation, self-awareness, empathy, prosocial behavior, and social problem-solving. Only studies using quantitative data (e.g., questionnaires, rating scales, behavioral checklists) will be included; studies relying solely on qualitative data will be excluded. Study Design:
Experimental and quasi-experimental designs will be included. Eligible studies must use a control or comparison group and report at least pre- and

post-intervention outcomes. Randomized and nonrandomized controlled trials are both eligible. Additional pre-specified limits Language: English only. Time frame: No date restrictions (ensures a complete historical sweep). Publication status: Peer-reviewed publication status was not required for inclusion. . Setting / country: No geographical restrictions (preserves cross-cultural scope).

Information sources Following databases will be searched: PsychInfo; Psycharticles; Pubmed; ERIC; Scopus, and Web of Science.

Main outcome(s) The primary outcomes of interest will be quantitative indicators of socio-emotional and social functioning among children and adolescents aged 6–18 years. Specifically, included studies must report pre- and post-intervention measurements assessing one or more of the following: 1) Emotional development, such as: emotional recognition, emotion regulation, emotional awareness; 2) Social functioning, including: prosocial behavior, cooperation, social initiation and response, peer relationships, conflict resolution; 3) Communication skills, such as: verbal and non-verbal communication, active listening, assertiveness; 4)Psychological well-being indicators, such as: self-esteem, self-efficacy, anxiety reduction, depressive symptoms (if applicable and measured in nonclinical samples).

All included outcomes must be measured using quantitative tools, such as behavioral rating scales, self-report questionnaires, teacher or parent reports, or structured observational checklists. Examples of accepted instruments may include (but are not limited to): the Social Skills Rating System (SSRS), Strengths and Difficulties Questionnaire (SDQ), Emotion Regulation Questionnaire (ERQ), or the Child Behavior Checklist (CBCL).

Undesirable or adverse outcomes (e.g., increased aggression, peer rejection, emotional withdrawal) will also be considered when reported.

Studies that rely solely on qualitative outcomes or use non-validated surrogate measures that are not clearly related to socio-emotional competencies will be excluded.

Additional outcome(s) In addition to the primary outcomes related to socio-emotional development, the review will consider the following secondary outcomes, provided they are measured quantitatively and relate to the effect or implementation of the intervention: 1) Academic related outcomes, such as school engagement, classroom behavior, or teacher-reported learning related behaviors, when clearly linked to social skill development. 2) Transfer or generalization of skills, such as observed application of trained skills in naturalistic settings (e.g., school, peer interactions), if assessed with quantitative tools. 3) Follow-up measures (e.g., 3 or 6 months postintervention), if available, to evaluate the sustainability of effects over time.

Data management Citation handling and screening platform
All search results will be imported into Covidence (Veritas Health Innovation, Melbourne, Australia), where duplicate records will be identified and removed. Covidence will be used to manage the title and abstract screening and full-text eligibility assessment stages. Data extraction and subsequent data management will be conducted in Microsoft Excel.
Team configuration and study-selection workflow
Title and abstract screening will be conducted independently by two reviewers in Covidence. Full-text eligibility assessment will follow the same procedure, with two reviewers independently assessing each article. At both stages, conflicts between the two reviewers will be assessed and resolved by a third reviewer. Where the third reviewer identifies uncertainty or considers that further discussion is required, the case will be discussed jointly by the review team and the final decision will be reached by consensus. Reasons for exclusion at the full-text stage will be recorded in Covidence.
A PRISMA flow diagram will be generated based on the study-selection process and verified manually.
Data extraction and verification
Data extraction will be conducted in Microsoft Excel with the assistance of an artificial intelligence (AI) tool using a predefined structured extraction framework. All AI-assisted extractions will be reviewed and verified against the source article by one researcher. Where the researcher identifies uncertainty, ambiguity, or a potential discrepancy, a second researcher will verify the relevant information. Any remaining uncertainties or disagreements will be resolved through discussion and consensus.
A predefined structured extraction form will be used in Microsoft Excel. The extraction framework will include the following domains:
Study identification and bibliographic information: Study ID and country.
Participant characteristics: mean age and standard deviation, grade(s), age range, total sample size, intervention group sample size, control group sample size, gender distribution.

Intervention context and format: setting, group format, programme name, conceptual foundations, and mode of delivery.
Programme characteristics: programme structure and modules, number of sessions, programme length where the number of sessions is not reported, session length, and programme intensity (the number of sessions per week).
Facilitators and implementation characteristics: facilitator type, parental involvement, reported fidelity or adherence, and implementation support or supervision.
Study design and comparison condition: study design, comparator type, and follow-up.
Outcome assessment: outcome domains measured, measurement tools used, and reporter or information source.
Study findings: a brief summary of the main findings, limited to a maximum of two sentences.
Review notes: notes and final notes used to document uncertainties or clarification needs.
Categorical variables will be coded using predefined response options specified in the extraction framework. Where information is not reported or cannot be determined reliably from the study, this will be coded using the relevant predefined category (e.g., "Not reported", "Unclear").
Data storage and security
Records related to study screening and selection will be retained in Covidence. Extracted data and subsequent coding will be managed in Microsoft Excel, with the working files stored on Google Drive to enable secure cloud-based storage and access by the research team.

Upon completion of the review, the final cleaned dataset will be retained in Microsoft Excel format. Data supporting the review may be made available as supplementary material or deposited in an appropriate research data repository upon publication.

Quality assessment / Risk of bias analysis Methodological characteristics of the included studies will be considered narratively as part of the mapping and description of the evidence base. This consideration will draw on information collected during data extraction, such as study design, comparator type, follow-up, measurement approaches, reporters, and intervention fidelity or adherence where reported.
These methodological characteristics will be used to provide context for the description and interpretation of the mapped literature. No formal risk-of-bias ratings or certainty-of-evidence grades will be assigned.

Strategy of data synthesis Given the heterogeneity of study designs, interventions, and outcome measures, the included studies will be synthesized using descriptive mapping and narrative synthesis. The synthesis will focus on characterizing group-based Social Skills Training (SST) programmes for children and adolescents and mapping how these programmes have been structured, implemented, and evaluated.
The synthesis will address the conceptual foundations of the interventions; programme components, structure, and modules; participant characteristics; setting and group format; programme duration and intensity; delivery format and facilitator characteristics; parental involvement; implementation support and fidelity or adherence where reported; and study design and comparator characteristics.
Approaches to outcome evaluation will also be mapped, including the outcome domains assessed, measurement tools, reporters, and follow-up assessments. Reported findings will be summarized descriptively to identify patterns across the included literature.
Descriptive tables will be used to summarize the characteristics of the included studies and SST programmes. Patterns, similarities, and differences across programmes and evaluation approaches will be described narratively.

Subgroup analysis Where supported by the available data, patterns across selected study, participant, and programme characteristics will be explored descriptively as part of the mapping and narrative synthesis. These may include age, mode of delivery, setting, facilitator background, conceptual foundations, programme intensity and duration, and outcome domains assessed.
These descriptive comparisons will be used to explore potential similarities and differences in how SST programmes are structured, implemented, and evaluated across the included literature.

Sensitivity analysis No formal sensitivity analysis is planned, given the descriptive mapping and narrative synthesis approach of the review.

Language restriction English.
Country(ies) involved Poland.

Keywords social skills training; Social and Emotional Learning (SEL); socio-emotional development; universal interventions; children; adolescents; nonclinical population; systematic mapping review.

Dissemination plans The results of the proposed systematic review will be submitted for publication

in a peer-reviewed international journal to ensure wide dissemination within the scientific and professional community.

Contributions of each author

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