Improving Social Competence Programs for Children and Youth

Recommendations for Aligning Programs with Evidence on Core Components

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Evidence for Program Improvement was established by The Assistant Secretary for Planning and Evaluation (ASPE) to develop evidence-based practice guidelines for youth programs using a core components approach. Our goal is to better understand the characteristics of effective programs for youth and share guidelines about how to make those programs more effective with those who design, support, and implement them.

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Introduction

Most young people in the U.S. are physically and emotionally healthy, attend and progress through school, and have successful relationships with family, peers, and teachers. However, some youth struggle to learn the skills needed for successful social interactions – they need support developing their **social competence**. Social competence includes a range of skills related to developing and maintaining relationships with other people, such as communication and listening skills, assertiveness, cooperation, conflict resolution skills, and social awareness. These skills are related to positive long-term outcomes in academic performance, social and emotional well-being, and behavior. Because of its critical role in positive youth development, prevention programs that target social competence are available in many communities and schools in the U.S.

A large body of research on the effectiveness of these programs offers insight into which types of youth programs are more effective than others at improving social competence – and **which core components of these programs are associated with program effectiveness**. This guide takes that research and translates it into a set of recommendations intended to help practitioners make evidence-based decisions about ways to improve programs aimed at improving social competence.

Why a Core Components Approach?

Core components are the parts, features, attributes, or characteristics of an intervention that research shows are associated with its success.[1] Because many aspects of a program can contribute to successful outcomes, core components can be *the activities or content within a program* (e.g., social problem-solving instruction or assertiveness training), *how a program is delivered* (e.g., in a group, individually)*, who delivers a program* (e.g., social workers, teachers), *the program's length and frequency,* and even *implementation strategies* such as whether and how providers are trained and supervised. A core components approach to evidence-based practice:

- Offers a way to flexibly apply evidence-based principles within constraints of funders and service environments.
- Focuses on improving existing programs, rather than adopting and replicating model programs that may not be a good fit for the population of interest.
- Allows for aligning interventions with several recommendations or just a few based on context and resources.
- Provides organizations with evidence-based information to help prioritize and direct resources to specific features of interventions that research shows are most important.

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[1] Ferber, T., Wiggins, M. E., & Sileo, A. (2019). *Advancing the use of core components of effective programs.* Forum for Youth Investment.

The Evidence for Core Components

We based the recommendations in this guide on what the research suggests are the core components of effective programs to improve social competence. The core components are supported by an extensive array of well-controlled research studies on programs for children and youth across many program environments, including both model programs and a variety of locally-developed programs.

The core components of programs that address social competence result from an analysis of a large meta-analytic database of research on programs for children and youth, using a statistical procedure that identified a profile of program, participant, and implementation features (the *core components*) that are empirically related to positive outcomes across an array of programs. The evidence for these core components comes from research with children and youth who were referred or identified for services because of particular issues such as behavior problems, academic difficulties, or risk factors for these issues. We have not analyzed research on universal prevention programs or residential programs and, as such, the core components and associated practice recommendations may not apply in those settings. A full description of our methodology and results can be found in the accompanying technical report (https://aspe.hhs.gov/system/files/pdf/263931/social-competence-tech-report.pdf).

How to Use the Recommendations

**There are three steps to use the recommendations in this guide:**

1. **Review the Core Components Profile (Figure 1)**
2. **Choose the "Intervention Family" that best fits your program:**
   - Review the Intervention Family definitions and examples
   - "Unpack" your program
3. **Review the practice recommendations for that Intervention Family:**
   - Assess feasibility and alignment with your context and resources
   - Take action

- **Intervention Family:** a broad category of interventions that share the same underlying strategy or principles for how to improve social competence.
- **Program:** a consistent implementation of one or more interventions with shared practices, policies, leadership, and (usually) funding.
- **Intervention:** a distinct activity or service provided as part of a program, designed to achieve a specific purpose for specific participants.
- **Core Components:** the parts, features, attributes, or characteristics of an intervention that research shows are associated with its success.

Step 1. Review Core Components Profile for Programs Targeting Social Competence

The core components profile in Figure 1 provides an overview of our practice recommendations. We suggest you review the full core components profile in Figure 1 first to familiarize yourself with the terminology and get a sense of the evidence base as a whole. In Steps 2 and 3 below, we illustrate how to identify the appropriate recommendations derived from evidence on programs most like yours.

Figure 1: Core Components Profile for Interventions Targeting Social Competence
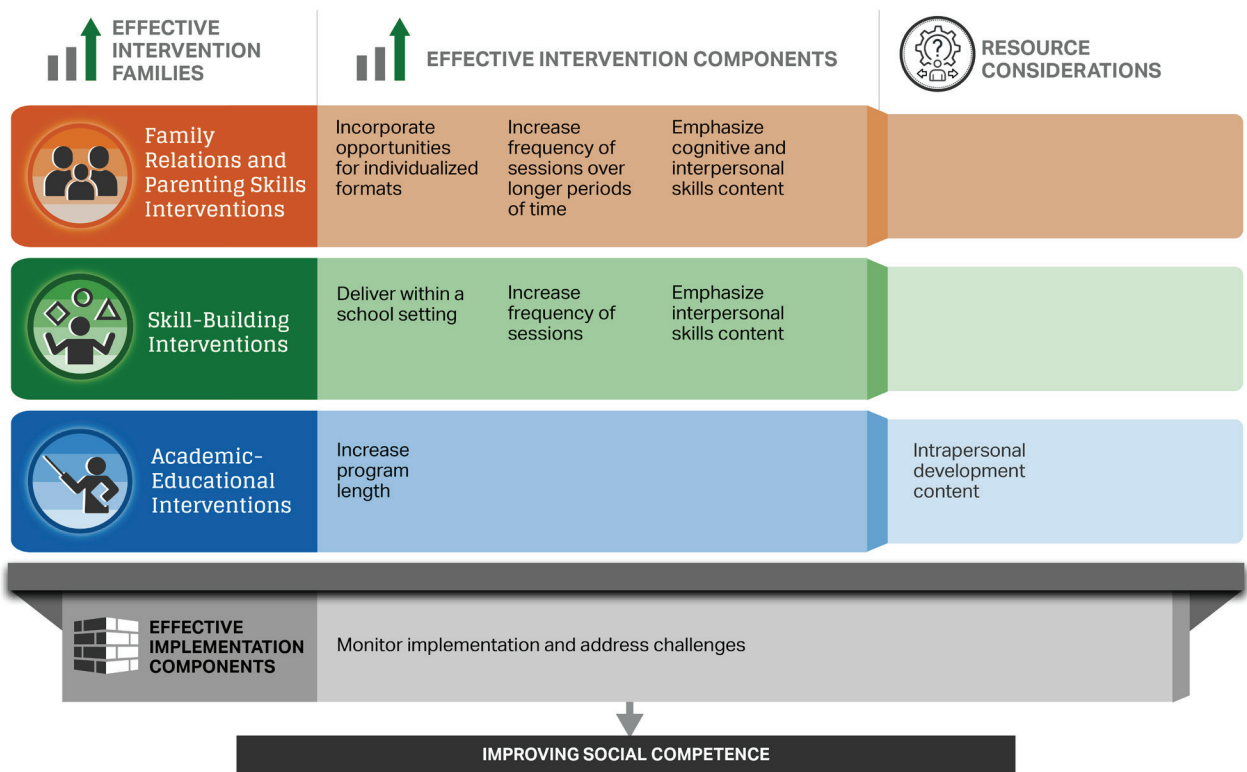
As Figure 1 shows, we organized the recommendations in the core components profile by three **Effective Intervention Families** (Family Relations and Parenting Skills, Skill-Building, and Academic-Educational), broad categories of interventions that have the same underlying strategy or principles for how to improve social competence. The programs in each intervention family are generally effective in improving social competence among the children and youth who participate in them. Within each intervention family, our analysis found specific components that are related to improvements in social competence.

Effective Intervention Components are strongly related to improving social competence and are specific to an intervention family. To have the best chance at improving youth outcomes, an effective intervention component should only be implemented in the context of an intervention that uses the underlying strategy of the intervention family to which the component is linked. We do not know if implementing an effective component with an intervention from a different intervention family would be as effective.

Our analysis also found that interventions with certain components tended to have smaller, though still positive, impacts on social competence; these components are called **Resource Considerations**. In the practice recommendations that follow, resource considerations are meant to inform decisions about what services to prioritize when resources are scarce. Importantly, these components are not ineffective or harmful; rather, they did not contribute as much to improving social competence as other components in the context of a particular intervention family.

In contrast, **Effective Implementation Components** cut across all intervention families and can be applied regardless of the family you choose. Our analysis found one component related to program implementation that improved social competence across all of the intervention families: monitoring implementation and addressing challenges. Our recommendation is designed to be broadly applicable across intervention families and across service environments.

Together, these components form the basis of the practice recommendations in this guide. The practice recommendations are *modular*, giving practitioners information to inform choices as well as the *flexibility* to implement as few or as many as is reasonable in the face of limited resources and other constraints.

Step 2: Choose the Intervention Family that Best Fits Your Program

To find the recommendations that fit your program, you must first decide which intervention family best represents your program.

Our evidence base and recommendations are divided into three mutually exclusive intervention families: Family Relations and Parenting Skills, Skill-Building, and Academic-Educational (see Figure 2). Programs within these intervention families are diverse but share common principles about how to improve social competence.

We provide additional guidance for this step on the next page.

Figure 2. Three Intervention Families Related to Improvements in Social Competence

Intervention Family	Family Relations and Parenting Skills	Skill-Building	Academic-Educational
Definition	Interventions that focus on improving social skills among youth through enhancing or improving parental or family influences on youth, particularly through improved parent-child relationships and positive parenting behaviors. These programs often, but not always, take place in community-based settings.	Interventions that teach youth skills to manage social interactions in ways that reduce the potential for conflict and support positive relationships. Most, but not all, take place in school settings.	Interventions focused on improving school performance, school engagement, and academically-oriented behavior, which may yield collateral benefits on social competence by promotion of positive youth development. Most, but not all, take place in school settings.
Intervention Examples	Family therapy to improve relationships and communication	Interpersonal or social skills training	Tutoring and enrichment intervention
	Parenting skills training	Anger management training	Schools-within-schools and other alternative school structures
	Coping skills training for divorce or other family issues	Social problem-solving skills training	Remedial or developmental instruction
	Social support groups for caregivers	Conflict management or resolution training	Individualized academic instruction
		Perspective taking and emotional awareness training	After-school academic intervention
		Assertiveness training	

Reflecting on how your program works can help you choose which intervention family fits best:

- **First, "unpack" your program into its key service(s) or intervention(s)**. This means identifying the primary service or services that all or almost all of your participants receive, the main services or activities that make up most of your program, and the predominant strategies aimed at improving social competence.

- **Second, classify the service(s) or intervention(s) into an intervention family**. Using the definitions of intervention families in Figure 2, determine which best describes the key service(s) or intervention(s) of your program. You will also find intervention examples listed under the intervention families that may be similar to yours, which you can use to help guide your decision. These are examples of real interventions taken from the evidence base.

**What if my program has more than one service or intervention?** Youth-serving organizations may offer a variety of distinct services or interventions aimed at improving social competence. Some organizations may offer a single intervention for their participants, while others will weave together multiple types of interventions into a cohesive program. To find the recommendations derived from evidence on programs similar to yours, **the key is to identify the predominant interventions you use, whether there is one or a combination of several**.

Figure 3 shows how to choose an intervention family using two example programs. Program A provides family therapy through sessions with a single family and provider. To use this guide, the program director has a single intervention to consider – family therapy. The program director would look in the Family Relations and Parenting Skills intervention family for guidance on ways to align her program with the evidence.

Another example program (Program B) contains three interventions provided in an integrated way to youth participating in a comprehensive afterschool program. This program director "unpacked" the program into three distinct interventions – a conflict skills workshop, experiential learning via field trips, and one-on-one tutoring. The program director would look to the Skill-Building intervention family for recommendations on his conflict skills workshop, and the Academic-Educational section for advice on improving the experiential learning and tutoring interventions.

Figure 3: How to Choose the Intervention Family that Best Fits Your Program
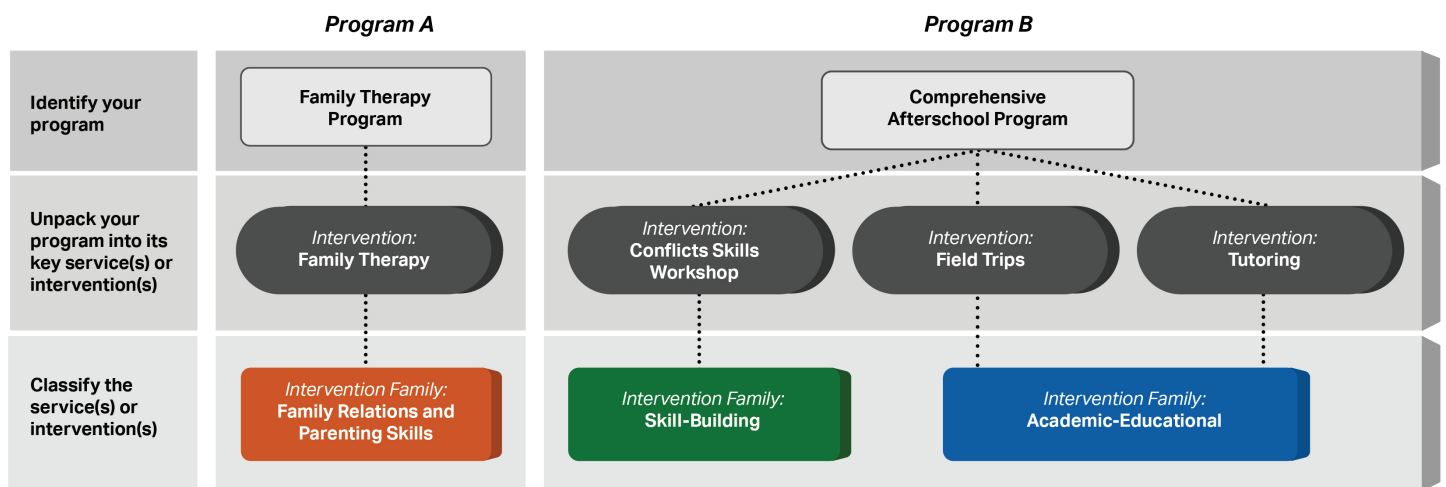
Step 3. Review the Practice Recommendations for the Appropriate Intervention Family

Each recommendation in this guide begins with a description of the ideas that underlie it, as well as evidence from our analysis to support the recommendation. Each recommendation has a set of "Assess Feasibility" ⊚ steps designed to help practitioners consider the alignment of their programs with the recommendation and how they might improve alignment given their circumstances. A set of "Take Action" 🗐 suggestions offers specific ideas for how the recommendation could be incorporated into existing programs.

Determining Which Recommendations to Apply to Your Program
The recommendations offered for each intervention family should be viewed as a "menu" of options from which to choose based on your local circumstances. In general, when considering the recommendations that follow, think about balancing them with:

- Applicability to your context

- Applicability to the children and youth you serve

- Ease or feasibility of implementation

Additional Resources

Here are some links to user-friendly resources on creating a visual of the linkages between your resources, services, and intended outcomes:

W.K. Kellogg Foundation Logic Model Development Guide
https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide

Centers for Disease Control Program Evaluation Framework
https://www.cdc.gov/eval/steps/step2/

University of Kansas Community Tool Box
https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

FRIENDS National Center for Community-Based Child Abuse Prevention
https://friendsnrc.org/evaluation-toolkit/evaluation-planning/logic-models

Family Relations and Parenting Skills Interventions

Interventions in this group aim to improve youth social competence by improving or enhancing parental or family influences on youth. Family relations and parenting skills interventions address parent-child relationships, family communication and functioning, promote positive parenting behaviors, teach parents how to support their children's social skills development, or a combination. There are three types of interventions in this group: those that are oriented toward the family unit, providing services to both parent(s) and children; those focused on parent training, with minimal or no child involvement; and those designed to support children coping with family issues, with minimal or no parental involvement.

Family relations and parenting skills interventions focus on helping **parents** acquire parenting skills to improve family functioning, strengthen relationships with their children, and support the development of their children's social competence. The **youth components** of these interventions tend to focus on building family communication and problem-solving skills, as well as healthy friendship and peer group interaction skills. Some interventions are delivered by therapists or counselors, but many involve a mix of paraprofessionals, specialists, and research staff. Providers deliver the programs through one-on-one, family, or multi-family sessions, often in community settings. These interventions frequently use modeling and role plays to practice skills, and group discussions. Sometimes parents or their children, or both, are given tasks to complete at home between sessions.

Characteristics of family relations and parenting skills interventions (30 studies contributed evidence):

▸ Interventions lasted 16 weeks, on average.

▸ Sessions typically took place once per week (73%) or more frequently (23%).

▸ Most took place in community settings (70%).

▸ Interventions were delivered primarily with groups of parents/families (40%), groups of children or youth (23%), and one-on-one or self-directed formats (23%).

Intervention Examples

▸ Children with socialization problems and their parents participated separately in concurrent sessions; the children focused on interpersonal skills while the parents learned how to reinforce what their children were learning. Parents and children participated in 11 sessions, for one hour each. Children's group sessions included didactic presentation, coaching and rehearsal, play, and homework review segments. During the sessions, they focused on conversational techniques, how to enter a group, persuasion and negotiation, how to handle confrontations with adults, and other relevant socialization topics. The parent sessions focused on how to support positive peer relations through indirect parental involvement, and included a review of parent and child homework performance, parent handouts, and the next homework assignment. Parents and children came together at the end of each session to create contracts for completing their assignments that week.

▸ Boys between the ages of six and twelve participated in a family therapy intervention that emphasized the modification of maladaptive family interactions as a means to eliminate the boys' problematic behaviors. The therapy team (made up of a clinical psychologist and a social worker) fostered collaboration between family members, identified maladaptive family interactions, and modified those interactions and roles of family members. The child and his/her parents typically participated in sessions together and were involved with the program for up to 6 months. Each family met with providers for 60 to 90 minutes per session each week.

Incorporate opportunities for individualized formats

When possible, incorporate opportunities for one-on-one contacts with children, parents, or the family. Although group formats are often necessary for a variety of practical reasons and can be effective, family and parenting skills interventions that use individualized services may be more effective at improving social competence in youth. Often, these individualized interventions are clinical in nature, providing therapy to children and their parents in community-based settings. Individualized programs for families allow providers to tailor the intervention to each family's needs and make individualized therapeutic plans that target the issues (for both parent and child) that are contributing to family problems or problems with peers. For example, a therapist can identify specific maladaptive family interactions and teach family members how to modify them and reinforce more positive behaviors. Parents can then apply these specific parenting and communication skills to a broader set of areas of their child's life.

Group formats for families, parents, or children may be a valuable way to build social support and reduce isolation, and can provide opportunities for children to practice skills. Group formats might also be required by funders or certain curricula, can mean that programs reach larger numbers of participants, and are less costly. On the other hand, groups may not allow enough time for participants to receive tailored content, practice new skills, get specific feedback from the provider, and learn how to transfer the skill to specific family situations. Thus, you will need to decide if group formats in your family relations and parenting skills intervention(s) are required and cannot be changed, or if there are opportunities to integrate some aspects of one-on-one formats into a group structure.

EVIDENCE

The seven family relations and parenting skills interventions delivered primarily in individualized sessions with children, parents, or parents and children together showed greater improvements in social competence than those using group formats.

ASSESS FEASIBILITY

- **Program objectives**. Revisit what your program is trying to achieve and the role of group services in meeting those objectives. Is keeping a group format a key step toward achieving other outcomes besides youth social competence?

- **Funding requirements**. Do funders require a group-based format, or is there flexibility? Are there ways to meet expectations for numbers served while incorporating an individualized format?

- **Program structure**. Can your program's infrastructure and staffing accommodate an individualized format? What would need to change about how your program operates?

- **Program resources**. What resources would need to be added or shifted to accommodate format changes? Would you need additional staff to continue serving the same numbers of families? Would you need additional space to provide more individualized services?

- **Organizational and staff readiness**. Engage your team for input and support. What information, development, or resources do they need to implement changes to format?

- **Context**. Assess where you might implement one-on-one services. Can you identify additional space that allows for privacy?

TAKE ACTION

Consider any of the following depending on the results of your feasibility assessment:

- **Re-imagine group formats**. It may be necessary to use a group format for a variety of reasons. If using group sessions, discuss with your team how to structure them to create opportunities for individual attention and feedback. Adjustments might include integrating case management tools, needs assessments, or individual service plans. For group sessions with children, use delivery personnel with strong clinical and behavior management skills to maintain structure and minimize distractions.

- **Identify additional funding** that might be needed to cover the costs of individualized services.

- **Increase the number of providers as necessary**. Connect with pro-bono counseling programs or graduate schools in social work or psychology in your community to add capacity. Be sure you have the ability to supervise students appropriately.

- **Increase the amount of time spent in individualized services** relative to group services, or replace current group formats with individualized formats if feasible.

RECOMMENDATION 2

Increase frequency of sessions over longer periods of time

Family relations and parenting skills interventions need sufficient length and intensity to support the development of parenting skills and youth social skills. A combination of intervention length and more frequent contact is important – our analysis indicated that it is not enough to meet with parents, families, and children over a long period of time without frequent (i.e., more than once per week) contact. Likewise, it is not enough to meet many times per week if the intervention lasts only a short time.

Family relationships are complex, and interventions targeting family relations or parenting skills may require longer periods of time to produce changes in children's social skills -- especially if they focus primarily on skills training for parents. Family relations and parenting skills interventions also may benefit from more frequent opportunities to reinforce and practice skills. Moreover, higher intensity interventions allow for a trusting relationship to be built between provider and participant, which can help engage participants and retain them over longer time periods. Many, though not all, of the interventions in our analysis took place in community settings. If your family relations and parenting skills intervention takes place in a school setting, you may have limited ability to align with this recommendation. Increasing the length and frequency of the intervention will be contingent on the flexibility of the school's schedule and the strength of your relationship with school administration.

EVIDENCE

The three family relations and parenting skills interventions that met with participants more than once per week and for longer than 10 weeks showed greater improvements in social competence than those that did not have this level of intensity. The most successful interventions addressed the needs of children and their parents, with services at least twice per week for at least several months.

ASSESS FEASIBILITY

• **Program objectives**. Revisit what your program is trying to achieve and the reasons for the current length and intensity of your program. Is it realistic to expect that the desired outcomes can be achieved given the current number and frequency of sessions?

• **Current program structure**. Assess the length and intensity of your current services, and determine if either needs to increase. How many weeks does the program last? How many times per week do parents and/or children meet with a provider or receive program services? Do you need to increase both length and intensity or just one?

• **Program resources**. Consider what resources would be necessary to extend the number of weeks your program lasts and the number of times per week you meet with families, individual parents, or children. Would you need to hire additional staff, negotiate with current funders, or identify additional resources?

• **Program setting**. Consider any constraints presented by the intervention's setting. If you are in a school, determine if there is flexibility in the schedule and build support for the change among administration and teachers.

• **Current content**. Review current plans or curriculum and assess how increasing the length or frequency of sessions would affect content. Would you expand on current content in a more in-depth way, or would you add new content?

• **Recruitment and retention**. Consider how increasing the length of the program might affect participation and responsiveness. Would you need to focus more on recruitment and keeping families engaged over time? What barriers might families face when asked to attend sessions more than once per week, and what can your organization do to reduce those barriers?

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Consider any of the following depending on the results of your feasibility assessment:

- **Increase the frequency with which you engage families**, ideally to more than once per week. For example, consider increasing therapy or training sessions for the child or parent to two times per week, adding a weekly joint parent-child session, or a weekly multi-family support group.

- **Decide what enhancements are realistic, and try incremental changes**. For instance, gradually increase the frequency of sessions over the duration of the program.

- **Increase the period of time over which your program engages families**. If your program meets fewer than 10 weeks, consider extending it to at least 10 weeks.

- With additional time added to the program, consider adding **content on cognitive or interpersonal skills for youth**, if you are not already (see Recommendation 3).

- **Consider additional supports** needed to maintain families' interest in the program over a longer period of time, and to gain their commitment to more than once per week contact. For example:

    — Send multiple reminder texts, calls, and emails.

    — Follow up with families who miss a session, and offer make-up sessions.

    — Include fun activities for parents and play for children, to keep the sessions positive and engaging.

    — For group sessions, cultivate a supportive environment where parents keep each other accountable for attending.

    — Offer incentives - that are effective for your participants - for attending sessions such as gift cards, provide dinner if meeting in the evening, and assistance with transportation or other identified needs.

    — Consider meeting closer to where the majority of your participants live or work to reduce transportation challenges.

    — Consider whether virtual sessions are an option, but work with your participants to ensure they have access to necessary technology. For example, explore community resources and local businesses that may be able to provide free internet access.

Provide opportunities for youth to learn and practice cognitive and interpersonal skills

Many factors influence the development of children's social competence. Family relations and parenting skills interventions are more effective when they include content for youth that helps them: a) build cognitive skills to process and apply information about other people and social situations, and b) acquire particular interpersonal skills necessary for positive interactions with others.

It may be important to nurture **both** cognitive and interpersonal skills (see Box 1) – for example, even if a child has the interpersonal skills to start a conversation and work cooperatively in a peer group, if she lacks the cognitive skills needed to identify a problem situation, think of alternative ways to deal with it, and consider the likely outcomes of each option, then she may be less likely to respond to challenging situations productively.

Cognitive skills. Consider emphasizing the development of cognitive skills such as the problem-solving sequence and cognitive restructuring to overcome negative thoughts.[2] Learning the steps involved in solving a problem can help children manage difficult family or peer issues, giving them the tools to find positive alternatives to a problem. This in turn can reduce their frustration and feelings of isolation, which increases the likelihood of peer acceptance and positive social interactions. Cognitive restructuring helps children find adaptive ways to cope with adverse events such as a divorce, helping them dispel common misconceptions and change irrational beliefs about their role in the event that otherwise may manifest in anger and associated problem behaviors.

Interpersonal skills. Focus interpersonal skills content on communication skills with family and peers, friendship skills, peer interaction skills, and how to cooperate with and support others. Family and parenting interventions have the best chance at improving these skills by teaching them directly to children, whether through individual therapy or through their parents who are appropriately trained and supported by a therapist or parenting skills provider.

BOX1

COGNITIVE SKILLS CONTENT	INTERPERSONAL SKILLS CONTENT

• Problem-solving sequence for resolving interpersonal problems:
  1. Identify the problem
  2. Brainstorm possible solutions
  3. Anticipate consequences of different solutions
  4. Evaluate solutions and try the best alternative
  5. Decide if the solution worked
• Cognitive restructuring to identify and challenge negative or irrational thoughts (e.g., misconceptions about the child's role in parents' divorce).
	• General interpersonal communication skills (e.g., active listening, giving and receiving feedback).
	• Family communication and relationships (e.g., how to ask for what you need from a parent).
	• Making friends and engaging in teamwork.
	• Peer communication, peer relationships, peer group interaction.
	• Prosocial behavior (voluntarily helping, sharing, cooperating with others).

EVIDENCE

The 18 family relations and parenting skills interventions that included content for children/adolescents relating to cognitive skills such as problem-solving, cognitive restructuring, or interpersonal skills showed greater improvements in social competence than those that did not include this content. Ten of these interventions included more than one of these content elements.

[2] Cognitive restructuring refers to a person learning how to identify and change negative or irrational thought processes that inhibit one's ability to have positive, functional social interactions and relationships.

ASSESS FEASIBILITY

- **Current content**. Assess the extent to which your program already covers cognitive or interpersonal skills. See Box 1 above for specific content elements.

- **Program structure**. Assess whether there is room to add cognitive or interpersonal skills content to your lesson plans or program guidance. Where would it fit? What would need to change? For example, would you need to add sessions? Increase time spent on this content relative to other areas?

- **Program resources**. Review current resources and any funding constraints. What resources might need to be added or shifted to accommodate content changes?

- **Staff development and resources**. Engage your team for input on the type of support they will need to add this content. What kind of information, development, or resources do they need to implement these changes to content?

TAKE ACTION

Consider any of the following depending on the results of your feasibility assessment:

- Ensure your program covers **interpersonal skill-building to address family relationships and communication, and prosocial peer relationships**.

- Ensure your program includes the **cognitive problem-solving sequence to address interpersonal problems, and cognitive restructuring** to help challenge negative thoughts.

- **Identify subject matter experts** who can provide in-service training to your organization and teams to learn best practices for teaching cognitive and interpersonal skills, as needed.

- **Revise lessons plans, staff training content or internal program guidance** to ensure coverage of cognitive and interpersonal skills. You may need to reduce other types of content to ensure coverage.

- Incorporate cognitive and interpersonal skills as a **case management goal** for counseling and therapy clients.

- **Engage youth and parents in planning** to ensure content is relevant and designed to meet their needs.

ADDITIONAL RESOURCES

Social Emotional Learning (Programs include interpersonal skills content)

https://casel.org/

https://naaweb.org/resources/sel-to-the-core

Skill-Building Interventions

Skill-building interventions are designed to equip youth with the skills needed to manage challenging social interactions in ways that reduce the potential for conflict and support positive relationships. These interventions can focus directly on **interpersonal skills such as social problem-solving and conflict resolution skills**. They can also focus on **managing emotional or executive responses to social situations** such as **anger or impulsivity** that may inhibit positive social interactions. Some skill-building interventions focus on both types of skills.

Skill-building interventions can be delivered by teachers, counselors, paraprofessionals, or others who work with youth to build skills, usually with a detailed curriculum or manual. Providers often model the skills for youth and then use role-playing, practice, and reinforcement to promote internalization of skills.

Characteristics of skill-building interventions (67 studies contributed evidence):

- Interventions lasted 16 weeks, on average.

- Sessions typically took place at least once per week, with more than half of the interventions (55%) taking place more than once per week.

- Interventions were delivered in classrooms (21%), in separate spaces within the school (resource room or school counselor's office; 57%), or in community settings (22%).

- Most interventions used a manual or dedicated lesson plans (79% of programs).

- Almost all interventions were delivered using a group format (90% of programs).

Intervention Examples

- Middle school students were trained on specific social skills based on individual needs. Parent, teacher, and student self-assessments determined the social skills that were the focus for each participant. Sessions usually progressed through four parts: modeling, role-playing, performance feedback, and transfer training. Students participated in sessions with the researchers during the school day for 75 minutes, two to three times per week over a course of 15 weeks. Teachers of participating students also attended training once per week. Teacher trainings focused on using positive verbal reinforcement to support the skills that students were developing during their sessions.

- Teachers nominated third, fourth, and fifth grade students to participate in training on relaxation and self-instruction. In the relaxation training, students were taught where anger originates, how to control their anger, and how to use relaxation strategies. Students then applied these skills by listing situations that elicit anger, role-playing, and completing homework assignments. In the self-instruction training, students were taught to discuss anger and use a strategy that involved self-talk, preparing for provocation, coping with arousal, and reflecting on the situation. These training sessions typically occurred over a course of ten 20-minute sessions over a three week period.

- Ninth grade students identified as "unassertive" participated in a school-based assertion training group. The group training took place in a resource room during students' study hall period over the course of two weeks. Using role-play and modeling, students were taught to respond politely to unreasonable requests, such as asking to borrow one's lunch money. Each student was given the opportunity to be the first to respond and the group leader gave specific behavioral feedback. Then students practiced the same role-play scenario a second time. Students were given the opportunity to learn and practice assertiveness skills with five role-play scenarios across four treatment sessions.

RECOMMENDATION 1
Consider providing programming within a school setting

School settings have several advantages over community settings that may make them more effective for delivering skill-building interventions. Most children attend school every day, which means that there are greater opportunities for regular, structured skill-building than might occur in afternoon, evening, or weekend programs offered outside the structure of the school day. School-based programs also reduce barriers like transportation and thus increase the likelihood that youth will attend and receive the full benefits of an intervention if they attend school consistently.

Delivery staff in school settings, especially teachers and other school personnel, have greater opportunities to interact with students outside of the intervention itself and can serve as consistent and familiar faces to the youth. This proximity can also give delivery staff greater understanding of youth's challenges and strengths. Additionally, teacher involvement means that lessons can be reinforced and skills practiced throughout the school day. Finally, interventions provided at school can benefit the school climate. In a school-based program, children with limited skills and those with more developed skills learn the same content, often together, which may help create a more positive school climate.

If you are not already working in schools, it can be a challenging and time-consuming process to develop the buy-in and trust necessary for access. Another drawback is that the youth you are trying to reach may not be in school regularly or at all. While the strong effects that we observed for interventions delivered in school settings may be due to intangible features of the school environment, some of the features of school-based interventions may be transferable to community settings. For example, community-based programs could work to ensure that delivery staff are consistently delivering the lessons and reduce practical barriers to attendance.

EVIDENCE

The 52 skill-building interventions **delivered in a school setting** showed greater improvements in social competence than those provided in community-based settings.

ASSESS FEASIBILITY

- **Locations and partnerships.** Take stock of the available options based on past or current partnerships with schools or school health centers. Are there opportunities to create new or build on these relationships? Is it realistic to forge new partnerships with school districts and individual schools?

- **School needs**. Use local data and existing partnerships to identify schools with needs aligned to the goals of your program. Are there opportunities for partnerships?

- **Staff development and resources**. Consider what resources are necessary to deliver services in schools. Would you need to hire additional staff? Negotiate with current funders or identify additional resources?

- **School context**. Consider where and how you might implement services within schools. Is your intervention adaptable to a school context? Are your participants accessible in schools, or are many of them not in school?

TAKE ACTION

Consider the following courses of action depending on the results of your feasibility assessment:

If it's not feasible to implement in schools:

- **Create similar features in your community settings.** If school-based implementation isn't feasible, consider ways to create circumstances that mimic the positive characteristics of school-based programs. For example, look for opportunities to increase the time program participants spend with each other so they can practice skills. If participants aren't already friends or classmates, offer social events and booster sessions to encourage participant engagement.

If you are thinking about implementing in schools:

- **Build relationships and trust.** Seek permission to attend school meetings, afterschool activities, or other events to learn about school culture and become a consistent presence.

- **Cultivate champions.** Identify a school staff person who believes in your program and can connect you with decision-makers. Ask to present at a staff meeting to share your ideas and engage with educational support staff. Show how your intervention helps the school meet its goals, such as by demonstrating how the intervention aligns with the state's education standards.

- **Tackle logistics.** Coordinate with school staff to determine how scheduling will work: how to coordinate student schedules, select classes that can be missed, and reserve space.

Increase frequency of skill-building sessions

Find ways to increase the frequency with which you provide skill-building sessions. This may involve altering the structure of the lessons so they can be delivered more frequently. If you are in a school setting, this may require additional negotiation and relationship-building with administration – and ultimately may not be feasible. But, keep in mind that some skill-building lessons can be brief and can be delivered in the context of almost any other activity, whether academic, therapeutic, or recreational. Our recommendations below provide some ideas for how to build in more frequent contact given the possible constraints.

More frequent sessions provide opportunities for repeated reinforcement of skills, allow for participants to use and see models of good interpersonal skills regularly, and may keep participants more focused on their social interactions. Social behavior is complex. There are subtleties to social interaction that make learning and internalizing social skills difficult. Providing instruction on a schedule that allows skills to build on each other rapidly may aid in the acquisition of new skills and promote lasting behavior change.

EVIDENCE

The 37 skill-building interventions that met more than once per week showed greater improvements in social competence than those that met less frequently.

ASSESS FEASIBILITY

- **Program setting**. Consider any constraints presented by the intervention's setting. If you are in a school, determine if there is flexibility in the schedule to increase frequency and build support for the change among administration and teachers.

- **Program dosage**. Document the frequency of contact your intervention has with participants. Does it vary by type of participant or the duration of the intervention? Are there points where contact is less frequent?

- **Delivery model**. Determine whether you could reduce the number of days between sessions, or provide additional programming in between sessions. Staff and location availability are two primary concerns.

- **Reinforcement opportunities**. Are there opportunities outside of the sessions to reinforce skills, without having to increase frequency of the sessions themselves?

TAKE ACTION

Consider the following courses of action depending on the results of your feasibility assessment:

- **Increase the frequency** with which you engage with participants, by either reducing the time between sessions or by offering related programming in between sessions. For example, hosting family events to provide participants with opportunities to practice skills, or helping teachers to infuse mini-social skills lessons into group work during class.

- **Encourage participant use of skills outside of the program**. Opportunities for practice could include homework assignments, socializing opportunities, or journals where participants document how they employed skills in real life.

- **Slowly build in more frequent sessions**. Try increasing the frequency of sessions for a smaller portion of your participants, or for a portion of the intervention. Document what worked well and the barriers, and consider expanding the approach to the full intervention as appropriate.

Provide opportunities for youth to learn and practice interpersonal skills

The skill-building interventions in our evidence base covered a wide range of skills, but those that explicitly taught interpersonal skills were most effective for improving social competence. These interventions contrast with other skill-building interventions that focus on emotional or cognitive skills such as accurately assessing others' motivations (i.e., cognitive restructuring), building empathy, or strategies to reduce anger.

Children and youth may find it easier to learn and use observable interpersonal skills than to change their internal thinking patterns or emotions. That is, youth may need explicit instruction on how to speak to and act with others in everyday interactions before they can begin to learn to regulate their thoughts and emotions. By teaching skills such as how to introduce oneself, or nonverbal ways to indicate you are listening to another person, programs are able to address skills that can be applied in everyday social situations.

Box 2

INTERPERSONAL SKILLS CONTENT

- General interpersonal communication skills (e.g., active listening, giving and receiving feedback).
- Making friends and engaging in teamwork.
- Peer communication, peer relationships, peer group interaction.
- Prosocial behavior (voluntarily helping, sharing, cooperating with others).
- Assertive communication skills and how to resist peer pressure.
- Conflict resolution and collaborative problem-solving skills.
- Identifying, understanding, and communicating feelings and emotions.

EVIDENCE

The 47 skill-building interventions that included at least one interpersonal skills content element (see Box 2 above) showed greater improvements in social competence than those that did not include these elements.

ASSESS FEASIBILITY

- **Current content**. Identify the specific interpersonal skills your program addresses. Does this set of skills cover the majority of challenges you see participants face? Are additional skills needed? **Check in with the youth and families you serve to help identify areas of need**.

- **Program dosage**. Assess the amount of time and percent of the program you devote to teaching specific, observable interpersonal skills versus other types of skills or activities.

- **Program structure**. Assess whether there is room to add interpersonal skills content to your lesson plans. Where would it fit? What would need to change? For example, would you need to add sessions?

- **Program and participant alignment**. Think about the types of participants your program serves. Are you teaching skills commensurate with their needs; skills more basic than their needs; or skills too advanced for their needs?

- **Staff development and resources**. Do staff currently have the skills needed to teach interpersonal skills to youth? What resources are needed to provide training and support to staff?

TAKE ACTION

Consider the following courses of action depending on the results of your feasibility assessment:

- **Shorten content not directly related to interpersonal skills** in order to maximize the amount of time participants are directly learning how to engage with others in healthy, positive ways.

- **Add new interpersonal skills content** to address any identified gaps. Ensure your program is providing skills relevant to the way children and adolescents currently engage with each other.

- **Align specific skills to participants' varying developmental stages**. For example, you may need to teach basic skills like introducing oneself to a new classmate, intermediate skills like conversational skills, or more advanced skills like negotiating and cooperating on a shared project.

ADDITIONAL RESOURCES

Social Emotional Learning (Programs include interpersonal skills content)

https://casel.org/

https://naaweb.org/resources/sel-to-the-core

Conflict Resolution

Peacebuilding Toolkit for Educators:

https://www.usip.org/sites/default/files/GPC_EducatorToolkit-%28HighSchool%29_combined.pdf

Academic-Educational Interventions

Academic-educational interventions aim to **improve school performance, school engagement, and academically-oriented behavior**. Interventions in this family are somewhat different from the other interventions in this report that more directly focus on youth social competence. Although not usually the primary focus, most academic and educational interventions in our evidence base involve social interactions and many include explicit social skills content. Such programs may, therefore, provide collateral benefits on social competence.

Academically-focused interventions can benefit social competence in multiple ways. Poor academic performance may lead to oppositional behavior, which affects social relationships, particularly with teachers. Success in school also can strengthen bonds with school, community, and family. In addition, some programs, such reciprocal peer tutoring, incorporate elements of interpersonal skill development alongside academic enhancement activities.

The recommendation in this chapter highlights one effective intervention component of academic-educational programs that the evidence shows produced the best impacts on social competence. Academic-educational programs may also have positive effects on academic performance and school engagement, but the core components contributing to improving those outcomes were not analyzed in this project.

Characteristics of academic-educational interventions (15 studies contributed evidence):

▸ Interventions lasted 37 weeks on average, or approximately one school year.

▸ Sessions typically took place more than twice a week – often daily during the school week.

▸ Most (60%) took place in a school setting during the school day, whether in the classroom or another room. The remaining were in community-based settings, including school-based aftercare (40%).

▸ The interventions were delivered by specialist staff (33%), classroom teachers (20%), or other providers (47%).

Intervention Examples

▸ **Classroom-based alternative curriculum:** Students participated in a block of classes in a separate "alternative education building" with trained teachers. The alternative curriculum included three academic subjects and one class period for small group problem-solving sessions. Teachers were trained to use reality-oriented feedback and work with students to set individual contractual goals. Students attended regular school courses for the rest of the day.

▸ **Tutoring and skills training:** High school students at risk for substance misuse participated in a comprehensive after-school program focused on academic tutoring and teaching specific skills. Students were provided a structured environment in which they were offered tutoring, problem-solving and respect skills training, and cultural identity exploration. Additionally, parents were offered training on skills they could use to better support their children.

RECOMMENDATION
Increase program length

Offering academic and educational programs over a longer time horizon such as a full school year gives program providers more opportunities to model and support student social competence. Without the time constraints faced by shorter duration programs, providers can deliver the academic content that is critical for academic and educational interventions and integrate additional content or activities that promote social skills. Participant engagement in any program is a key element of success. Longer programs may provide the necessary time required to build that engagement, give students ample time to practice their skills, and create more occasions to allow them to build trusting relationships with peers and adults.

EVIDENCE

The nine academic-educational interventions whose length was greater than 30 weeks showed greater improvement in social competence than those of shorter duration.

ASSESS FEASIBILITY

- **Program content**. Consider what program elements could be added or expanded through increasing the current program length. Would additional time allow you to add new interpersonal skills content – or better reinforce existing content?

- **Program setting**. Assess whether the setting for your program can accommodate a longer program in its schedule.

- **Program integration**. Explore whether existing school-year long activities or curricula have opportunities to incorporate or reinforce additional content.

TAKE ACTION

Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Identify content elements** that can be added to your program or curriculum to extend its length, and how and when they might be incorporated.

- **Review session type and sequence** to specify points at which different types of sessions might be added.

- **Consider additional supports** needed to maintain students' interest in the intervention over a longer period of time. For example, involve students in planning fun activities and ways to keep the sessions positive; offer incentives or rewards for attendance; follow up with students who miss a session and offer a make-up; cultivate a supportive, safe environment where students encourage each other to engage.

- **If feasible, integrate the intervention** into existing school-year long activities or curricula.

- **Evaluate possible sources of additional funding** that might be available to cover the additional costs of a longer program.

RESOURCE CONSIDERATIONS

For academic-educational interventions, content addressing intrapersonal or individual development may not be as beneficial as other content targeting social competence.

Is your program faced with tight resources and the need to prioritize which services you offer? It may be useful to weigh the costs and benefits of offering content that had smaller effects on social competence.

Our analysis indicated that academic-educational interventions with intrapersonal development content tended to have smaller, though still positive, effects on social competence than interventions without this content. Examples include: building self-esteem, self-concept, self-confidence, or future orientation. Such skills, when provided in the context of an academic-educational intervention, may not have the direct or sustained focus on social skills to produce large impacts on social competence.

Programs may have other goals that require development of intrapersonal skills; however, our analysis suggests that programs with the primary goal of improving social competence may not require these skills. Thus, if resources are limited, you might consider reallocating resources to other content that the evidence shows would be more beneficial in supporting social competence.

Consider the following in examining your program:

- Assess the level of focus your intervention has on intrapersonal development, and the reasons for including this focus. If your primary reason is to improve social competence, consider shifting the emphasis to other content such as interpersonal skills or conflict resolution. However, if you include this focus to address other important outcomes besides social competence, there is likely no need to make changes.
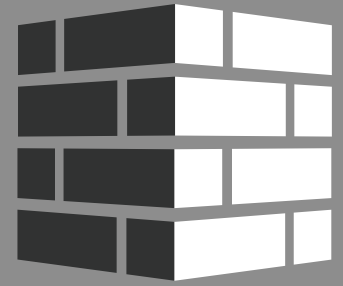
Effective Implementation Components

This section differs from those above. Rather than recommending chances to what you do, here we provide advice about how to implement what you do well. **Effective implementation components** may increase the chances that your program is delivered in the way you intended, and help ensure that the effective intervention components are able to drive improvements in social competence.

Our analysis found that the most effective interventions for improving social competence, regardless of intervention family, **did not report implementation problems**. Below, we make specific suggestions for setting up systems to ensure implementation problems can be identified and addressed during the course of service delivery.

RECOMMENDATION
Monitor implementation and address challenges

Put in place a systematic process for monitoring implementation so that you can determine if your program has an implementation problem, identify the problem and its sources, and plan how to address it. Without a system in place to monitor program operations and implementation, program managers may not have a full picture of any problems or, more importantly, what might be causing the problems. Monitoring implementation as part of an overall Continuous Quality Improvement (CQI) approach can help you diagnose problems and ensure that what you learn from monitoring is incorporated into staff training and professional development, program operations, and program design.

EVIDENCE

Studies that explicitly identified program implementation problems or suggested possible issues had smaller improvements on social competence than those that did not mention implementation at all or indicated no problems.

The most frequently cited implementation problems in the research were lack of adherence to a program manual or protocol, incomplete or inconsistent service delivery, and low participant attendance.

ASSESS FEASIBILITY

- **Current systems.** If you already have a system to monitor implementation, examine whether it provides you with the information you need to identify problems. For example, are you able to:

  — Monitor program attendance through collection and analysis of administrative records or sign-in sheets?

  — Monitor adherence to lesson plans or program guidance with fidelity checklists and identify points at which your program differs?

  — Identify patterns and areas for improvement? Examine data to help identify possible causes or places for intervention and refinement.

  — Assess service delivery quality with observations or participant surveys?

- **Fidelity standards**. Does your program have specified thresholds of acceptable levels of implementation? For example, what parts of a program are essential to complete? What is the frequency and duration of a service to be considered full implementation?

- **Organizational capacity**. If you do not have a way to systematically monitor implementation – or your current system does not capture critical elements of program performance – do you have capacity to introduce a new system or refine an existing one?

- **Organizational leadership**. Is your organization's leadership supportive and committed to integrating monitoring processes into the workflow?

TAKE ACTION

Consider any of the following courses of action depending on the results of your feasibility assessment:

- Consider adding elements to your implementation monitoring system that may be helpful, such as **benchmarks for acceptable levels of implementation** based upon past program performance or minimum program requirements. Otherwise, wait until your program has accumulated enough data to set realistic benchmarks.

- **Use Continuous Quality Improvement or feedback loops** to incorporate what you learn into staff training and program operations decisions.

- Ensure staff have **adequate training and ongoing support** so they understand the importance of adhering to program guidelines, and have tools to enhance the quality of services they deliver.

- **Monitor data over time** to see if there is improvement in the areas you are targeting – and to identify potential problems during the program period.

- **Consider working with an external evaluator**, or conduct your own internal process evaluation to learn if your program is being implemented as planned and leading to desired results.

ADDITIONAL RESOURCES

Organizational Capacity

Organizational capacity assessment tools:

https://hewlett.org/wp-content/uploads/2017/11/A-Guide-to-Using-OCA-Tools.pdf

https://opa.hhs.gov/sites/default/files/2020-07/organizationalcapacity-assessment.pdf

https://www.nationalservice.gov/sites/default/files/resource/CNCS_Organization_Assessment_Tool_Final_082517__508_0.pdf

http://cypq.org/assessment

Continuous Quality Improvement

CQI Basics

https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/CQI-Tip-Sheet-FYSB_0.pdf

https://www.rand.org/pubs/tools/TL179.html

Getting to Outcomes Framework

https://www.rand.org/health-care/projects/getting-to-outcomes.html

Plan-Do-Study-Act Framework

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Process Evaluation

Getting to Outcomes – Process Evaluation

https://www.rand.org/pubs/tools/TL259/step-07.html

Communities of Practice

https://www.cdc.gov/phcommunities/resourcekit/index.html