Social skills training for children

Teaching children non-aggressive modes of self-control, anger management and interaction.

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Effect scale	Quality of evidence				
	Effect Impact on crime	Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
⌄ Overall reduction	■■■□ Strong	■■□□ Moderate	■■□□ Moderate	■■□□ Moderate	No information

Focus of the intervention

Social skills training for children involves delivery of a structured programme with a limited number of sessions, teaching non-aggressive modes of:

- social perception
- self-control
- anger management
- victim empathy
- interpersonal problem-solving
- interaction with other people
- related skills

It is aimed at preventing anti-social behaviour. It is usually carried out within a school setting and targets children aged 4 to 18 years old. Some programmes are aimed at all children within a school cohort, while others target children who had already shown signs of anti-social behaviour or been

identified as being at risk of so doing.

The narrative is based on one systematic review covering 84 studies, mostly from the USA, with anti-social behaviour as the crime outcome (although the specific behaviours included in this outcome measure were not detailed in the review).

Effect – how effective is it?

Overall, the evidence suggests that social skills training has decreased anti-social behaviour. However, there is no evidence of significant changes from individual studies as the effect sizes were not reported.

The evidence is drawn from studies conducted mainly in the USA, but includes four studies from Canada, two from England and two from Australia.

Specifically, the effect on anti-social behaviour was based on a meta-analysis of 89 treatment-comparison groups. This analysis demonstrated a small but robust overall positive effect. Compared to the control group, the treatment group was 26% less likely to reoffend, a statistically significant decrease.

When conducting subgroup analysis by study components, the review found that well-implemented, cognitive-behavioural programmes targeting high-risk young people who already exhibited some behavioural problems showed statistically significant decreases in anti-social behaviour among participants, compared to other treatment programmes and participants who were not high-risk.

The preventive effects of child skills training on long term criminal development were not tested within the studies in the review.

How strong is the evidence?

The review was sufficiently systematic that many forms of bias that could influence the study conclusions can be ruled out.

The review had a well-designed search strategy and paid attention to various possible influences on the effect size by using appropriate statistical tests.

A limitation seen within some of the primary studies was small sample sizes and short follow-up periods post intervention.

Mechanism – how does it work?

Persistent offending in youth and adulthood can often be traced back to early manifestations of anti-social behaviour and associated risks.

Factors such as aggressive ways of processing social information, insufficient self-control, deficits in social problem-solving, deviant beliefs and a lack of prosocial interaction skills are empirically established risk factors associated with anti-social behaviour.

Social skills training for children is aimed at preventing the early development of anti-social behaviour.

It typically contains a structured programme with a limited number of sessions to address the identified social and psychological risk factors.

Outcome measures for acquiring social skills and social cognitive skills, which are precursors to reducing anti-social behaviour, indicated a 39% improvement in social skills and 40% improvement in social-cognitive skills for the treatment group as compared to the control group.

Although there was an impact on anti-social behaviour, the review concluded that the impact of child skills training was greater on the intermediate outcomes of social skills and social cognitive skills.

Moderators – in which contexts does it work best?

The review tested for a range of moderators, including treatment type, type of trainer, length of treatment, child characteristics and whether the intervention was universal or targeted to specific populations.

Only cognitive-behavioural programmes were found to have significantly reduced anti-social behaviour both immediately post intervention and in follow-up measurements.

When the programme was delivered by the authors of the studies, researchers or trained students, the effect on post intervention levels of anti-social behaviour was statistically significantly better than when it was delivered by teachers or psychosocial professionals.

Treatment length had no significant impact on levels of anti-social behaviour.

Programmes targeting children who have already exhibited some behavioural problems showed the greatest and significant decreases in anti-social behaviour. Universal prevention programmes had the smallest and non-significant decreases. This difference between the two groups was statistically significant.

The largest effects are found in those groups in which the children exhibit multiple risk factors.

The review noted that only a few studies focus particularly on girls, with most of the studies targeting mixed groups or boys.

Implementation – what can be said about implementing this initiative?

The review authors suggest that larger preventive effects can be expected only when programmes are combined and applied suitably to the participants' circumstances.

Examples of programme combinations include child skills training combined with parent training or school-oriented prevention.

The review findings suggest child skills training programmes can reach the whole target population (for example, at school), may involve relatively low costs (for example, group training by teachers) and are less difficult to implement in everyday practice than family-oriented or combined programmes.

The intervention is in the form of a structured programme with a limited number of sessions, teaching a range of interpersonal and coping skills.

More than 40 of the programmes within the review were up to ten sessions and 75% had up to thirty sessions.

A majority of the programmes (80%) lasted one to four months.

The typical format was group training carried out in the school setting (over 80% in school or kindergarten).

There was no clear preference for a specific group of trainers, though they could be teachers, psychosocial professionals, study authors or research staff, or supervised students.

Targeted children were aged 4 to 18, but 68% were in elementary school aged 7 to 12.

Economic considerations – how much might it cost?

There is no systematic information on costs.

General considerations

Very few randomised studies have been performed outside the USA. The authors consider this a serious deficit because programmes and findings from the USA cannot simply be transferred to other cultural contexts.

Summary

Overall, the evidence suggests that child social skills training leads to a decrease in anti-social behaviour.

A significant decrease of 26% in anti-social behaviour among children in the treatment group as compared to the control group was shown.

Well-implemented, cognitive-behavioural programmes targeting high-risk young people who already exhibit some behavioural problems showed the largest decreases in anti-social behaviour.

However, very few of the studies were conducted outside of the USA, so results may not be easily generalised to other contexts.

Reviews

Review one

Reference

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Losel F. & Beelmann A.: (2003) 'Effects of Child Skills Training in Preventing Antisocial Behavior: A Systematic Review of Randomized Evaluations', Annals AAAPS, 587: 84-109

Summary prepared by

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