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Contributions of social skills training to the socio-emotional development of children and adolescents: parental meanings

Contribuições de um treinamento de habilidades sociais para o desenvolvimento socioemocional de crianças e adolescentes: significações parentais

Isabella Goulart Bittencourt¹ , Marina Menezes¹ 

¹ Universidade Federal de Santa Catarina, Centro de Filosofia e Ciências Humanas, Programa de Pós-Graduação em Psicologia. Florianópolis, SC, Brasil. Correspondence to: M. MENEZES. E-mail: <menezes.marina@ufsc.br>.

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Abstract

Objective

This qualitative study aimed to understand parental meanings about the contribution of social skills training to the socioemotional development of their children.

Method

Semi-structured online interviews were conducted one to two years after the intervention with eight mothers and one father whose children, aged eight to 14, participated in a social skills training at a university in southern Brazil. The interviews were subjected to thematic analysis, prepared with the help of the webQDA software.

Results

Two categories emerged: Understanding social skills from the parents' perspective and Repercussions of the experience of participating in social skills training for the child and for the parent-child relationship, analyzed based on the Bioecological Theory. Parents reported that their children learned skills on how to make friends, empathy, civility, self-control, emotional expressiveness, assertiveness and problem-solving.

Conclusion

For parents, social skills training favored the socioemotional development of their children, contributing to self-knowledge and social interactions.

Keywords: Child development; Parents; Qualitative research; Social skills.

Resumo

Objetivo

Este estudo qualitativo objetivou compreender as significações parentais sobre a contribuição de um treinamento de habilidades sociais em grupo para o desenvolvimento socioemocional dos(as) filhos(as).

Método

Foram realizadas entrevistas semiestruturadas on-line, de um a dois anos após a intervenção, com oito mães e um pai cujos(as) filhos(as), de oito a 14 anos, participaram de um treinamento de habilidades sociais treinamento de habilidades sociais em uma universidade do sul do Brasil.

Resultados

As entrevistas foram submetidas à análise temática, elaborada com auxílio do software webQDA. Emergiram duas categorias: Compreendendo as habilidades sociais na perspectiva dos pais e Repercussões da experiência de participar do treinamento de habilidades sociais para a criança e para a relação pais-filhos, analisadas a partir da Teoria Bioecológica. Os pais referiram que as crianças aprenderam habilidades de fazer amizades, empatia, civilidade, autocontrole, expressividade emocional, assertividade e solução de problemas.

Conclusão

Para os pais, o treinamento de habilidades sociais favoreceu o desenvolvimento socioemocional dos(as) filhos(as), contribuindo para o autoconhecimento e para as interações sociais.

Palavras-chave: *Desenvolvimento infantil; Pais; Pesquisa qualitativa; Habilidades sociais.*

The Bioecological Model of Human Development (BMHD) considers development as a phenomenon that presents stability and transformations in the biopsychological characteristics of individuals and groups throughout the life cycle and historical time, both past and present (Bronfenbrenner, 2011). For the bioecological perspective, the developmental process occurs from the following elements: (a) proximal processes (interactions with other people, objects, symbols in the immediate environment), whose characteristics that promote learning and development are reciprocity, affection and balance of power; (b) person (behavioral dispositions, biopsychological resources and demands); (c) contexts (set of interdependent systems, from the closest to the most remote); and (d) time (historical aspects and present moment).

Thus, a developmental outcome is a function that involves proximal processes, the characteristics of the developing person and the contexts in which they live (Bronfenbrenner, 2011). Thus, depending on the characteristics of the proximal processes, that is, whether they are guided by reciprocity, affection and balance of power, the results of developmental competencies (intellectual, physical and socio-emotional skills) or dysfunctions (difficulty with emotional and behavioral self-control in different situations) become evident (Bronfenbrenner & Morris, 2006).

Socioemotional Development (SED) is one of the aspects of human development that has been the subject of research and interventions in different areas of knowledge, especially when it refers to childhood and adolescence (Abrahams et al., 2019). It is used to describe emotional, behavioral and interpersonal skills that contribute to individuals achieving positive results in different domains of their lives, including interpersonal, academic and professional (Abrahams et al., 2019; Malti & Noam, 2016). It also refers to the ability to establish, maintain and develop healthy relationships with peers and adults (Eisenberg et al., 2015). To achieve this objective, it is necessary that, throughout the life cycle, people expand their ability to understand, regulate and express emotions (Malti & Noam, 2016).

According to the BMHD, socioemotional development can be considered as a set of skills (bioecological resources necessary for the effective performance of proximal processes at a given stage of development) co-constructed between peers and adults in different microsystems in which

the person is inserted throughout life. The skills developed in the relationships established in one context tend to be reflected in other environments and interactions of children and adolescents (Leme et al., 2016). This means that the developmental resources (capacities, knowledge, skills, competencies and experiences) that are constructed at one moment in the life cycle through proximal processes favor other interpersonal relationships over time (Bronfenbrenner & Morris, 2006).

Among the skills mentioned, Social Skills (SS) stand out, since they reflect a dynamic interaction between individuals and their environment (Z. A. P. Del Prette & A. D. Del Prette, 2022) and can be considered as a protective factor throughout human development, as they can contribute to the prevention and reduction of behavioral problems (Hukkelberg et al., 2019; M. S. D. Souza et al., 2021), in addition to promoting the mental health of children and adolescents (Huber et al., 2019; Pinheiro-Carozzo et al., 2020). Social skills can be understood as skills that can select useful and relevant information from an interpersonal context in order to determine verbal or non-verbal behavior that increases the likelihood of achieving goals and maintaining healthy interpersonal relationships (Z. A. P. Del Prette & A. D. Del Prette, 2022).

Social skills can be divided into seven classes that are interdependent and complementary, relevant in childhood and adolescence. They include self-control and emotional expressiveness, empathy, civility, assertiveness, friendship-making, social academic, and problem-solving skills (Z. A. P. Del Prette & A. D. Del Prette, 2022). These skills can be developed in the different microsystems in which the child participates and through Social Skills Training (SST), consisting of playful activities and tasks that help in the learning of socially competent behaviors (Leme et al., 2016). The SST can be performed individually or in groups, in different locations, with clinical and non-clinical subjects (A. D. Del Prette & Z. A. P. Del Prette, 2017).

Qualitative research to seek information about the personal experience of participants and their families in interventions that promote social skills with children and adolescents has been performed. In order to investigate the results of a group intervention to promote social skills of child and adolescent brain tumors survivors Barrera et al. (2021) conducted a qualitative, randomized, controlled trial. Twelve children and adolescents (mean age: 11 years) and twelve caregivers were interviewed after the end of the intervention. The experience with the themes of the intervention program, such as self-control, self-acceptance, and problem-solving, was described and reported by the participants through the interview (and not through a standardized instrument), as well as the benefits of the group experience in general (Barrera et al., 2021).

This aspect was also observed in the study by Tripathi et al. (2024) that examined parental perception, through semi-structured interviews, about a group social skills training for preschool children with autism and social difficulties. Parents reported to have observed changes in the way their children socialized and engaged with other children, as a result of the skills that had been taught in the group intervention on social skills, including a better understanding of the rules and norms related to social engagement (Tripathi et al., 2024). In both investigations, the perspectives of personal experience on SS intervention programs were useful to elucidate which skills remained relevant for participants over time (Barrera et al., 2021; Tripathi et al., 2024).

Still from the perspective of qualitative studies, Afsharnejad et al. (2022) conducted semi-structured interviews with 35 adolescents (average age: 13 years) with autism and their parents in order to explore their perspectives and satisfaction with a group SST. Data collection was carried out immediately after the adolescents completed 16 intervention sessions. The main results indicated the perception of positive changes regarding the adolescents' communication and social interaction skills, like feeling more confident in everyday social situations.

In our study, the aim was to understand the parental meanings regarding the contribution of group social skills training to the socioemotional development of children participating in the intervention. The meanings can be considered as activities of interpretation or explanation of a perceived reality (Barros, 2003). By adopting the bioecological perspective, group SST was regarded as a potential microsystem for the apprehension and expansion of SS, as it can provide interpersonal relationships among the participating children and between the adults who coordinate the SST and the children, in addition to the relationships with objects and symbols in the context, based on activities and games proposed in the SST.

Furthermore, this study is justified considering that parents are important protectors/moderators of children's health, either through their attitudes or through the meanings they express in different ways in different frameworks, based on the interaction and mutual influence between parents and children (Barros, 2003). Thus, the meanings of caregivers are relevant, considering that their attitudes, beliefs, perspectives and values reflect on the children's experiences. On the other hand, the development and behavior of children throughout the life cycle bear an impact on the psychological development of caregivers (Bronfenbrenner, 2011).

Although some aspects related to personal experience with the intervention are not captured by quantitative measures (Afsharnejad et al., 2022; Barrera et al., 2021), there are still few qualitative studies investigating the satisfaction of participants (children and adolescents) and their relevant guardians after completion of a group SST (Afsharnejad et al., 2022). In addition, it is relevant in theoretical and practical terms to bring together the field of SS and the bioecological perspective (Leme et al., 2016), in addition to recognizing contextual approaches in understanding socioemotional development (Schoon, 2021).

Method

Participants

Nine caregivers (eight mothers and one father) of typically developing children and adolescents of both genders, aged eight to 14, who attended at least 75% of the sessions of one of the SST group conducted between 2018 and 2019 in a psychology service of a public university in southern Brazil participated in this descriptive, exploratory and qualitative study. In parallel with the SST, eight of the nine parents voluntarily participated in a positive parenting group that took place on the same day, at the same time and in a location close to the children's SST.

Participants were selected with a purpose; 16 parents of children who participated in one of the SST were selected for the investigator's first contact. Telephone contact was made with all parents: two parents did not agree to participate; one accepted, but did not have enough time or availability to participate in the interview; one reported that his child had mental health disorder, requiring the urgent demand for care in a mental health service; thus it was ascertained that it would not be beneficial to invite him to participate at that time; three parents had changed their telephone numbers, making the invitation to the present study unfeasible. Regarding the definition of the number of participants, the theoretical framework used, the objective of the study, the depth and achievement of the code saturation criterion (thematic saturation) in qualitative studies were considered. After nine interviews, common and recurring thematic issues were identified among the participants and the number of codes revealed a trend to stabilization, with no new themes emerging (Hennink et al., 2017).

Description of SST Performed by Children and Adolescents

The SSTs that were carried out by children and adolescents before the present study belonged to an extension project carried out at the University to which the authors are associated. This project lasted from March 2018 to August 2019 and proposed to train one group per semester in order to foster the development of SS and to contribute to the improvement of social competence and to the quality of life and well-being of the participants. The set up of SST groups was advertised through: (a) invitation to the adults in charge who participated in another extension project aimed at parents (positive parenting group); (b) social networks of the University and research laboratories associated with the project; (c) presentation of the group's proposal to parents or guardians who had registered their children for services aimed at children and adolescents at the University's psychology service (Menezes et al., 2020).

Thus, the three SST face-to-face sessions held at the University's psychology department were based on a universal model with the purpose of enhancing and expanding the SS of the children participating. The topics of the sessions were: getting to know the group, civility, making friends, emotional expression, self-control, empathy, and assertiveness. They were chosen based on a prior assessment of the children enrolled SS, carried out using the *Inventário de Habilidades Sociais, Problemas de Comportamento e Competência Acadêmica para Crianças* (SSRS, Inventory of Social Skills, Behavioral Problems and Child Academic Competencies) (Z. A. P. Del Prette et al., 2016), answered by the children and their parents, and on data published in the Brazilian literature on SST (A. D. Del Prette & Z. A. P. Del Prette, 2017). The results obtained by the inventory will not be described, considering the objectives of this study.

The three SST sessions took place weekly and lasted ninety minutes each. The items addressed were: 1) resumption of the previous session and discussion of the homework; 2) central activity to work on a social skill; 3) explanation of the new homework; 4) evaluation of the session; and 5) free play. In the first session of all trainings, the children and the training coordinators introduced themselves, talked about the group's objectives and agreements, and worked on an identification badge (Menezes et al., 2020). In the last session, there was a get-together, the award of the participation certificate and a booklet with activities that referred to the SS addressed in the SST.

Data Collection Technique and Procedures

Data collection for this study was carried out in July and August 2020 by the first author, who is a psychologist with clinical experience with children, adolescents, and parents or guardians. All interviews were conducted remotely and synchronously, via Google Meet using the audio and video recording feature of this digital platform. The decision to conduct the interview online was justified by the need for isolation and social distancing due to the novel coronavirus – Coronavirus Disease 2019 (COVID-19) pandemic, which affected the population on a global scale during that period.

For data collection, images of the children homework assignments during the SST were used; they were presented to the participants using the Google Meet sharing feature through PowerPoint slides, and a semi-structured interview. The interview script included questions regarding parents' understanding of SS and parental perspectives on their children's development and behaviors, based on their participation in the SST.

The relationship with the survey contacts was initially established over the phone to introduce the survey and its objectives and these contacts were invited to participate. After the

participants accepted and completed the Free and Informed Consent Form (FICF), which was made available online through the Survey Monkey platform, with all the explanations about confidentiality and ethical concerns, an online interview was scheduled with each participant. In the first part of the interview, the participant was asked to report how they, the child/adolescent and the family were doing during the COVID-19 pandemic. After this stage, the slides with images of the tasks were presented, followed by the questions from the interview script, which lasted on average between 40 minutes and one hour and 30 minutes.

Data Analysis

All data collected were transcribed in full; a reflexive thematic analysis was performed, according to the steps suggested by Braun et al. (2019). In order to organize and assist in the data analysis, the web-based qualitative data software webQDA was used. Thus, the following stepwise procedures were carried out: (a) data transcription; data review and notation of initial ideas for coding; (b) re-reading of the interviews and extraction of codes using literally the participants' statements. In total, 768 codes were generated; (c) creation of preliminary themes from the collection of the codes generated; (d) creation of categories and subcategories from the grouping of related themes (analysis elements). At this stage, themes were refined based on internal homogeneity and external heterogeneity; and e) definition of categories and subcategories, checking again whether no themes were overlapping.

Steps "d" and "e" were carried out based on discussions between the two authors; the product was then sent for evaluation by an independent judge with experience in SST in groups with children. After the judge's evaluation, all the changes indicated were made and the categories were revised. Since this is an investigation whose data collection took place through interviews and in order to systematically prepare the report of the results (design, analysis and interpretations), the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist developed by Tong et al. (2007) and translated and validated for Brazilian Portuguese (V. R. Souza et al., 2021) were used.

Ethical aspects

This study was submitted to and approved by the Human Research Ethics Committee of the Federal University of Santa Catarina through opinion No. 4.050.295 (CAAE No. 31205420.4.0000.0121). All the ethical precepts of Resolution No. 510 dated April 7, 2016 of the National Health Council were complied with.

Results

The data review showed two categories with their relevant subcategories and thematic elements, as shown in Table 1. The presentation of the data followed the order in which the categories and subcategories were presented, jointly with a brief description and exemplified with some excerpts from the interviewees' answers, identified by the letter P and by a number indicating the order in which the interviews were conducted.

Table 1*Thematic analysis of interviews with caregivers*

Category	Subcategory	Analysis element	
1. Understanding Social Skills from a Parental Perspective	1.1. Ability to live with other people	1.1.1. Put yourself in someone else's shoes and have compassion	
		1.1.2. Recognize differences and respect people	
		1.1.3. Communicate to defend your rights and understand your duties	
		1.1.4. Behave in certain environments	
		1.1.5. Balance between what you want and what is possible	
		1.1.6. Deal with conflicts	
		1.1.7. Follow social rules	
		1.1.8. Have a social horizon	
	1.2. Self knowledge	1.2.1 Dealing with your own emotions and feelings	
		1.2.2. Dealing with difficult events	
	1.3. Technical capacity of coordinators to deal with social situations or problems	1.3.1. A support that helps families	
2. Repercussions of the Experience of Participating in SST for the Child/Adolescent and for the Parent-Child Relationship	2.1. In their relationships	2.1.1. Made new friends	
		2.1.2. Learned to ask for help	
		2.1.3. Learned to fit in	
		2.1.4. Learned to listen	
		2.1.5. Learned to question	
		2.1.6. Learned social rules	
		2.1.7. Learned about kindness	
		2.1.8. Respected different ways of being	
		2.1.9. Solved problems at school	
		2.1.10. Started helping other children	
		2.2. The dialogue between parents and children/adolescent	2.2.1. The child began to expose what was bothering him
			2.2.2. The change lasted a short time
		2.3. With oneself	2.3.1. Maturation
			2.3.2. Recognition of their emotions
			2.3.3. Self-control over their behavior
			2.3.4. Anger management
		2.4. Participation in SST enhanced what the child/adolescent already knew	2.4.1. The child continued to relate well to people
			2.4.2. The child continued to be a good person
			2.4.3. No change was observed

1) Understanding Social Skills from a Parental Perspective

This category includes the parents' meanings about what they understood by SS and its importance for the child/adolescent. In subcategory 1.1 "Ability to live with other people", the first element of the analysis refers to the ability to put oneself in another person's shoes and have compassion: "Being able to put oneself in another person's shoes to understand the situation, have compassion, get out of your own way a little, right? To understand how things are happening and how other people are experiencing the situation, right?" (P2). The element of analysis related to approaching differences and respecting them was observed in the excerpt in which a participant mentioned that SH in a group: "It shows that everyone has his/her own way, their own family, their own way of thinking and there is not just right or wrong. There is the way that each person has, that each person acts, that each person has to be, right? It is learning to respect that, I mean, people" (P3).

Participant P9 mentioned meanings about SS being related to communication for the defense of rights and duties: "She (the person) can communicate in a way that she can defend her rights, OK? She can understand her duties. That is citizenship. Social skills teach you to be a citizen within a democratic society, let's say", as well as knowing how to behave in certain settings: "By

being aware that school is one thing, that home is another, that the club is another. Each place has a purpose, each environment will have a function for work, or study, or fun, right?" (P9).

SS were also understood as following social rules: "It's what you can or can't do in a society like this, because there are rules that you have to follow, whether you like it or not" (P1). Another participant considered that SS can help people: "Guiding, right? Because clarifying things that sometimes we can't even understand, full of conflicts, so, for me, I can talk, for me, it was support, right? To help me with my conflicts" (P7). For P6, SS would serve to: "Have a horizon of society, (from) where they (the person) come from. What principle they start from, where they are going. So it's very important!". Regarding the element referring to the balance between what one wants and what is possible, one participant presented the meaning as:

Not everything we think, that we think is right for us, is possible socially speaking, right? When I put myself in a big group I can't just do what I think, just what I want, just what I think is right or wrong, right?. (P8)

Subcategory 1.2. "Self knowledge" was made up of meanings from parents who related SS to the ability to identify beliefs, emotions, and feelings in oneself, as well as ways to deal with difficult events, as evidenced by P1's report: "I think a lot about social skills, whether you can meet that daily challenge. That's what I think about when it comes to my mind". Regarding challenging situations, one participant mentioned the COVID-19 pandemic: "Because since we're going through this pandemic now, these things, the person is very vulnerable, you know? They need it, right? Things like that, for the person to feel more comfortable, right?" (P4). When asked about how SS could help during the pandemic, the participant responded: "To make the person stronger, in this case, right? For the person to have more, like, more security and to believe that everything, is [...], that it will pass, that this is a problem that will pass" (P4).

In subcategory 1.3 "Technical capacity of coordinators to deal with social situations or problems", the participants' meanings were related to the understanding that the SST coordinators: "They are people who are qualified to deal with these types of problems. In this case, you are already psychologists, right? So, you know and understand (the) problems" (P4). In addition, the SST coordinators were considered as: "A support that helps families by guiding, clarifying things that sometimes we, ourselves, cannot understand" (P7).

2) Repercussions of the Experience of Participating in SST for the Child/ Adolescent and for the Parent-Child Relationship

This category concerns the parents' meanings about what children and adolescents presented after their participation in the SST and the changes in their behavior after participating in the intervention. In subcategory 2.1. "In their relationships", they refer to the learning that was associated with the child/adolescent's interpersonal relationships. Elements of analysis, such as how the child made new friends, learned to ask for help, to fit in with others, to listen, to question, learned social rules about kindness, to respect different ways of being, to solve problems at school and to begin helping other classmates, are illustrated in the following excerpt:

That's when we started to see (son's name) evolve, like asking for help, trying to resolve things there. For example, if he had a conflict with a friend, he had to resolve it at school, you know? Talk, explain, show. He (son) started helping children in the classroom with what he knew how to do well. (P1)

Subcategory 2.2. "The dialogue between parents and children/adolescent" corresponds to the meanings about the repercussions that the child/adolescent's participation in SST brought to the communication between parents and children and was composed of two elements of analysis,

the first being related to the observation that the child began to expose what bothered him/her:

The fact that he (the son) came and explained what was bothering him, he saw that he needed to say what he must have drawn or thought at the time when he read it there. I never forgot that, right? That he came and said what was bothering him. (P7)

The second element of analysis refers to the participant's perception of the short duration of the child/adolescent's behavioral change:

Thinking about my house, her (daughter's) behavior here, it didn't last very long. It didn't last long, because that's exactly what it is: the stressful routine, right? For everyone, sometimes you get so fed up that you give up on what you know is good. (P8)

The third subcategory, 2.3. "With oneself", describes the participants' meanings about the child/adolescent's learning to deal with their emotions, feelings and behaviors. It was formed by analysis elements such as "maturity": "I think she matured a little more in relation [...], with the relationship she had with the other children, right? Seeing each one's problems, each one's difficulties" (P3). Meanings were also observed regarding the repercussions on the recognition of one's own emotions, self-control over behavior and anger control: "He learned to deal better with his emotions, he can identify what he is feeling, if he is irritated, angry, sad, right?" (P6).

Subcategory 2.4. "Participation in SST enhanced what the child/adolescent already knew" demonstrated the parents' meanings that SST helped maintain what the child/adolescent already knew and did, or even that after SST the child continued to have good relationships and be a good person: "She was always giving, well-giving, like, she had a good relationship with individuals of all ages, from little ones to adults and the elderly, but I think it reinforced that, right? How she relates" (P2). For two participants (P2 and P6), no change was observed in the child/adolescent's behavior during or after SST.

Discussion

Among the participants' meanings about what SS are, mention was made of the ability to live with other people and self-knowledge, aspects related to the SS classes relevant in childhood and adolescence (Z. A. P. Del Prette & A. D. Del Prette, 2022) and to the socio-emotional development of children and adolescents (Malti & Noam, 2016; Schoon, 2021). It was noted, from the results found, that the definitions of SS from the perspective of the participating parents corresponded to what they perceived that the child/adolescent learned from participating in the SST in a group.

The participants presented meanings about SS that approached the subclasses of skilled behaviors: (a) empathetic, such as showing interest in others and recognizing their feelings, as well as approaching differences and showing respect for people; (b) civility, such as following rules or instructions; (c) assertive, such as defending one's rights and understanding one's duties; (d) interpersonal problem-solving, such as dealing with conflicts and difficult events and having a balance between what one wants and what is possible; (e) self-control and emotional expressiveness, such as dealing with one's own emotions and feelings. It is understood that the participant who related SS to the ability to behave in certain environments alluded to the very definition of SS, considered as the set of behaviors that manifest themselves, in different cultures, contexts, and situations, to deal with the demands of interpersonal relationships (Z. A. P. Del Prette & A. D. Del Prette, 2022).

On the other hand, two participants (P4 and P7) understood SS as the technical capacity of the SST coordinators to deal with social situations or problems, differentiating them from other meanings. Such meanings may be related to the macrosystem, due to the social representation of psychology professionals, who are usually seen as people who help others, guide and assist in personal growth (Ziliotto et al., 2014). It is also possible to relate this meaning to the attribution that P4 and P7 may have given to the experience they had in a positive parenting group held at the same time as their children's SST. Thus, the learning that the participants had with other parents, with the group coordinators, and the management and the interventions experienced may have contributed to the meaning that SS would correspond to the psychologists' technical capacities.

Although the experience of parents who participated in the positive parenting group was not the subject of this study, it was observed that the reporting of meanings about their children's experiences gave rise to reports from some participants about this intervention carried out with their parents. From a bioecological perspective, this aspect can be understood by considering that the group of parents was configured for the adults participating in the study as a microsystem at the time of the intervention, and as an exosystem for the child/adolescent who attended the SST. It is understood that the parenting group may have influenced not only the parental meanings about the SST, but also the child and adolescent development and the parents' perspectives on their children. Based on the bioecological premise that effective proximal processes, in terms of development, are not unidirectional, but rather based on reciprocity (Bronfenbrenner & Morris, 2006) it is understood that the changes that occurred in the behavior of the child/adolescent and in the dialogue between parents and children are based on the assumption that the initiatives for interaction and change do not come from just one side (child/adolescent or adult), but rather that there is a certain degree of reciprocity.

Regarding the repercussions of children and adolescents' participation in the SST for their socioemotional development, parents reported the significance of learning related to the skills of making friends (fitting in with others, making new friends) and empathy, that is, the ability to understand and feel what others feel in a situation of emotional demand, communicating such understanding and feelings (listening, helping other children and adolescents, kindness, respecting different ways of being). They also indicated occurrences of behaviors related to the ability of civility (following social rules), self-control (over one's own behavior and anger) and emotional expressiveness (recognizing one's own emotions). In addition, they mentioned aspects related to assertiveness (exposing what caused discomfort) and the ability to solve interpersonal problems (asking for help and handling difficulties at school).

Children's ability to regulate their emotions plays a fundamental role in peer relationships (Malti & Noam, 2016). Feeling and expressing one's own emotions and those of others (aspects related to empathy) contribute to cooperation (Eisenberg et al., 2015). Furthermore, when considering that emotional recognition and expressiveness, as well as empathy (related to the ability to make and maintain friendships) are elements that affect socioemotional development (Malti & Noam, 2016). We can understand, based on the parents' meanings that SST contributed to improving intra and interpersonal skills. This result corroborates what was perceived by most parents in the study by Tripathi et al. (2024) which, although it was carried out with parents of preschool children with atypical development, indicated the perception of changes in the socialization of their children.

Self-control and interpersonal problem-solving skills were also highlighted by caregivers who participated in the investigation by Barrera et al. (2021) and Afsharnejad et al. (2022). Based on the Bioecological Theory, it is understood that such skills were taught through proximal processes

established in the microsystem (SST developed with children and adolescents) in both studies, as well as being behaviors valued and expected throughout the development in different contexts that affect each other: by culture (macrosystem) and by families (microsystem of children and adolescents).

The BMHD perspective allows interpreting, through activities and games, as a result of the proximal processes established between children and coordinators, between children and their peers, as well as with the symbols of the context that competence results were produced, that is, the development of social, emotional and behavioral skills. Thus, the characteristics of reciprocity (what one person does actually affects another who is in the same setting); affection (establishment and perpetuation of an affective relationship between people) and balance of power (the domain of the relationship is the responsibility of all involved) regarding the proximal processes that occurred during the SST, stand out (Bronfenbrenner, 2011).

Furthermore, the learning of skills, based on parental meanings, can be considered as the manifestation of biopsychological characteristics of children and adolescents, which in turn affected their interpersonal relationships in other contexts, such as family and school, with other children, adolescents and adults. Such findings corroborate the premise that the characteristics of the person act as an indirect development producer and is a product of development (Bronfenbrenner, 2011). Thus, it is also possible to state that the parents' narratives indicated that the participation of their children in SST contributed to the socioemotional development and to the SS of children and adolescents.

There was also acknowledgement that the child "matured", or that he or she continued to relate well with others and be a "good person". This definition corresponds to elements valued by the macrosystem, since empathetic attitudes and skills to initiate and maintain healthy interpersonal relationships are associated with cultural and social values. Regarding the maturation reported by some parents, it is important to emphasize that the investigation was conducted one to two years after the child/adolescent participated in the SST. Although the questions in the interview guidelines helped the parents to think specifically about their children's experience in the SST, the competence results related to development, according to the BMHD, can be attributed to the interaction between the different components (person, process, context, and time). Thus, the recognition that the child "matured" over time can also be associated with the relationships established in other microsystems in the micro and mesotime and with the development process itself. This meaning also corroborates the idea that socio-emotional skills and competences originate from reciprocal interactions and develop progressively as children and adolescents grow (Schoon, 2021).

It is worth noting that parents' failure to observe changes in their children's behavior and the understanding that the duration of the change was short were also mentioned by the participants. These data corroborate the findings of the research by Afsharnejad et al. (2022), as some of the parents interviewed considered that the intervention improved their children's SS; however, they questioned whether their children were applying their new skills, suggesting that "more practice" was needed to generalize them. In line with the bioecological perspective, it is necessary to consider elements related to the family microsystem, that is, routine, proximal processes, biopsychological characteristics of the child/adolescent, parents, and other family members. Just as the biopsychological characteristics of children and adolescents influence the relationships in which they participate, there are family factors that have an impact on the socioemotional development of children and adolescents (Bronfenbrenner & Morris, 2006; Schoon, 2021).

Conclusion

This study aimed to understand the meanings parents have about the contribution of SST to the socioemotional development of children participating in the intervention. Based on the results presented and the scope of the qualitative research, it is considered that the purposes were achieved, since the aim was not to generalize the results of this study, but rather to make the personal experience of the participants visible. From the bioecological perspective of human development, it is necessary to contextualize the data obtained and consider the interpersonal relationships in the microsystems in which the child participates, as well as their biopsychological characteristics, both in the planning and implementation of SST, and in its evaluation.

The purpose of this study was to discuss the SED, in light of the bioecological theory through parental meanings about their children's participation in SST. Some theoretical reflections regarding the influence of other microsystems on the competence results associated with SST and socioemotional development were made. However, it is suggested that further research be conducted to verify how the SS learned during SST impacts family relationships, especially in interactions with parents/caregivers, considering that they are co-producers of the child's development. It is also recommended that investigations be carried out to determine how the proximal processes that occur in the family microsystem endorse the SS developed during the training. In this connection, it is recommended that children and adolescents' parents or guardians be included in the intervention processes, in order to guide them regarding the potential change in the child/adolescent's behavior after participating in SST, including to favor the establishment of proximal processes based on affection, reciprocity, and balance of power.

The time interval between the end of the SST and the interview with the participants can be considered a limitation of this study, since it was not possible to contact the parents of all the children who participated in the intervention, due to outdated telephone contacts. In addition, the long interval between the intervention and data collection may have interfered with the parents' meanings regarding the repercussions of SST on their children's SED, considering that the biopsychological characteristics of children and adolescents were influenced by other contexts and proximal processes over time. Therefore, it is recommended that new qualitative studies be carried out at different times between the intervention and data collection, in order to identify possible changes in SS throughout the SED of children and adolescents.

In line with BMHD and the field of knowledge related to the SS area, which enhances the inclusion of multi-informants in the survey, it is recommended that the perspectives of children and adolescents' experiences also be investigated. This could give them a leading role and complement the understanding of the contribution of SST to the socio-emotional development of children and adolescents.

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Contributors

Conceptualization: I. G. BITTENCOURT and M. MENEZES. Data curation: I. G. BITTENCOURT and M. MENEZES. Investigation: I. G. BITTENCOURT. Methodology: I. G. BITTENCOURT and M. MENEZES. Supervision: M. MENEZES. Writing-original draft: I. G. BITTENCOURT. Writing-review & editing: I. G. BITTENCOURT and M. MENEZES.