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Assessing the effectiveness and the mechanisms of the Social-Emotional Prevention Program for Preschoolers: Findings from a universal school-based intervention

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ABSTRACT

The Social-Emotional Prevention Program (SEP) encompasses a multifaceted approach (classroom curriculum, with teacher and parent training) intended to increase preschool children's social adjustment, as well as to reduce risk of emotional and behavioral problems. The present study's focus was on implementing the technology-assisted SEP version and was aimed at (a) investigating the program's effectiveness on children's social-emotional competencies and parental practices, as well as (b) testing the program's conceptual framework, with an emphasis on children's emotion regulation (ER) skills and parental emotion socialization practices as explanatory intervention mechanisms. A randomized-controlled trial (RCT) was conducted with five schools assigned to either the intervention or to a comparison condition (wait-list control). Structural equation models (SEM) and complier average causal effects (CACE) were conducted to evaluate SEP effectiveness on teacher- and parent-rated child outcomes (primary outcomes) and parenting behaviors (secondary outcomes). Findings from the present study indicated that (a) SEP fosters increased social-emotional competencies and increased use of adaptive ER strategies, with teacher and parent ratings converging to support these outcomes; (b) parental participation in the program increased the use of reappraisal and emotion coaching strategies; and (c) children's ER mediated the intervention's effect on social competence, whereas parental coaching and parental ER mediated SEP effects on children's ER. This study's findings suggest that the SEP may be an effective universal intervention for promoting preschoolers' social-emotional competence and may provide emerging evidence to support the program's hypothesized mechanisms of change.

1. Introduction

Social-emotional competence is defined as a set of skills including emotional awareness, the ability to regulate emotions, and the ability to make responsible decisions leading to effective social interactions with other adults and peers (Harrington et al., 2020; LeBuffe et al., 2013). Children with better developed social-emotional competencies are perceived more positively by peers and adults (Herndon et al., 2013), are more likely to perform well in school (Denham, Bassett, & Zinsser, 2012), and are less likely to be at-risk for emotional and behavioral problems (Bornstein et al., 2010; Martinsone et al., 2022) or other long-term negative outcomes such as

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conduct disorders, substance abuse, or school dropout (Jones et al., 2015; Moffitt et al., 2011). Given the positive impact of social-emotional competencies on children's social adjustment and mental health, school-based interventions have been developed with the aim of stimulating children's skill learning, with some evidence suggesting that programs targeting preschoolers are associated with larger effect sizes compared to school age children (January et al., 2011). Social-emotional learning (SEL) programs delivered in classroom settings consider that schools are in a unique position to provide the context for competence development, because exposure to high quality instruction in the classroom, as well as providing more supportive environments featuring strong school-family community partnerships have been found to positively impact children's well-being (Gross et al., 2015). Moreover, meta-analyses examining school-based SEL interventions have confirmed the potential of such programs to improve social-emotional skills, and to a lesser extent, to reduce the risk of externalizing and internalizing problems (Blewitt et al., 2018; Harrington et al., 2020; Luo et al., 2022).

1.1. SEL in the Romanian preschool setting

Within the Romanian educational system, children attend preschool for 3 years (from the ages of 3–5 years) and the majority are enrolled in state funded preschools (90%). All preschools, either state or privately funded, are required to adhere to a national curriculum that describes educational objectives in eight fundamental developmental domains, including social-emotional competencies. The skills associated with the social-emotional domain are mostly aligned with the five core social-emotional competencies defined by the Collaborative for Academic and Social and Emotional Learning (CASEL, 2020) as key components of school-based interventions (i.e., self-awareness, self-management, social awareness, relationship skills, and decision-making). More precisely, the curriculum provides guidelines for implementing activities relying on teaching strategies such as discussing emotions, providing support for learning self-control, and emphasizing cooperative play as ways of empowering children to be more responsible decisions makers in social situations. However, teaching social-emotional skills does not occur in the classroom in a systematic way, and early childhood educators in Romania, like those from other educational systems, report receiving little to no training in SEL and having a low sense of self-efficacy in managing the increased frequency of children's challenging behaviors (Ştefan et al., 2015; Stormont & Young-Walker, 2017; Zinsser et al., 2016). In response to these needs, the Social-Emotional Prevention Program (SEP; Ştefan & Miclea, 2012) was developed to provide early childhood teachers with a more specific, skill-based approach to enhancing social-emotional competencies, as well as strategies enabling them to manage children's externalizing/internalizing problems.

1.2. An overview of the SEP intervention

Currently available frameworks for promoting social-emotional competence development in early childhood education settings, such as the Pyramid model, propose a public health approach within a multi-tiered system of support, ranging from providing universal supports (Tier 1) for all children, targeted support for at-risk children (Tier 2), to more intensive individualized interventions (Tier 3; Hemmeter et al., 2012, 2013). The SEP is a manualized multi-component program (i.e., classroom curriculum, teacher and parent training), aligned with the Pyramid model, which synchronizes Tier 1 (i.e., universal intervention) support systems designed to create a classroom climate promotive of positive peer interactions with more intensive Tier 2 (i.e., indicated intervention) services aimed at strengthening children's social competence, especially for children who are at risk for emotional and behavioral problems. Many of the Tier 2 interventions focus on teaching social-emotional skills to children who display emotional and/or behavioral problems, but the primary limitation of these interventions is that they fail to consider the larger social context in which peer relations develop (Bierman & Sanders, 2021; Rodriguez et al., 2016). The SEP coordinates Tier 1 intervention in the form of a classroom curriculum designed to explicitly teach social-emotional skills to increase positive peer interactions and acceptance, with more intensive forms of Tier 2 support, such as coaching children to recognize and manage emotions or providing support for problem-solving during conflict situations. For instance, a hybrid intervention framework proposed by the Conduct Problems Prevention Research Group (CPPRG;, 2002) has been shown to exert positive effects on school-age children's social-emotional competence and to reduce behavior problems. However, Tier 2 support provided in the Fast Track program in the form of small group SEL training for at-risk children is replaced in the SEP with a classroom-wide approach, focusing on enhancing skill acquisition and performance by encouraging adults to provide more support during teachable moments (i.e., handling disappointment/anger/frustration, conflict, and difficulties with appropriately engaging in play).

Empirical evidence highlights the complex interactions between the teacher-child relationship quality and children's SEL. For instance, learning environments characterized by more supportive interactions increase children's task engagement and positively impact children's social-emotional competence (Farmer et al., 2019; Hughes & Im, 2016). Many SEL programs recognize the importance of positive teacher-child relationships and include professional development components, which emphasize (a) providing positive attention, as well as setting clear expectations to increase on-task behaviors; and (b) reducing coercive, negative interactions, and increasing the use of non-punitive consequences to effectively target children's misbehavior (Conroy et al., 2019; Domitrovich et al., 2016; Snyder et al., 2015). Given that intervention strategies grounded in behavioral and social learning theory contribute to both improved classroom climate (Tier 1) and reduced risk of challenging behaviors (Tier 2), the SEP teacher training incorporates learning about these strategies in an effort to coordinate universal with more targeted support. In addition, the SEP teacher training component draws from recent research indicating that efforts to effectively manage behaviors should consider children's emotional needs, with emerging evidence suggesting that emotion coaching can be effectively employed together with behavior management techniques to reduce the frequency of challenging behavior in the classroom (Gus et al., 2015).

There is an increasing awareness among early childhood professionals that children's well-being is enhanced when teachers and

parents engage in partnerships governed by shared goals and mutual support (Douglass, 2011; Rouse & O'Brien, 2017). Unsurprisingly, teachers note that one major barrier to implementing SEL in the classroom is related to parents' lack of involvement or involvement that can actually be contrary to what is taught in the classroom (Humphries et al., 2018). SEL programs that actively seek to engage parents tend to result in more robust effects (for reviews, see Joo et al., 2020, and Luo et al., 2022). To our knowledge, the SEP is the only SEL program with a multi-component approach encompassing a parent training aligned with intervention strategies included in the teacher training to increase the likelihood that children are exposed to similar strategies both in the classroom and at home. More precisely, Tier 1 intervention strategies aiming to improve the parent-child relationship through engagement in child-led play and positive attention are complemented by the provision of more intensive Tier 2 intervention tools, such as non-coercive discipline and emotion coaching.

An additional innovation in the SEP parent training is represented by the flexible approach to parent involvement. Findings related to attrition in parenting programs delivered in community settings suggest that <50% of parents are intervention completers (Brotman et al., 2011; McCormick et al., 2016). Given that most parents of typically developing preschoolers are usually facing moderate challenges with their children's behaviors, it could be that they might benefit from mere exposure to parenting related information; conversely, parents who feel that more intensive support is required could benefit from extended support from a facilitator (Taylor et al., 2008). Hence, the SEP offers parents the choice of engaging in either the self-guided version of the program or the facilitator-guided version. Previous research on self-guided and facilitator-guided interventions found positive outcomes for both children and parents, but with more consistent changes associated with parent-coach interactions, probably due to added active ingredients, such as extended opportunities to practice and direct support for identifying solutions to challenging situations (Day & Sanders, 2018; Nieuwboer et al., 2013).

In recent years, several attempts to employ technology-assisted interventions for teachers' professional development have shown that video modeling and remote coaching are generating changes in teacher-child interactions in the classroom (Conroy et al., 2022; Early et al., 2017; Hamre et al., 2012; Shernoff et al., 2022). Conversely, online parenting interventions have been considered a significant opportunity for disseminating evidence-based practices, especially in young children, and a potentially worthwhile strategy for improving participation rates for both typically developing and at-risk populations (Hall & Bierman, 2015; Jones, 2014). However, previous research on the feasibility and acceptability of web-based interventions is largely the result of piecemeal approaches focusing on specific intervention components separately (i.e., teacher or parent training), whereas the SEP employs a multi-faceted approach, targeting both teachers and parents. More specifically, the SEP incorporates technology-assisted features in the form of a web-platform (www.childeqguide.org) with multimedia content and computer-based delivery of teacher and parent trainings (i.e., video conference).

1.3. Emotion regulation (ER) as a mechanism of change in the SEP intervention

Broadly conceptualized, ER represents a set of external and internal processes involved in monitoring, evaluating, and modifying the intensity and duration of emotional arousal with the intent of accomplishing a desired goal (Thompson, 1994, 2011). ER is a component of emotional competence and is regarded as a key contributor to improved social competence. More specifically, children's

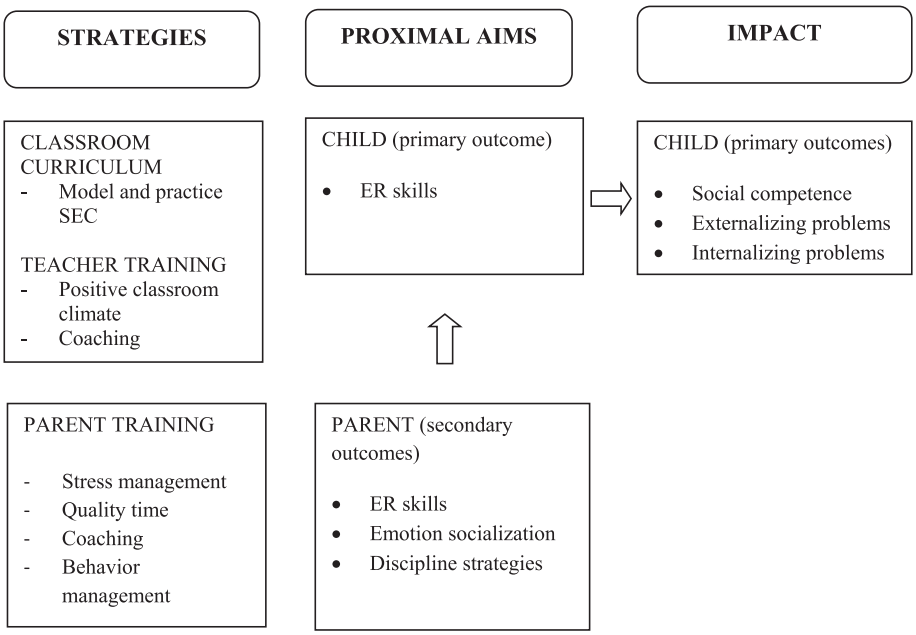

Fig. 1. Diagram depicting the relation between SEP program strategies, mechanisms of change (Proximal Outcomes) and impact (Distal Outcomes).

adaptive ER strategies (e.g., distraction, problem-solving, reappraisal) have been consistently shown to represent a predictor of enhanced social skills (Blair et al., 2015; Di Maggio et al., 2016). In contrast, less socially competent children exhibit emotional dysregulation signaled by the use of more maladaptive strategies (e.g., aggression, venting, avoidance, suppression), which represent key risk factors for externalizing and internalizing problems (Eisenberg et al., 2010; Röll et al., 2012). Despite evidence supporting the notion that ER represents a protective/risk factor for children's social functioning, previous research on intervention mechanisms only focused on measures of cognitive self-regulation (e.g., inhibitory control, attention shifting, working memory) to explain the intervention's effectiveness (Jones et al., 2013; Raver et al., 2011; Wenz-Gross et al., 2018). The SEP conceptual framework places a strong emphasis on developing children's ER skills (proximal primary outcomes), an approach supported by evidence suggesting that focusing on emotional competence can result in improving classroom quality (Brackett et al., 2019; Izard et al., 2008). Also, this approach provides a unique opportunity to investigate the extent to which interventions specifically aiming to teach ER skills could be effective in eliciting gains in social competence (distal primary outcomes), as well as in reducing the risk of externalizing/internalizing problems (distal primary outcomes; Fig. 1).

Previous research has shown that better structured and organized classrooms, in which teachers display more responsive and supportive attitudes, are associated with better developed social-emotional competencies and reduced risk of externalizing/internalizing problems (Broekhuizen et al., 2016; Curby et al., 2013). In addition, the use of emotion coaching strategies in the classroom involving discussions about emotions and prompting children to think of ways to manage their emotions exert positive effects on children's ER capacities (Denham et al., 2015; Poulou & Denham, 2022; Silkenbeumer et al., 2018). Given the role that adults play in adequately organizing children's environment to support learning, it is not surprising that the implementation of prevention programs has found that teachers who participate in professional development programs targeting these skills positively influence social-emotional competencies and are better prepared to assist children in reducing risk of emotional/behavioral problems (Domitrovich et al., 2016; Li et al., 2023; McCormick et al., 2015; Tveit et al., 2019). Considering that SEP teacher training combines behavior management and coaching, both strategies are expected to contribute to developing children's ER skills as depicted in Fig. 1.

In addition to teachers' role as a source of developing children's ER, theoretical models describe parent-related factors responsible for shaping learning about emotions; these factors include (a) parental modeling of ER, (b) emotion socialization practices, and (c) the family's emotional climate (Morris et al., 2007, 2017). Previous research has highlighted that parents' ER skills, mainly the way they interpret children's negative behaviors, predict the way they respond and manage misbehavior (Lorber, 2012; Lorber et al., 2017). For instance, cognitive reappraisal (i.e., changing the way an event is interpreted) is linked to more positive emotionality and modeling children's adaptive ER strategies, whereas the use of more suppression (i.e., deliberately avoiding the showing of negative emotions) is conducive to increased negative emotionality (i.e., depression and anxiety) that promotes less ability to regulate emotions and reduced social competence (Lockwood et al., 2014; Xiao et al., 2018). Furthermore, two other ER strategies, namely capitulation (i.e., giving into the child) and escape (i.e., avoid interacting with the child), are responsible for increasing parental negative emotionality (i.e., anger) and parent-child aggressive interactions; thus, modeling of certain behaviors places children at risk for externalizing problems (Lorber, 2012; Lorber et al., 2017; Zimmer-Gembeck et al., 2022).

Findings regarding emotion socialization have indicated that the amount of support in encouraging emotional awareness, expression, and regulation plays a significant role in children's social-emotional competence development (Eisenberg et al., 2017; Ellis et al., 2014; Miller et al., 2015). In contrast, unsupportive reactions conveying the message that emotions are not acceptable (e.g., punishing, ignoring, minimizing) reduce learning opportunities about ER and create the premises for poorer social-emotional adjustment (Hurrell et al., 2015; Johnson et al., 2017; Loop & Roskam, 2016).

Research on positive parenting practices has found that efforts directed at structuring children's environments, such as taking actions to prevent negative behavior and setting clear limits, allow children to internalize parental expectations regarding acceptable ways of expressing emotions (Morris et al., 2013; Smith et al., 2000). Conversely, harsh parenting manifested in the form of heightened anger during discipline encounters undermines children's efforts to learn self-regulation by hindering autonomy, increasing risk of both externalizing and internalizing problems (Martin-Herz et al., 2022; Wiggins et al., 2015). Furthermore, lax parenting characterized by permissive and/or inconsistent discipline reduces the amount of support received when faced with distressing circumstances, and thus, children are more prone to co-occurring externalizing and internalizing problems (Pinquart, 2017; Williams et al., 2009).

Drawing from Morris et al's model (2007, 2017), the SEP parent training focuses on targeting each of the emotion socialization practices (i.e., parental ER, coaching strategies, and parenting strategies). Aligned with the model's predictions, changes in emotion-related parenting practices (proximal secondary outcomes) are expected to influence children's ER learning (proximal primary outcome; Fig. 1). Previous research on mechanisms of parenting interventions delivered in community-based settings is relatively scarce, but some available evidence suggests that the use of more positive parenting strategies is associated with fewer externalizing problems (Hanisch et al., 2014; Seabra-Santos et al., 2016). In addition, given that positive effects of parenting interventions on parental ER and coaching were not linked to children's outcomes (Chan et al., 2021; England-Mason & Gonzalez, 2020; Havighurst et al., 2013), the SEP framework provides an opportunity to establish whether changes in parental emotion socialization practices could explain changes in their ER skills, as expected based on findings of previous research.

1.4. The present study

The SEP is a multi-focused school-based intervention shown to exert positive outcomes for both all children (i.e., universal) and at-risk children (i.e., indicated intervention; Ştefan & Miclea, 2013, 2014). The present study focused on the outcomes of the SEP as a universal intervention and aimed to provide empirical evidence supporting the effectiveness of the technology-assisted version of the

program employing a randomized-controlled trial (RCT). Therefore, the first aim of the present study was to assess SEP effectiveness on both primary outcomes (i.e., child-related) employing a multi-rater approach (i.e., teacher and parent reports) and on secondary outcomes (i.e., parent-related) measured through self-report. The following hypotheses guided the study: (a) Children from the SEP intervention group were expected to exhibit significantly better developed social-emotional competencies (i.e., more adaptive ER strategies, fewer maladaptive ER strategies, and increased social competence) compared with children from the control group; (b) Compared with children from the control condition, children from the SEP intervention condition would exhibit significantly fewer externalizing and internalizing problems; and (c) Parents in the SEP condition who participated either in the self-guided or the facilitator led version of the program would report more positive discipline and less overreactive/lax strategies, more use of emotion coaching strategies, use of fewer emotion dismissing strategies, and increased ER skills (i.e., more reappraisal and less suppression/capitulation/escape and stress) compared to parents from the control group and non-compliers (i.e., parents who did not participate) from the intervention group.

The second aim of this study was to investigate the mechanisms of the SEP intervention outlined in Fig. 1. Considering the relevance of ER in the development of social skills and in lowering risk of emotional/behavioral maladjustment, we expected that SEP participation would predict changes in children's ER skills (proximal primary outcomes), which in turn would predict increased social competence and reductions in externalizing and internalizing problems (distal primary outcomes) in the context of both teachers' and parents' ratings. Furthermore, changes in emotion-related parent skills (proximal secondary outcomes) were expected to precede changes in children's ER (proximal primary outcomes). More specifically, it was hypothesized that SEP participation would predict changes in parental behaviors (i.e., discipline, emotion socialization, and parent ER), which would predict changes in children's ER strategies (i.e., more adaptive and fewer maladaptive ER strategies).

2. Method

2.1. Design

The research was conducted in 10 state funded preschools. All preschool headmasters agreed to participate without prior knowledge of whether the school was going to be included in the SEP intervention or in the control group. In each location, the number of classrooms varied between two and four and mean classroom size was 23.2 children with two teachers allocated to each classroom. Randomization was conducted at the school level to avoid any spill-over effects during implementation in intervention sites. A random sequence generator was employed (www.random.org) resulting in five schools (14 classrooms) included in the SEP intervention condition and five schools (16 classrooms) included in the control condition. Therefore, a cluster RCT at the school level with pre- and post-intervention (four months after pre-intervention) measures was employed in the present study (Trial Registration in ClinicalTrials.gov: NCT05057728).

2.2. Participants and procedure

Prior to beginning the data collection process, approval was obtained from the Ethics Committee of the University for conducting the present study. Subsequently, an invitation was sent out in November 2021 to headmasters from a large city in the north-western region in Romania providing information about the SEP and the research project. Before agreeing to participate, headmasters were cautioned that their school might not be included in the intervention group, in which case teachers' training and subsequent delivery of the classroom curriculum would only be available during the following school year. All schools confirmed that each classroom was equipped with a computer/laptop and over-head projectors for displaying multimedia content. Inclusion criteria for participants consisted of (a) being a child between the ages of 54–72 months and (b) being a child that had not previously been exposed to any systematic SEL program. Ten headmasters out of 12 who initially responded to the invitation agreed to these terms. After randomization procedures, schools were informed in December 2021 about their status (intervention vs. wait-list control). Subsequently, the pre-intervention data collection began in January 2022 when parents of children from SEP intervention schools and control schools received a Google Form containing the informed consent and the questionnaires measuring the outcomes. In addition, parents from the intervention schools were requested to provide an email address and a telephone number to receive information about the parent training. All parents reported owning at least one electronic device in their household (e.g., smartphone, laptop, tablet) and having access to the internet.

A total of 398 parents (intervention $n = 204$ and control $n = 194$) provided initial consent. Children from schools in the intervention group received the SEP program whereas children from schools in the control group were exposed to the regular curriculum. Teachers received the corresponding SEP training delivered online through Google Meet by the first author. In addition, all parents who expressed an interest to participate were contacted by the research team via text messages to re-confirm availability and to ensure that correct email addresses were provided. Also, given that many adults access social media more frequently than their personal email addresses, parents were invited to join a closed Facebook group to ensure that access to relevant information for program delivery would be facilitated through timely notifications. Parents who received the facilitator-led version of the program were distributed in seven training groups (consisting of 8–10 parents in each group), which were held through Google Meet by the authors of the study. Participants from both the facilitator-guided and the self-guided versions of the program were emailed and received Facebook notifications with information about the context of each session, home activities, and in-between session reminders to complete self-monitoring forms. After the intervention was completed, data were collected in June 2022 (4 months after pre-intervention measures). Drop-out rates were 15.2% for the intervention group and 18.6% for the control group. Socio-demographic characteristics of

intervention and control group children who remained in the study and those who did not are reported in Table 1. No significant differences were found between participating and drop-out children by group status.

The final sample included 330 preschoolers ages 54–72 months ($M_{age} = 66.2$, $SD = 3.57$), among whom 52.7% were boys. The SEP intervention group comprised 173 children (75 girls, 98 boys), whereas 157 children (81 girls, 76 boys) were included in the comparison group. Based on socio-demographic characteristics, in the present sample children's parents were more likely to hold a higher education degree than high school diploma or less, χ^2 (1, $N = 324$) = 81.00, $p < .001$, and were more likely to earn above average/average wages than belong to the below minimum wage income category, χ^2 (1, $N = 324$) = 81.00, $p < .001$. Among the 173 parents who consented to provide data for pre- and post-intervention measures, 100 were involved in the SEP parent training, and this category of parents was more likely to be higher education graduates compared to non-participating parents, χ^2 (1, $N = 168$) = 4.09, $p = .043$. No differences were found for parental income or any other child- and parent-related variables. Additionally, no significant differences were found as a function of type of parent involvement (i.e., self-guided vs. facilitator-guided). In addition, 60 teachers (28 teachers in SEP intervention, 32 teachers in control condition) with a $M_{age} = 37.48$ years ($SD = 10.83$), with bachelor degrees in Education Sciences, and a $M_{teaching\ experience}$ of 11.67 years (range = 1–44) participated in the study.

2.3. SEP intervention

2.3.1. Classroom curriculum

The classroom curriculum targeted five domains of social-emotional competence development, including (a) rules, (b) emotion knowledge, (c) emotion regulation, (d) problem-solving, and (e) friendship skills. The SEP curriculum encompasses 43 activities taught 2–3 times per week over a period of 18 weeks (i.e., the approximate length of a semester); each activity length varied between 20 and 30 min. Within each module, activities progressed from the simple to complex; activities from previous modules additively impacted the learning of skills from subsequent ones (e.g., emotion recognition is a key ability needed to learn about ER). Classroom teachers delivered the activities by ensuring that children (a) received sufficient opportunities to respond, (b) practiced taught skills, and (c) received timely and supportive feedback during learning. Social-emotional skills targeted by the SEP classroom curriculum were taught employing a wide range of support materials (e.g., illustrated stories, scenarios, rule posters, Emotion Map, coping cards) available to teachers through the program's website. Skills learned during structured activities were consolidated during daily classroom interactions in which teachers reminded children of classroom rules, supported increased emotion awareness, coached more adaptive ways of responding to negative emotions, guided problem-solving in conflict situations, or organized collaborative activities for both play and learning related tasks.

2.3.2. Teacher training

The teacher training component encompassed six sessions (2.5 h per session) with the first three sessions delivered weekly prior to the implementation of the classroom curriculum, two sessions conducted during the classroom curriculum, and the last session scheduled immediately after the end of the program. The first session began with an introduction to the SEP intervention content and a discussion about each teacher's motivation to participate. The next session included detailing the intervention's objectives and methods, which was delivered similarly across Sessions 1–5. The learning sequence consisted of the following steps: (a) illustrated scenarios and video examples of classroom-delivered activities were employed to model key program components, (b) modeled skills were practiced (i.e., role-played) with the facilitator's guidance, and (c) implementation objectives were established and discussed. Sessions 2–6 started with a group discussion in which teachers were asked to share positive experiences and challenges with implementing the program. Challenges were explored and emphasis was placed on identifying solutions by encouraging teachers to share ideas and practice solutions. Hence, ongoing in-session coaching was provided as teachers progressed in delivering the classroom intervention to support effective implementation of the curriculum. The last session began with a group discussion, but the teaching sequence was replaced with reviewing the SEP key intervention principles and a discussion about the teachers' perceptions about the program's relevance.

Overall, teachers' participation in the training was intended to (a) ensure a secure classroom climate by increasing the frequency of positive teacher-child interactions (e.g., praise, transition warnings, instructions; Session 1) and by choosing to address misbehaviors in a way that considered both the underlying motivation for the behavior and the strategy most likely to increase child cooperation and responsibility (e.g. redirecting negative behavior, planned ignoring, problem-solving, logical consequences; Session 2), (b) establish teacher-parent partnerships required for increasing parental involvement in school-related activities (e.g. use of "I" statements,

Table 1
Demographic characteristics and comparisons between children from the final sample and dropouts.

	Final sample		Dropout		F/Wald χ^2	p
	SEP ($N = 173$)	Control ($N = 157$)	SEP ($N = 31$)	Control ($N = 36$)		
Age (M, SD)	66.48 (3.52)	65.83 (3.61)	66.68 (3.52)	64.94 (3.61)	1.30	0.255
Gender (% boys)	48.04	48.40	45.16	55.56	3.04	0.386
Child (% special education)	3.48	3.18	3.22	–	2.27	0.517
Parental education (% high school)	21.38	28.02	22.58	19.44	2.23	0.527
Income (% below minimum wage)	12.71	12.10	3.22	5.55	4.45	0.217

validating parents' point of view, collaborating to identify solutions; Session 3), and (c) deliver classroom activities and coach children's social-emotional competencies during teachable moments (e.g., identifying emotions, guiding children's use of ER strategies, providing support for children in identifying appropriate solutions; Sessions 3–5). Session interactions with guidance from the group facilitator were complemented by accessing relevant web-based content.

2.3.3. Parent training

The SEP allows parents to choose between two levels of involvement, consisting of either the (a) *facilitator-guided version*, in which added support was available in the form of online video conference sessions; or (b) *self-guided version* characterized by exclusive interaction with written and multimedia materials from the program's platform. The facilitator-delivered intervention included six, 2 h sessions conducted twice a month. The first session focused on providing an overview of the program and the facilitators supported parents in identifying an objective related to changing one behavior, which tended to be particularly challenging for the parent to do. Following this, the facilitator guided parents in identifying key program principles by employing illustrated scenarios. Parents were encouraged to practice these strategies through role-play during sessions to enhance their ability to transfer new skills needed for complying with homework requirements. The final part of the session was employed to establish home activities and to help parents by identifying a realistic goal to change a particularly challenging child behavior. Sessions 2–5 started with a group discussion in which parents were encouraged to share their experiences with implementing the program's principles during home activities. Challenges were explored by the facilitators who guided parents in identifying solutions and then practicing them. The sessions continued with the teaching sequence and the introduction of the home activities. The final session included discussing home activities, reviewing the program's key principles, and exploring challenges that were not addressed during previous sessions. After each session (Sessions 1–5), parents received email/Facebook messages summarizing each module's content and describing home activity objectives for the next 2 weeks. A reminder to complete the self-monitoring activities was sent out a day before the next online session. Conversely, parents individually browsing the online content received only the email/Facebook messages that guided their interactions with the platform. The web-based content clarified the learning objectives for each module and provided illustrated scenarios that modeled parental skills and established goals for implementation.

The SEP parent training (both facilitator and self-guided version) covered five modules. The first module aimed to increase parents' awareness regarding the impact of stress on parent-child interactions and communication patterns. Also, more effective ways of handling parent stress, such as positive self-talk (e.g., reappraisal), were presented as an alternative to negative self-talk (e.g., criticizing, blaming the child). The second module focused on the relevance of spending quality time together to improve the parent-child relationship, with an emphasis on parental involvement in child-led play, reading together with their child, and participating in outdoor activities. The third module familiarized parents with emotion coaching strategies, such as labeling emotions, conveying acceptance of negative emotions, and identifying more adaptive ways of managing and expressing emotions. The fourth module encouraged parents to employ more positive attention (e.g., praise, planned and unplanned rewards, offering choices, instructions) in order to avoid reinforcing negative behaviors through attention. The final module introduced parents to non-aggressive and non-coercive strategies for managing difficult behaviors (e.g., transition warnings, problem-solving, logical consequences).

2.4. Program attendance and intervention fidelity

2.4.1. Classroom curriculum

Attendance across the five modules indicated an average participation of 166 children. According to teachers' reports, an average of 91% (range = 81%–100%) of SEP classroom curriculum activities were taught, indicating that children received the intervention in high doses. In addition, self-monitoring of implementation quality revealed that an average of 96% (range = 86%–100%) of the key program strategies (e.g., modeling children's behaviors, organizing role-play, giving specific praise for positive behaviors) were employed during the delivery of the classroom activities, and an average of 96% (range = 85%–100%) of the strategies for consolidating children's social-emotional competencies (e.g., reminders about rules, discussing emotions, supporting children's ER) were implemented.

For each module, teachers provided the research team with a video recording of a classroom activity. These recordings were separately coded by the second and third author based on a 10-item observation tool developed specifically for assessing teachers' adherence to delivering the SEP classroom curriculum. The items referred to teacher behaviors consistent with the use of child-centered teaching methods, such as asking children questions, providing guidance, offering feedback, or using specific praise. In relation to each item, behavioral indicators were provided, describing three performance levels (0 = *low*, 1 = *moderate*, 2 = *high*). Training on the use of this measure was performed by independently coding two sessions conducted in a prior feasibility study. Potential discrepancies were discussed in relation to behaviors describing each level of performance. In the present study, all classroom recordings were coded independently. Scores for competent delivery in each classroom varied from 16.00 to 19.50 (possible score range = 0–20), suggesting high levels of quality in delivering the classroom curriculum. The intraclass correlation coefficient (ICC) for absolute agreement was 0.84.

2.4.2. Teacher and parent training

Teacher attendance during the six video conference sessions ranged from 90% to 100%; teachers who could not attend these trainings provided by the facilitator were able to access video recordings (after consent was obtained). As previously noted, 100 parents (57.8%) participated in either the facilitator delivered (n = 54) or in the web-based version (n = 46) of the SEP program. Attendance records indicated that 29 parents (53.7%) participated in more than three sessions with a facilitator (more than two-thirds

of the intervention, given that only Sessions 1–5 included delivering content), whereas 21 parents (45.7%), who only interacted with the web content, filled in at least three self-monitoring forms. Enrolled parents were mainly mothers (94%). Self-reports indicated that parental adherence to key intervention strategies occurred almost every day (possible score range: 0 = *never* to 2 = *every day*) with a mean frequency rating of 1.45 (facilitator-guided) and 1.39 (self-guided).

Video recordings from half of the training sessions conducted with parents and teachers were assessed employing a 15-item measure developed by the study's authors to assess competent delivery. Five items assessed the implementation of key program components (e.g., discussion of illustrated scenarios, exercising, discussion of home/classroom activities) and 10 items evaluated facilitator skills (e.g., time management, group discussion management, empathy, acceptance, guidance in identifying solutions). Each measure provides a description of facilitator behaviors associated with three performance levels, similar to the observation tool for the classroom curriculum. Two coders who held master's degrees in Counseling and Clinical Psychology were trained in which each item of the observation tool was discussed in relation to videotaped examples. In addition, the coders conducted an independent assessment of two recordings from both the teacher and parent training. Discrepancies were discussed and resolved. The ICC for the absolute interrater agreement was 0.88 for the teacher training and 0.91 for the parent training.

2.5. Measures

Two types of outcomes were assessed: (a) primary outcomes, consisting of children's social skills, ER strategies, and emotional and behavioral problems as reported by teachers and parents; and (b) secondary outcomes, consisting of self-report measures of parental discipline strategies, emotion socialization practices, and parental ER/stress.

2.5.1. Social Skills Improvement System

The Social Skills Improvement System (SSIS; Gresham & Elliott, 2008) consists of a teacher and parent versions for evaluating children's social skill acquisitions. The measure includes 46 items covering (a) Communication, (b) Cooperation, (c) Responsibility, (d) Assertion, (e) Empathy, (f) Engagement, and (g) Self-control. Responses are coded on a 5-point scale ranging from 0 (*never*) to 4 (*always*). The total Social Skills score is computed as the sum of the scores from each scale. Reliability indices obtained in the present study were $\alpha = 0.93–0.94$ for the teacher version and $\alpha = 0.92–0.93$ for the parent version.

2.5.2. Emotion Regulation Skills Questionnaire

The Emotion Regulation Skills Questionnaire (ERSQ; Mirabile, 2014) evaluates children's use of 13 regulatory strategies in relation to three negative emotions (i.e., anger, sadness, and fear). The items assess the frequency of employing these strategies on a 5-point scale ranging from 0 (*never*) to 4 (*almost always*). Based on recommendations made by Mirabile (2014), two indexes can be computed consisting of (a) Adaptive ER Strategies (i.e., Self-directed Speech, Instrumental Coping, Information Gathering, Self-Comforting, Comfort-Seeking, Support-Seeking, Verbal Distraction, and Self-Distraction), and (b) Maladaptive ER Strategies (i.e., Focus on Distress, Venting, Aggression, Avoidance, and Suppression). In the present study, internal consistencies for the Adaptive ER Strategies were $\alpha = 0.91–0.94$ for teacher ratings and $\alpha = 0.88–0.90$ for parent ratings. Conversely, internal consistencies for Maladaptive ER Strategies were $\alpha = 0.83–0.89$ for teacher ratings and $\alpha = 0.80–0.81$ for parent ratings.

2.5.3. Children's emotional and behavioral problems

The Caregiver-Teacher Report Form (C-TRF; Achenbach & Rescorla, 2000) and the Child Behavior Checklist/1.5–5 (CBCL/1.5–5; Achenbach & Rescorla, 2000) were employed to assess children's emotional and behavioral problems. Both questionnaires contain 99 items rated on a 3-point scale ranging from 0 (*absent*) to 2 (*occurs often*). In the present study, two broadband scores were derived for Externalizing Problems (e.g., "Destroys other's things"), which included the Attention Problems and Aggression narrowband scales, and for the Internalizing Problems (e.g., "Afraid to try new things"), which comprised the Emotionally Reactive, Anxiety/Depression, Withdrawal, and Somatic Complaints scales. In the present study, internal consistencies for the two broadband summary scales were $\alpha = 0.90–0.94$ for the C-TRF and $\alpha = 0.90–0.92$ for the CBCL.

2.5.4. Parenting Young Children scale

The Parenting Young Children (PARYC; McEachern et al., 2012) scale includes 21 items measuring caregivers' engagement in supportive parent-child interactions. The measure covers three positive parental practices, including (a) Supporting Positive Behavior (e.g., "Notice and praise your child's good behavior"), (b) Setting Limits (e.g., "Make sure your child followed the rules you set all or most of the time"), and (c) Proactive Parenting (e.g., "Prepare your child for a challenging situation"). Items are rated on a 7-point scale from 1 (*not at all*) to 7 (*most of the time*). A total score was computed as the average score of all scales. In the present study, internal consistency for Parenting Behaviors ranged from $\alpha = 0.91$ to 0.92.

2.5.5. The Parenting Scale

The Parenting Scale (Arnold et al., 1993) is comprised of 30 items that describe caregivers' responses to their children's behaviors and emotions. For each question, the parent is requested to choose the best descriptor for their response on a 7-point scale. For example, for the item "When my child misbehaves", a rating of 1 means *I do something right away*, whereas a rating of 7 corresponds to *I do something about it later*. In the present study, the Laxness and Overreactivity (but not Verbosity) scales were employed because previous research on construct validity supported a 2-factor rather than a 3-factor solution (Reitman et al., 2001; Steele et al., 2005). In the present study, internal consistencies for the Laxness and Overreactivity scales were $\alpha = 0.68–0.71$ and $\alpha = 0.74–0.77$, respectively.

2.5.6. Coping with Children's Negative Emotions Scale

The Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 1990) represents a measure of parental emotion socialization practices encompassing 12 scenarios in which children display negative emotions. Parents are required to rate the likelihood of adopting Minimization, Punitive, Distress, Expressive Encouragement, Problem-Focused, and Emotion-Focused strategies in response to these negative emotions. Also, a measure of parental Ignoring responses was included. The subscale was developed and validated by Mirabile (2015) as an addition to the original version of the CCNES (Fabes et al., 1990). Parents' responses are rated on a 7-point scale, ranging from 1 (*very unlikely)* to 7 (*very likely)*. Previous research indicated that CCNES subscales showed good psychometric properties (Fabes et al., 2002). In addition, the extraction of two composite scores was supported for Emotion Coaching strategies (i.e., Expressive Encouragement, Problem-Focused, and Emotion focused) and for Emotion Dismissing strategies (i.e., Minimization, Punitive, Distress, and Ignore; Hurrell et al., 2015; Mirabile, 2015). In the present study, internal consistencies were $\alpha =$ 0.90–0.92 for Emotion Coaching and $\alpha = 0.89$–0.91 for Emotion Dismissing strategies.

2.5.7. Revised Parental Emotion Regulation Inventory

The Revised Parental Emotion Regulation Inventory (PERI-2; Lorber et al., 2017) is a 23-item measure of parents' ER strategies in discipline encounters. Parents are requested to evaluate the use of Reappraisal, Suppression, Capitulation, and Escape. Responses are rated on a 7-point scale ranging from 1 (*I never do this*) to 7 (*I very often do this*). Scores for each scale were computed as the mean of corresponding items. In the present study, internal consistencies for each scale ranged from 0.81 to 0.87.

2.5.8. Parental Stress Scale

The Parental Stress Scale (PSS; Berry & Jones, 1995) is an 18-item measure of caregivers' emotional reactions related to positive impacts (i.e., personal growth and positive emotions) and negative impacts of parent-child interactions (i.e., demands on personal resources and negative emotions). The responses are coded on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A total Parenting Stress score was computed by summing all items (higher score reflected higher levels of perceived stress). In the present study, internal consistencies for the Parent Stress score were $\alpha = 0.80$–0.82.

2.6. Analytic plan

Pre- to post-intervention outcomes for SEP were assessed for each teacher-rated outcome variables employing structural equation models (SEM) conducted in Mplus 8.0 (Muthén & Muthén, 1998–2017) with robust maximum likelihood estimator (MLR). Analyses employed a Huber-White adjustment to account for children's nesting within schools because the small number of clusters did not warrant a two-level analysis. In each model, SEP was entered as a dichotomous variable (0 = *comparison*, 1 = *intervention*), whereas gender (0 = *girl*, 1 = *boy*), age (*months*), parental education level (0 = *college*; 1 = *high-school*), income (0 = *above average/average wage*; 1 = *below minimum wage*), and pre-intervention scores of the outcome variable were included as covariates. Covariates were selected by considering previous studies that indicated age, gender, and socio-economic risk indexed by income and education level contribute to differences in preschoolers' social-emotional competence (Denham, Bassett, Thayer, et al., 2012; McTaggart et al., 2022) and risk of externalizing/internalizing problems (Hogye et al., 2022; Olson et al., 2017). Given that not all parents received the SEP intervention, complier average causal effect (CACE) estimation was utilized to assess parent-reported outcomes. SEM mixture models with MLR estimation and a discrete latent variable (0 = *SEP non-participation*, 1 = *SEP participation*) were conducted to identify potential compliers in the control group (i.e., missing data) and to compare them to those from the intervention group (Jo, 2002; Peugh et al., 2017). The same covariates as in the previously described SEM models were included in the CACE estimations. All models were just-identified and no model fit indices were reported. In addition to the covariate adjusted models, non-covariate adjusted estimates were computed to establish the extent to which adding the covariates may have affected the statistical significance and the corresponding effect sizes.

Mediation of child ER and parental related ER practices was tested only if significant intervention outcomes were detected. A change score was computed for each variable by subtracting post-intervention from pre-intervention scores. SEM for teacher ratings and CACE mixture models for parent ratings were employed to estimate indirect effects. In all conducted analyses, SEP participation was modeled as the predictor variable (*X*). In analyses for child-related outcomes, ER strategies (proximal primary outcome) was the mediator (*M*), whereas social competence and externalizing/internalizing problems (distal primary outcomes) represented potential dependent variables (*Y)*. Conversely, when parent-related outcomes were considered, emotion socialization practices (distal secondary outcomes) were potential mediators (*M*) and ER strategies represented the outcome (*Y*). In all models, age, gender, parent education, and income were controlled on both the mediator and the outcome variables. Significant indirect effects were interpreted if the corresponding confidence intervals (CIs) did not include 0 (Hayes, 2013).

3. Results

3.1. SEP effects on primary and secondary outcomes

Unadjusted means and standard deviations for teacher- and parent-rated outcomes are reported in Table 2 and Table 3. Supplementary Materials Table 1 and Table 2 present covariate adjusted means and standard errors across all outcomes by group membership. Path coefficient estimates for the post-intervention difference between intervention and control groups (i.e., teacher reported outcomes) or SEP participation and non-participation (i.e., parent reported outcomes) while holding constant age, gender, parent

education, family income, and baseline scores are presented in Table 4 together with standardized estimates representing the effect size of the outcomes. Supplementary Materials Tables 3–5 include all estimated paths for all the variables included in the models. In addition, in Table 5 path coefficient estimates for the non-covariate adjusted models are reported.

For primary outcomes based on teachers' ratings, covariate adjusted estimated differences in post-intervention means were 9.564 (95% CI [1.773, 17.354]) for social competence, 0.166 (95% CI [0.031, 0.301]) for adaptive ER strategies, and − 0.120 (95% CI [−0.261, −0.009] for maladaptive ER strategies. Standardized estimates were 0.394, 0.206, and − 0.203, respectively. All differences were in the expected direction, suggesting that children from the SEP schools showed post-intervention improved social skills and exhibited more adaptive ER strategies, as well as fewer maladaptive ER strategies. Similarly, the covariate adjusted CACE estimation revealed that the mean difference between children of parents who participated in SEP and those who did not was 6.104 (95% CI [0.010, 12.198]) for social competence and 0.170 (95% CI [0.032, 0.309]) for adaptive ER strategies, with corresponding standardized coefficients of 0.311 and 0.344, respectively. Results suggested that better developed social competencies and increased use of adaptive ER strategies were reported for children by parents who participated in SEP compared to those who did not. Compared with the covariate adjusted models, results from the non-covariate adjusted models, as reported in Table 5, indicate similar outcomes in terms of mean pre- to post-intervention differences, except for findings on maladaptive ER strategies, which were no longer statistically significant, possibly due to the loss in statistical power associated with the exclusion of covariates.

For secondary outcomes, CACE estimation indicated that the post-intervention difference for coaching strategies was 0.148 (95% CI [0.030, 0.266]) with a standardized path coefficient of 0.232, whereas the difference for reappraisal was 0.592 (95% CI [0.211, 793]) with a standardized path coefficient of 0.458 in the covariate adjusted models. Additionally, the non-covariate adjusted model indicated standardized path coefficients of 0.209 for the use of emotion coaching strategies and 0.175 respectively, for the use of reappraisal. The outcomes were in the expected direction suggesting that parental participation in SEP predicted an increase in use of coaching strategies and reappraisal during parent-child interactions.

3.2. Mediation models for testing SEP mechanisms

Based on significant SEP intervention effects, five mediation models were carried out. For each model, standardized estimates, unstandardized estimates, standard errors, and corresponding CIs are presented in Table 6. Results from the mediation models indicated that SEP participation resulted in increased use of adaptive ER strategies, which in turn further led to increased social competence with an indirect effect of 0.066 (95% CI [0.001, 0.131]) for teacher ratings and 0.151 (95% CI [0.002, 0.300] for parental ratings. In addition, maladaptive ER strategies mediated the intervention's effect on social skills (0.024, 95% CI [0.003, 0.045], teacher ratings). In relation to changes in parenting practices, SEP participation predicted an increase in the use of coaching strategies, which in turn predicted more use of adaptive ER strategies, with an estimated indirect effect coefficient of 0.106 (95% CI [0.006, 0.207]. The model with parental reappraisal as the mediator yielded a total indirect effect of 0.196 (95% CI [0.000, 0.192], suggesting that SEP participation was associated with an increase in parental use of reappraisal, which in turn was associated with an increase in children's adaptive ER strategies.

4. Discussion

The first objective of this RCT was to assess the SEP effectiveness as a universal intervention. According to expectations, children in the SEP intervention group showed increased use of adaptive ER strategies and improved social skills (primary outcomes) compared to control group children. This finding is consistent with previously published meta-analyses indicating that universal prevention programs encompassing intensive skill-based approaches are successful in enhancing preschoolers' social-emotional competencies (Luo et al., 2022; Murano et al., 2020). Furthermore, the standardized coefficient paths obtained in the present study ranging from 0.20 to 0.39 are consistent with previously reported effect sizes for universal interventions with preschool age children (Luo et al., 2022; Murano et al., 2020). Given the multi-rater approach to assessing the SEP effectiveness, it is important to note that teacher and parent ratings of improved social-emotional competence converged. Such findings indirectly support the notion that a combination of intervention strategies, which consider both the classroom and the home context, could represent meaningful ways to effectively enhance preschoolers' social-emotional development. More precisely, teachers' participation in the SEP professional development training was intended to develop a set of skills to ensure that a positive classroom climate would result in increased use of coaching

Table 2
Means and standard deviations for teacher-reported primary outcomes.

	SEP		Control	
	Pre-intervention *M (SD)*	Post-intervention *M (SD)*	Pre-intervention *M (SD)*	Post-intervention *M (SD)*
Primary outcomes				
Social competence (SSIS)	91.19 (25.06)	109.57 (24.78)	98.24 (22.48)	103.32 (24.12)
Adaptive ER strategies (ERSQ)	1.61 (0.68)	1.95 (0.79)	1.85 (0.63)	1.99 (0.83)
Maladaptive ER strategies (ERSQ)	1.34 (0.64)	1.23 (0.57)	1.41 (0.63)	1.38 (0.60)
Externalizing problems (C-TRF)	8.74 (12.28)	4.87 (9.10)	9.95 (11.71)	7.44 (11.85)
Internalizing problems (C-TRF)	5.03 (6.86)	2.95 (5.53)	5.75 (6.80)	4.51 (7.46)

Table 3
Means and standard deviations for parent-reported primary and secondary outcomes.

	SEP participation ($n = 100$)		SEP non-participation ($n = 73$)		Control ($n = 157$)	
	Pre-intervention *M* (*SD*)	Pre-intervention *M* (*SD*)	Pre-intervention *M* (*SD*)	Post-intervention *M* (*SD*)	Pre-intervention *M* (*SD*)	Post-intervention *M* (*SD*)
Primary outcomes						
Social competence (SSIS)	76.89 (19.62)	90.43 (18.28)	78.89 (24.14)	83.38 (21.08)	84.89 (23.75)	86.39 (21.92)
Adaptive ER strategies (ERSQ)	1.90 (0.52)	2.14 (0.50)	1.90 (0.51)	1.90 (0.58)	1.88 (0.54)	1.88 (0.57)
Maladaptive ER strategies (ERSQ)	1.62 (0.54)	1.49 (0.57)	1.50 (0.48)	1.40 (0.57)	1.37 (0.53)	1.45 (0.57)
Externalizing problems (C-TRF)	8.98 (6.15)	6.63 (5.74)	8.10 (7.65)	7.88 (9.64)	8.42 (7.39)	7.23 (5.74)
Internalizing problems (C-TRF)	10.15 (8.89)	7.76 (6.88)	8.29 (7.18)	8.38 (10.72)	8.82 (8.69)	7.58 (5.92)
Secondary outcomes						
Parenting skills (PARYC)	5.22 (0.75)	5.47 (0.65)	5.16 (0.82)	5.15 (0.78)	5.25 (0.86)	5.29 (0.77)
Laxness (PS)	3.47 (0.74)	3.22 (0.72)	3.37 (0.68)	3.43 (0.70)	3.32 (0.72)	3.31 (0.77)
Overreactivity (PS)	2.78 (0.87)	2.51 (0.72)	2.67 (0.87)	2.59 (0.85)	2.50 (0.79)	2.45 (0.75)
Emotion Coaching (CCNES)	5.63 (0.86)	5.94 (0.73)	5.58 (0.94)	5.49 (1.01)	5.65 (0.78)	5.60 (0.96)
Emotion Dismissive (CCNES)	2.17 (0.68)	2.01 (0.58)	2.15 (0.65)	2.13 (0.66)	2.01 (0.56)	2.10 (0.71)
Reappraisal (PERI-2)	3.62 (1.24)	3.80 (1.29)	3.54 (1.31)	3.58 (1.44)	3.73 (1.45)	3.59 (1.39)
Suppression (PERI-2)	3.61 (1.27)	3.59 (1.28)	3.43 (1.25)	3.46 (1.46)	3.59 (1.39)	3.39 (1.34)
Capitulation (PERI-2)	2.27 (1.28)	2.13 (1.06)	2.18 (1.11)	2.37 (1.22)	2.33 (1.25)	2.28 (1.25)
Escape (PERI-2)	2.81 (1.08)	3.03 (1.24)	2.64 (1.23)	2.82 (1.40)	2.81 (1.21)	2.77 (1.37)
Parent stress (PSS)	33.59 (7.61)	33.01 (8.37)	31.45 (8.39)	30.09 (8.78)	32.59 (8.11)	31.50 (8.85)

Table 4
SEM and CACE estimates, standardized estimates, standard errors, and confidence intervals for covariate adjusted primary outcomes (Teacher and Parent Ratings).

	Est.	SE	95% CI		St. Est.	SE	95% CI	
			LLCI	ULCI			LLCI	ULCI
Primary Outcomes								
Social competence (T)	0.564*	3.975	1.773	17.354	0.394	0.167	0.101	0.832
Adaptive ER strategies (T)	0.166*	0.069	0.031	0.301	0.206	0.087	0.035	0.377
Maladaptive ER strategies (T)	−0.120*	0.057	−0.231	−0.009	-0.203	0.097	−0.393	-0.014
Externalizing problems (T)	−2.021	1.319	4.606	0.563	-0.192	0.129	−0.444	0.601
Internalizing problems (T)	−1.252	0.761	−2.744	0.241	-0.203	0.117	−0.479	0.073
Social competence (P)	6.104*	3.109	0.010	12.198	0.311	0.155	0.006	0.616
Adaptive ER strategies (P)	0.170*	0.071	0.032	0.309	0.344	0.136	0.077	0.610
Maladaptive ER strategies (P)	−0.135	0.097	−0.325	0.054	-0.230	0.163	−0.549	0.090
Externalizing problems (P)	−0.820	0.617	−2.029	0.389	-0.152	0.113	−0.374	0.069
Internalizing problems (P)	−0.800	0.632	−2.028	0.438	-0.130	0.101	−0.327	0.068
Secondary Outcomes								
Parenting (P)	0.072	0.105	−2.038	0.438	0.103	0.152	−0.194	0.400
Laxness (P)	−0.021	0.102	−0.221	0.170	-0.030	0.143	−0.309	0.250
Overreactivity (P)	−0.069	0.114	−0.293	0.155	-0.095	0.156	−0.400	0.210
Emotion Coaching (P)	0.148*	0.060	0.030	0.266	0.232	0.095	0.046	0.418
Emotion Dismissive (P)	−0.007	0.054	−0.122	0.098	-0.037	0.106	−0.222	0.195
Reappraisal (P)	0.592**	0.195	0.211	0.793	0.458	0.149	0.167	0.749
Suppression (P)	0.274	0.208	−0.133	0.682	0.165	0.082	−0.107	0.537
Capitulation (P)	0.171	0.163	−0.148	0.491	0.167	0.168	−0.162	0.497
Escape (P)	0.608	0.368	−0.113	1.329	0.252	0.164	−0.140	0.945
Parent stress (P)	−0.298	1.822	−3.896	3.274	-0.033	0.201	−0.427	0.360

Note. T = teacher; P = parent.
*$p < .05$, **$p < .01$.

strategies in teacher-child interactions, an essential strategy for supporting effective implementation of the classroom curriculum beyond merely teaching social-emotional skills during structured lessons. Although no direct assessment of teacher training outcomes was available in the present study, several aspects, such as high attendance rates in the SEP training, high intervention dosage received

Table 5
SEM and CACE estimates, standardized estimates, standard errors, and confidence intervals for non-covariate adjusted primary outcomes (Teacher and Parent Ratings).

	Est.	SE	95% CI		St. Est.	SE	95% CI	
			LLCI	ULCI			LLCI	ULCI
Primary Outcomes								
Social competence (T)	9.082*	4.123	1.000	17.163	0.374	0.173	0.035	0.713
Adaptive ER strategies (T)	0.153*	0.071	0.014	0.292	0.190	0.089	0.016	0.364
Maladaptive ER strategies (T)	−0.107	0.064	−0.232	0.017	-0.182	0.108	−0.394	-0.030
Externalizing problems (T)	−1.789	1.337	4.409	0.831	-0.170	0.130	−0.425	0.086
Internalizing problems (T)	−1.054	0.777	-2.576	0.468	-0.161	0.119	−0.395	0.073
Social competence (P)	7.592*	3.278	1.168	14.017	0.381	0.163	0.061	0.701
Adaptive ER strategies (P)	0.218*	0.067	0.086	0.350	0.428	0.126	0.181	0.674
Maladaptive ER strategies (P)	−0.122	0.095	−0.308	0.065	-0.206	0.160	−0.502	0.109
Externalizing problems (P)	−0.997	0.599	−2.151	0.196	-0.180	0.107	−0.390	0.030
Internalizing problems (P)	−0.744	0.611	−1.941	0.454	-0.120	0.097	−0.310	0.070
Secondary Outcomes								
Parenting (P)	0.098	0.072	−0.043	0.238	0.140	0.103	−0.125	0.341
Laxness (P)	−0.074	0.090	−0.251	0.103	-0.101	0.123	−0.342	0.140
Overreactivity (P)	−0.029	0.118	−0.261	0.202	-0.041	0.167	−0.369	0.286
Emotion Coaching (P)	0.132*	0.057	0.021	0.243	0.209	0.089	0.034	0.384
Emotion Dismissive (P)	0.004	0.051	−0.095	0.104	0.009	0.101	−0.190	0.207
Reappraisal (P)	0.457*	0.213	0.039	0.875	0.175	0.082	0.015	0.336
Suppression (P)	0.226	0.210	−0.186	0.637	0.087	0.087	−0.074	0.249
Capitulation (P)	0.236	0.134	−0.027	0.499	0.235	0.143	−0.046	0.517
Escape (P)	0.641	0.400	−0.018	0.595	0.283	0.173	−0.009	0.877
Parent stress (P)	0.529	0.708	−0.141	2.918	0.091	0.088	−0.119	0.363

Note. T = teacher; P = parent.
*$p < .05$, **$p < .01$.

by children from each classroom (i.e., 81%–100% of activities from the curriculum), and high and homogenous scores for competent adherence in delivering the classroom curriculum may have contributed to increased quality of program implementation and to children's gains in social-emotional competence (Low et al., 2016; Wanless et al., 2015). Moreover, considering associations between implementation quality and other teacher-level factors (e.g., instructional support, classroom organization, self-efficacy), it could be inferred that the training may have indirectly contributed to reported gains in children's social-emotional learning (Sutherland et al., 2018; Thierry et al., 2022).

In addition to the teacher training, parental participation was expected to foster improved social-emotional competence and findings from the present study add to the already available evidence that parents' involvement is essential for skill transfer and generalization in interventions encompassing classroom-wide approaches to SEL (Conner & Fraser, 2011; Ştefan & Miclea, 2013). Parental participation in the SEP, either in the facilitator-guided or self-guided version of the intervention, was 57.8%, and completion rates for two thirds of the program (i.e., participation in more than three sessions/completion of more than three self-monitoring forms) showed that about half of the participants received a significant intervention dosage. Previous research on parenting programs delivered in community-based settings has indicated relatively similar uptake rates and found that intervention dosage may not necessarily impact effectiveness outcomes (McCormick et al., 2016). Hence, it is possible that changes in parenting practices may requires less intensive support in samples of participants whose children do not exhibit diagnosed emotional/behavioral problems. However, it is noteworthy that parental involvement in the SEP was higher among parents who were college graduates, which could indicate that parents with lower educational attainment may feel less self-efficacious about being engaged in their children's school-related activities (Hindman et al., 2012; Murray et al., 2015), and subsequently, less inclined to participate in parenting programs.

The second hypothesis, which was related to significant changes in children's emotional and behavioral problems (distal primary outcomes), was not supported. Previous research on the effectiveness of universal interventions reported mixed findings regarding reduced emotional and behavioral problems (Moy & Hazen, 2018; Stanley, 2019; Tveit et al., 2020). One potential explanation is that effects on these outcomes are more easily identified in children with higher baseline levels of behavior problems targeted by indicated interventions focusing on at-risk children (Murano et al., 2020). A second explanation could be related to the fact that the present sample included a significantly lower percentage of children from low-income families and/or with parents without at least a high-school degree. Some available evidence suggests that children from more disadvantaged backgrounds may be at increased risk for emotional and behavioral problems (Reiss, 2013). However, recent meta-analyses and systematic reviews have found that universal intervention's effectiveness is similar across children with high and low socio-economic status (Murano et al., 2020; Ştefan et al., 2022), which would suggest that the first explanation could be more pertinent.

Specific to the third hypothesis, parent participation in either the self-guided or the facilitator-guided versions of the SEP program was expected to elicit changes in parent ER, emotion socialization, and parenting practices (distal secondary outcomes). Significant effects were found for the use of reappraisal during discipline and for emotion coaching strategies, thus adding to the evidence suggesting that emotion-related parenting practices can be successfully targeted by parenting programs (Chan et al., 2021; England-

Table 6
SEM and CACE estimates, standardized estimates and confidence intervals for assessing SEP mechanisms.

	Predictor → Mediator (path a)				Mediator→ Outcome (path b)				Direct effect (path c')				Indirect effect (a*b)			
	Est	SE	95% CI		Est	SE	95% CI		Est	SE	95% CI		Est	SE	95% CI	
SEP → Adaptive ER → Social Competence (T)	0.335 (0.208)	0.132	0.076	0.594	0.196 (6.727)	0.220	0.009	0.054	0.575 (12.253)	0.220	0.143	1.007	0.066 (1.401)	0.033	0.001	0.131
SEP → Maladaptive ER → Social Competence (T)	−0.187 (−0.088)	0.014	−0.446	0.093	−0.127 (−5.725)	0.072	−0.268	0.004	0.617 (13.149)	0.212	0.203	1.032	0.024 (0.506)	0.011	0.003	0.045
SEP → Adaptive ER → Social Competence (P)	0.406 (0.204)	0.207	0.000	0.811	0.372 (15.995)	0.173	0.143	0.551	0.291 (6.290)	0.173	−0.047	0.629	0.151 (3.258)	0.076	0.002	0.300
SEP → Coaching → Adaptive ER (P)	0.383 (0.250)	0.131	0.126	0.639	0.278 (0.212)	0.118	0.046	0.510	0.271 (0.135)	0.162	−0.046	0.587	0.106 (0.053)	0.051	0.006	0.207
SEP → Reappraisal → Adaptive ER (P)	0.422 (0.566)	0.197	0.036	0.809	0.228 (0.091)	0.109	0.015	0.441	0.485 (0.258)	0.209	0.075	0.895	0.096 (0.051)	0.049	0.000	0.192

Note. T = teacher; P = parent; unstandardized path coefficients are reported in parentheses.

Mason & Gonzalez, 2020; Havighurst et al., 2013). The lack of significant findings on parenting skills could be related to findings from parents' responses to the self-monitoring exercise, indicating that skills learned during the first three sessions were implemented on average with higher frequency (> 1.58) as compared to less frequent implementation (< 1.36) for strategies covered during the last two sessions corresponding to those aimed at improving parenting practices. Such discrepancies would suggest that more practice may be required to elicit the expected changes or that parents may find some topics more personally relevant compared to others.

The present study's second objective was to assess the SEP mechanisms of change with an emphasis on the program's proximal aims (i.e., children's ER and parent practices) as mediators of effects on distal outcomes related to social adjustment. The findings provide initial evidence that changes in emotion-related regulation, and not only those related to cognitive/behavioral regulation, account for positive intervention outcomes on children's social skills (Jones et al., 2013; Raver et al., 2011; Wenz-Gross et al., 2018). However, the relatively small effect sizes associated with the indirect paths would indicate that other mechanisms may play a role in enhancing children's social skills, with previous research highlighting the relevance of positivity in teacher-child interactions (McCormick et al., 2015; Tveit et al., 2020).

To our knowledge, this is the first study to show that parenting interventions with an emotion coaching component elicit effects on children's ER skills, considering that previous research has only focused on parent-related outcomes (England-Mason & Gonzalez, 2020). Furthermore, findings suggesting that teaching parents to be more responsive to children's emotional needs may impact the extent to which they employ adaptive ER strategies and are consistent with the SEP theory of change and with the model of Morris et al. (2007, 2017). Another finding, consistent with the program's framework, suggests that changes in parental ER shape children's regulation skills. More precisely, parents who are able to manage their emotions more effectively by reappraising negative emotions may be better equipped to model more adaptive ER strategies in relation to their children (Chan et al., 2021; Havighurst et al., 2013).

5. Limitations and future directions

In the present study, no follow-up measures were employed and the extent to which gains in children and parents' skills are maintained over time should be further investigated to gather evidence of program effectiveness. The lack of follow-up results is also responsible for limiting the possibility of drawing any causal inferences about the direction of effects in the tested mediation models because both mediators and outcomes were assessed concurrently.

Previous research has highlighted the importance of including a multi-rater perspective in assessing children's outcomes and the use of questionnaires should be complemented by observations or child reported measures (Carneiro et al., 2021; Schönmoser et al., 2022). Another limitation is related to the fact that no assessment of teacher-related outcomes was conducted. Future research on SEP should include a more thorough evaluation of the extent to which participation in the training elicits changes in teachers' behaviors and whether improved teacher-child interactions lead to better developed social-emotional skills. In addition, the small sample size at the cluster level may be responsible for the wide CIs reported in the present study, whereas lack of statistical power at the individual level did not allow testing of moderator effects of parental involvement in SEP training (i.e., self-guided vs. facilitator-guided). Hence, replicating the current findings with larger sample sizes would be required to provide more precise estimates of intervention effects and to investigate potential differences in program effectiveness across types of training methods.

5.1. Implications for practice

The small to moderate effect sizes for child and parent outcomes, which are aligned with those reported in prior research examining universal school-based interventions, provide some emerging evidence suggesting that SEL programs aiming to promote social-emotional competencies may benefit from a combination of child-, teacher-, and parent-focused interventions targeting multiple sources of potential risk for underdeveloped social-emotional competencies. Previous work on classroom-wide programs for preschoolers encompassing only curricular approaches found little empirical support that these were effective for skill transfer and generalizability. The current work found evidence of converging teacher and parent ratings regarding children's skills, which may provide added support for the idea that SEL programs fostering teacher-parent partnerships grounded in a shared understanding of intervention goals and practices could be a strategy employed in early education settings to effectively involve parents in their children's education. Perhaps future efforts might be aimed at increasing parent motivation to attend by focusing on why assuming an active role could prove relevant as a personal development activity as well as for improving the parent-child relationship. Furthermore, focusing on ways to increase attendance could be especially relevant for parents with lower education levels, who seem to be less willing to participate in parenting programs.

High levels of competent delivery and high activity completion rates in delivering the classroom curriculum would suggest that the SEP was deemed by teachers as an acceptable intervention tool. This is relevant because when teachers find the program relevant, useful, and easy to incorporate in everyday teaching, they are more likely to adhere to program requirements (Humphries et al., 2018; Merle et al., 2022). Therefore, program design should emphasize not only children's intervention needs, but also the extent to which the program strategies can be effectively delivered by teachers and the implementation can be actively supported through coaching, feedback, and planning next intervention steps (Merle et al., 2022). In addition, simply teaching a set of activities for SEL development would be insufficient, and hence, adequate implementation is necessary when classroom-based interventions such as SEP aim to balance structured activities with specific recommendations about skill practice during daily classroom interactions. On a related note, curricular approaches may benefit from emphasizing ways in which SEL can be embedded within other educational activities and may help teachers be better prepared to assist children with managing their emotions, thus reducing time spent on discipline, reducing teacher stress, and increasing focus on teaching.

All the SEP intervention components include technology-assisted features, which range from the intervention tools required to teach the classroom curriculum to provision of access to multi-media content to support adult learning. Such features increase the accessibility of the program's content and might be employed to ensure more wide-spread use of evidence-based practices within schools. One major challenge with implementing SEL is related to the schools' limited access to such programs, which can be overcome with the inclusion of a web-based component. Furthermore, training school psychologists and school counselors in the use of such intervention tools might enable professionals within the early education system to provide SEL programs as part of school-wide efforts to promote school readiness and to prevent mental health problems.

6. Conclusions

The present study aimed to assess the effectiveness of the technology-assisted SEP as a universal intervention for preschoolers. Available evidence indicate the SEP yielded comparable effect sizes with those previously reported for classroom-wide interventions. In addition, the present study provided emerging support for the program's theory of change, indicating that targeting ER skills could positively affect children's social competence, and that ER related parenting skills could shape the use of more adaptive ER strategies. Taken together, such findings indirectly support the notion that interventions with a specific focus on ER, provided specifically during the preschool years when self-regulatory skills are emerging and require substantial adult support to ensure optimal development, could significantly contribute to later school performance and reduced risk of mental health problems. However, future studies will need to replicate the current findings, so that more precise conclusions regarding SEP effectiveness can be drawn.

Authors declaration

The Authors declare the following:

- The work described was carried out in accordance with the Declaration of Helsinki and informed consent was obtained for participation.
- The work described has not been published before, is not under consideration for publication and all co-authors approved the final form of the submitted manuscript.
- There is no actual or perceived conflict of interest in the conduct and reporting of research.
- The data that support the findings of this study are openly available in the Open Science Framework (OSF) repository at osf.io/vdma7.
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Appendix A. Supplementary materials

Supplementary materials for this article can be found online at https://doi.org/10.1016/j.jsp.2023.04.005.

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