



# Early Intervention in Special Education and Rehabilitation



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## STUDENTS' CHARACTERISTICS AND THEIR SOCIAL COMPETENCE

*Marija Jelić & Gordana Čolić*

*University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia*

### SUMMARY

*Although social competence has been the subject of numerous works, there are few researches where this phenomenon is discussed as an organized system – by assessment of different levels of social competence and taking into consideration contextual and individual characteristics of children. The aim of the researches was to examine relations of educational and individual characteristics of students with different aspects of their social competence. There were 206 students examined, aged from 12 to 18, out of which 76 students with mild intellectual disabilities (IDs) and 130 of typical development (TD). For examining social skills we used Social Skills Rating System (SSRS) which consists of subscales of cooperativity, responsibility, assertiveness and self control, and for assessment of social functioning we used The Strengths and Difficulties Questionnaires (SDQ), subscales of pro-social behaviour, emotional problems, behaviour problems and problems with peers. The results confirmed that intellectual disorder with high percentage of common variance (67%) explains more frequent behaviour problems in students with mild IDs than in students with TD, but there are no statistically significant differences between development of social skills and intellectual status of students. Independent of intellectual status, boys have less developed social skills, with a more rarely pro-social behaviour and they show more behaviour problems than girls, which is associated with their worse academic achievement compared to girls. Of all social skills, self control and cooperativity are connected to better academic achievement and prevention of students' emotional problems. Theoretical and practical implications of obtained results are discussed.*

Key words: social skills, social functioning, level of intellectual development, gender, age, school achievement, students

### INTRODUCTION

Wide range of characteristics and various indicators included in social competence takes many things in its consideration. Literature offers many works related to examination of social behaviour, social skills, behavioural competence, peer relations, which can generally be gathered into the field of social competence. Contemporary approaches of studying social competence are not based on any widely accepted theory model of social competence which is experimentally confirmed, hence the term of social competence has been considered imprecisely defined so far.

First studies of social competence are related to theoretical construct of social intelligence. These early researches were directed towards constructing and examining of validity of some tests of social intelligence, i.e. they indirectly studied independence of social intelligence as a part of intellectual abilities. Measuring instruments then constructed were giving the measures which could not be explained by independent

factor of social intelligence. Reviewed from today's perspective the problem was that the tests did not include the component of social functioning, but they only measured the inner component of social intelligence relating to the ability of understanding of behaviour and state of other people. Considering the fact that this ability is inseparable part of general, academic ability, the test results of social intelligence were associated to the measures of academic intelligence.

In a wider sense, the thesis of connection between cognitive and social functioning is in accordance to Piaget and Colberg theory of cognitive, i.e. moral development. It implies that the parallelism of cognitive and social development does not include simple implementation of logics on social problems, but only the fact that social functioning of individual has basic cognitive – structural component (Bandura, 1982). According to this, the authors dealing with research of social competence confirmed that cognitive development is in relation with social competence in the way that refers to abilities and skills of cognitive processing which contribute to successful solving of both unsocial and social tasks and problems (Ford & Tisak, 1983). Socially competent behaviour is related to development of attention process, development of evaluative process and planning process (Eisenberg & Mussen, 1989). Social information must be adequately received, perceived and interpreted so the person could respond to a certain social situation in an adequate way (Crick & Dodge 1994; Dodge et al., 2003). Emotional processes (e.g. emotional regulation) and better understanding of others' emotional states (Eisenberg, Fabes et al., 2006) contribute to effective social functioning of children. Many authors consider that roots of prosocial behavior should be searched in the ability of an individual to feel empathy (Hoffman, 2003; Eisenberg, Spinrad et al., 2006). Yeates and Selman considers social competence as a development of social – cognitive abilities and knowledge, including capacity for emotional control and adequate behaviour in specific context, which, in the other side, the person itself and his/her environment perceive as effective behaviour, and hence they increase their positive psycho – social adjustment (Yeates & Selman, 1989). Similar to this Gresham and Elliot (Gresham & Elliot, 1987) consider that social competence is a construct which includes adaptive behaviour and social skills in mutual dependence.

Starting from conceptualization of social competence as flexible reaction in social situations and effective functioning in interpersonal relationships (Bandura, 1982; Brdar, 1993), the flow of further researches was directed towards studying characteristics of social interaction. Ford and Tisak (Ford & Tisak, 1983) suggest a definition of social competence as realising important social goals in specific social contexts, by using appropriate assessments, which lead to positive developmental outcomes. The authors state several reasons for choosing this definition, but of the most significant theoretical importance is their argument that authenticity of social competence reflects in the ways individuals have learnt how to face specific social situations. They also suggest operational definition of social competence as ability of successful functioning in specific social situations in everyday life. They point out the influence of specific experience in the environment where a child lives, which affects his/her ability to learn and develop social competencies through interaction with various agents of socialisation and through various contexts in which a child develops. Taking into consideration the facts that pro – social behaviour is a positive and an

independent predictor of school achievement (Wentzel, 1993) the idea of developing cooperative, social responsible and helpful behaviour through teaching and learning is justified. Generally, the quality of social relationships between teachers and students (Birch & Ladd, 1997) as well as among students themselves contribute both to social (Silver et al., 2005) and academic competence (Elliott, Malecki & Demaray, 2001; Hamre & Pianta, 2001; Peisner-Reinberg et al., 2001).

In the widest sense, social competence means effective functioning in social context and social skills are an important component of socially competent behaviour (Cavell, 1990; Dirks et al., 2007a; Rose-Krasnor, 1997). Social skills represent socially acceptable, learned behaviours, which enable an individual to realize his/her interaction with others in the way which leads to positive and avoiding negative reactions (Gresham & Elliot, 1987). Despite the different views of authors when selecting skills necessary for social competent behaviour, they all agree that there are certain cognitive, social and emotional abilities and skills which contribute to success in interactions with other people. Repertoire of social skills most often contains skills of assertiveness (asking questions, initiating conversation, asking for help...), emotional skills (self – control, recognizing own emotions, empathy...), planning skills (finding the source of problems, making decisions, setting a goal...) and similar skills. The assessment of social competence based on the level of development of social skills belongs to an approach based on contents (Dirks et al., 2007a; Gresham, 1986). If the mentioned social skills play an important part in determining socially competent behaviour, according to McFall (McFall, 1982), there should be obvious significant connection between social skills and the outcome of social functioning. The approach in studying social competence based on the outcome of social behaviour starts from the point that social competence is an evaluative term. The assessment showing that a person is competent in a specific field of social functioning is based on a certain standard criteria and/or in comparison to an adequate normative sample. On this level of analyses the approach to measuring social competence is directed towards the outcomes of social behaviour and most often it is reflected in the context of two qualitatively different forms of behaviour – positive (prosocial behaviour, peer acceptance) and negative (aggressive or withdrawn behaviour, problems with peers).

According to theoretical approaches of the author, operationalization and measuring of social competence refers to assessment of development of social skills or to assessment of different aspects of social functioning. The biggest objection to defining social competence as a set of specific skills and abilities is in the fact that he locates social competent behaviour inside an individual, whilst not taking into consideration context and interactions among individuals. The specificity of situation and the type of interaction have a strong influence on defining what an individual perceives, what affects the very behaviour and response of the individual (Bandura, 1982; Dirks et al., 2007b; Dodge et al., 1985). Many children with developed social skills do not show socially competent behaviour. Consequentially, different levels of assessment of social competence can, but do not have to be in correlation. The fact shows that development of social skills is not sufficient for understanding and studying social competence of an individual and it cannot be equalled to it (Rose-Krasnor, 1997). It does not mean that there are no individual differences in social skills and motivational factors important for effective social functioning, but it is as well important to review the context where

social competence has been defined. This leads to the importance of the criteria of the person who assesses social behaviour in a given context (Dirks et al., 2010). In this way McFall defines social competence as an assessing of other people whether an individual acts effectively (McFall, 1982).

It can be concluded that defining concept of social competence is a very complex job, considering that expression of social skills depends on an individual's aim in a certain context, age, cognitive abilities, sources of assessing and numerous other individual and environmental correlates. By analysing different approaches and defining of social competence, and which are reduced to just a few of its determinants, Rose–Krasnor (Rose–Krasnor, 1997) suggests a definition where effectiveness in social interactions includes common product of behaviour of an individual in a certain context and reacting of its social environment, where the quality of realised social relationships depends on skills and abilities of all participants in the interaction (Rose–Krasnor, 1997). An important aspect of studying of social competence still refers to social skills and the role of cognitive and emotional processes in mediation of behaviour, but also to individual and situational – environmental factors which are reciprocal and which influence the outcomes of social functioning of an individual. Social competence cannot be reduced to any single indicator or a set of specific skills and abilities of an individual, but it includes assessment and review of all mentioned determinants and aspects of social competence.

Despite the mentioned facts, there are few researches where different levels of social competence are examined at the same time, as well as their connection with environmental and personal characteristics of children and young people. For example, whether different levels of social competence represent same or independent constructs. Does a greater influence on learning social skills as well as on the outcomes of social functioning have a level of cognitive development or social experience? Do certain contextual and individual characteristics jointly affect certain aspects of social competence? Is there a connection between academic and social competency of students and in what way are they connected? Without intention to approach these issues in a wider sense, considering a school context, the aim of this research was to examine the connection of educational and individual characteristics of students with different aspects of their social competence.

## METHODS

*Participants.* The participants were 206 children, aged from 12 to 18 years divided into two groups. The group of 130 participants consisted of students of typical development (51% boys) attending ordinary primary (47%) and secondary (53%) schools. The other group consisted of 76 students with mild ID (52% boys) attending special primary (57%) and secondary (43%) school.

## Measures

*Social skills.* Child social skills were evaluated using the teacher form of the *Social Skills Rating System* (SSRS, Gresham & Elliot, 1990). The present study used the 40-item Social Skills Scale, comprised of four subscales – responsibility, cooperation, self control and assertiveness. Each item is rated on the 3-point Likert-type scales to assess the frequency (*never=0, sometimes=1, to very often=2*). By using Cronbach's alpha coefficient the reliability of sub – scales was examined and it was showed that all the scales in our studies are of a great reliability. Coefficient alpha reliabilities range from 0.84 to 0.89.

*Social functioning.* For assessing positive and negative outcomes of social functioning it was used *The Strengths and Difficulties Questionnaires* (SDQ, Goodman, 1997). Teachers also rate behavioural items on the frequency scale. The SDQ has five subscales assessing pro-social behaviour (e.g. 'is student kind to younger children'), conduct disorder (e.g. 'often has temper tantrums'), emotional symptoms (e.g. 'many worries often seems worried'), peer relationships (e.g. 'has at least one good friend'), and hyperactivity (e.g. 'easily distracted'). Considering that the hyperactivity was not the subject of our research, we did not use this scale. Cronbach's alpha coefficient was used to examine the reliability of scales and it was showed that all the scales in our studies are of a great reliability, above 0.7, except a little lower but satisfying reliability of the subscale problems with peers 0.62.

*Students' characteristics.* By analysis of contents of school documentation as characteristic of students there have been selected intellectual status, chronological and school age, gender, average school achievement and mark in discipline at the end of the school year. The state institutions, as ordinary and special schools are, have obligation to include the kind and level of children's disability into their official documentation. When forming a sample we used data of intelligence coefficient estimated by application of The Revised Scale for estimation of children's intelligence according to the principles of Wechsler–Revisk (Biro, 1997), which are mentioned in the school documentation. On the basis of intellectual coefficient examinees were classified as mild ID (intellectual coefficient from 50 to 70) and typically developed (intellectual coefficient over 70).

*Statistical analysis.* When examining correlation between two sets of variables (characteristics of students and indicators of social competence) the canonical analysis was applied. When the results required further analysis two – factor ANOVA was applied.

## RESULTS

By canonical correlation analysis the connection of variables of social competence with characteristics of students was tested. The analysis selected 3 significant canonical functions.



Table 1 *Coefficients of canonical correlations and their significance*

	Rho	Lambda	Hi2	df	sig
1	.820	.127	394.491	126.000	.000
2	.542	.387	181.249	100.000	.000
3	.500	.548	114.961	76.000	.003

The received coefficients of canonical correlations show that the first pair of canonical variables has a significant correlation ( $Rho=0.820$ ;  $p<0.01$ ) which explains even 67, 24 % of common variance (Table 1). In Table 2 we see that this way of connection implies positive connection of behaviour problems with school achievement, and negative connection with school age and intellectual status. The factor of social competence is determined only by behaviour problems, while the factor of characteristic of students is extremely well determined by intellectual status and weaker by school age and achievement.

Table 2 *The structure of the first canonical factor from the left and the right set of variables*

Canonical factors of the left set of variables, social skills and social functioning of students		Canonical factors of the right set of variables, the characteristics of students	
Factors	F1	Factors	F1
SSRS Cooperativity	.133	Gender	-.019
SSRS Assertiveness	.075	Age	-.124
SSRS Self – control	-.096	<b>School age</b>	<b>-.353</b>
SSRS Responsibility	.016	<b>Achievement</b>	<b>.384</b>
SDQ Prosocial behaviour	-.032	Discipline	.214
SDQ Emotional problems	.227	<b>Intellectual status</b>	<b>-.962</b>
<b>SDQ Behaviour problems</b>	<b>.390</b>		
SDQ Problems with peers	.245		

The second pair of canonical variables has a significant canonical correlation ( $Rho=0.542$ ;  $p<0.01$ ) explaining 29.38% of common variance (Table 1). In Table 3 we can see that in this canonical pair there is a positive connection of all social skills and prosocial behaviour with achievement and discipline, and negative with the gender (males have higher scores). Also, the positive is the connection of behaviour problems with gender, and the negative is the connection of achievement and discipline. In other words, the factor of social competence is determined by all variables except emotional problems with peers, and characteristics of students is best determined by variable of gender, and much weaker by achievement and discipline.

Table 3 *Structure of the second canonical factor from the left and the right sets of variables*

Canonical factors of the left set of variables, social skills and social functioning of students		Canonical factors of the right set of variables, the characteristics of students	
Factors	F2	Factors	F2
<b>SSRS Cooperativity</b>	<b>-.784</b>	<b>Gender</b>	<b>.951</b>
<b>SSRS Assertiveness</b>	<b>-.350</b>	Age	-.137
<b>SSRS Self – control</b>	<b>-.511</b>	School age	-.164
<b>SSRS Responsibility</b>	<b>-.664</b>	<b>Achievement</b>	<b>-.358</b>
<b>SDQ Prosocial behaviour</b>	<b>-.452</b>	<b>Discipline</b>	<b>-.318</b>
SDQ Emotional problems	.058	Intellectual status	-.020
<b>SDQ Behaviour problems</b>	<b>.409</b>		
SDQ Problems with peers	.099		

The third way of connecting variables has a significant canonical correlation ( $Rho=0.500$ ;  $p<0.001$ ) that explains 25 % of common variance (Table 1). In Table 4 we see that this way of connecting implies the positive connection of *cooperation* and *self control* with gender (males have higher scores), school and chronological age, achievement and discipline, while *the emotional problems* are negatively connected with these characteristics of students. The factor of social competence is determined by *cooperation* and *self control*, as well as *emotional problems*, and variables of the right set are determined by all examined students' characteristics except intellectual status.

Table 4 *Structure of the third canonical factor from the left and the right sets of variables*

Canonical factors of the left set of variables, social skills and social functioning of students		Canonical factors of the right set of variables, the characteristics of students	
Factors	F3	Factors	F3
<b>SSRS Cooperativity</b>	<b>.450</b>	<b>Gender</b>	<b>.307</b>
SSRS Assertiveness	.193	<b>Age</b>	<b>.360</b>
<b>SSRS Self control</b>	<b>.391</b>	<b>School age</b>	<b>.370</b>
SSRS Responsibility	.280	<b>Achievement</b>	<b>.621</b>
SDQ Prosocial behaviour	.297	<b>Discipline</b>	<b>.524</b>
<b>SDQ Emotional problems</b>	<b>-.388</b>	Intellectual status	-.032
SDQ Behaviour problems	-.100		
SDQ Problems with peers	.169		

In order to interpret the results of canonical analyses more precisely, by two – factor analysis we examined the differences in development of social skills and social functioning of the typical and the students with mild ID referring to their chronological and school age. Because of cognitive difficulties, chronological age of children with ID does not correlate with the same school age, so these variables can be considered as the influence of the entire social experience (chronological age), i.e. only school experience (school age) on social competence of students with mild ID.

In Table 5 we see that significant differences referring to age exist on the scale *behaviour problems* and on the scale *emotional problems*, while differences between typical and disabled children exist in all aspects of social functioning, but the greatest existing on the scale *behaviour problems*. Also, it is displayed that on the scales *cooperativity*, *self control* and *emotional problems* there is the interaction of age and intellectual status, i.e. the difference of the typical and the disabled children is not the same in the observed groups in these scales. The direction of differences of which group of examinees has higher scores depending on chronological and school age can be seen in the enclosed Table 6.

Table 5 Significance of the differences on subscales SSRS and SDQ by age and intellectual status

Source	F (df=202)	η <sup>2</sup>	Dependent variables	F (df=202)	η <sup>2</sup>	Source
CHRONOLOGICAL AGE	2.742	.013	Cooperativity	.451	.002	SCHOOL AGE
	.876	.004	Assertiveness	.336	.002	
	.002	.000	Self control	.079	.000	
	1.036	.005	Responsibility	.502	.002	
	.706	.003	Pro – social behaviour	.048	.000	
	1.921	.009	<b>Emotional problems</b>	<b>6.611</b>	<b>.032*</b>	
	<b>7.699</b>	<b>.037**</b>	<b>Behaviour problems</b>	<b>16.525</b>	<b>.076***</b>	
	.086	0,000	Problems with peers	0,000	0,000	
INTELLECTUAL STATUS	1.898	.009	Cooperativity	1.548	.008	INTELLECTUAL STATUS
	.857	.004	Assertiveness	.070	.000	
	.840	.004	Self control	2.755	.013	
	.016	.000	Responsibility	.000	.000	
	.727	.004	Pro – social behaviour	.459	.002	
	2.245	.011	<b>Emotional problems</b>	<b>4.527</b>	<b>.022*</b>	
	<b>19.718</b>	<b>.089***</b>	<b>Behaviour problems</b>	<b>15.245</b>	<b>.070***</b>	
	<b>5,831</b>	<b>0,028*</b>	<b>Problems with peers</b>	<b>7,240</b>	<b>0,035**</b>	
INTERACTION OF AGE AND INTELLECTUAL STATUS	2.603	.013	<b>Cooperativity</b>	<b>7.334</b>	<b>.035**</b>	INTERACTION OF SCHOOL AND INTELLECTUAL STATUS
	3.478	.017	Assertiveness	2.350	.012	
	<b>5.957</b>	<b>.029*</b>	<b>Self control</b>	<b>8.090</b>	<b>.039**</b>	
	1.527	.008	Responsibility	2.604	.013	
	.111	.001	Pro-social behaviour	.091	.000	
	<b>19.353</b>	<b>.087***</b>	<b>Emotional problems</b>	<b>11.145</b>	<b>.052**</b>	
	.791	.004	Behaviour problems	.057	.000	
	.692	0,003	Problems with peers	1,348	0,007	

\*p<0,05; \*\*p<0,01; \*\*\*p<0,001

As we can see in Tables 5 and 6, students with mild ID perform significantly more difficulties in all the observed aspects of social functioning in relation to their TD peers. The main effect of these differences is the greatest for *behaviour problems*, but in the secondary school *behaviour problems* of students with mild ID ( $M=3.60$ ;  $M=2.81$ ), as well as the TD ( $M=2.80$ ;  $M=2.13$ ), decreases. Students with ID have significantly more *problems with peers* than the TD ( $M=5.11$ ;  $M=4.65$ ), and with age, *emotional problems* of students with mild ID are significantly more frequent, while in TD students they decrease with age ( $p<0.001$ ;  $\eta^2=0.087$ ). Also, findings of significant interaction of age and intellectual status, i.e. school and intellectual status on the scale of *self control* indicate that adolescents with ID of older age ( $M=13.56$ ;  $M=11.98$ ), and in secondary school ( $M=13.31$ ;  $M=11.32$ ) perform weaker *self control*, while the *self control* of the TD students is getting better with age ( $M=12.55$ ;  $M=14.19$ ). This is also the case with *cooperativity*, but more significant interaction exists only when school age is at stake. In secondary school graders *cooperativity* of the young with mild ID is significantly weaker than in primary school graders ( $M=14.09$ ;  $M=12.74$ ), while it increases in typical students ( $M=11.48$ ;  $M=13.71$ ).

## DISCUSSION

The main purpose of our research was to find out the way in which the educational and the individual characteristics of students are associated with different aspects of their social competence. When the intellectual status is at stake, the obtained findings confirmed that the TD students and students with mild ID do not differ in development of *social skills and prosocial behaviour*, but it was confirmed with a high percent of common variance that students with mild ID perform significantly more *behaviour problems* than their TD peers. We consider these findings especially relevant since the literature (Fenning et al., 2011; Leffert et al., 2010; Neece & Baker, 2008) associates high prevalence of *behaviour problems* of children with ID with their deficit of social skills. Thorough two - factor analyses confirmed that at the younger age, i.e. in higher grades of primary school students with mild ID even have higher scores on the scales of *self control*, and especially of *cooperativity* than the typical, what is associated with their better school achievement than the achievement of TD students. In literature it is quoted that children with ID have expressed cooperativity (Žic Ralić, 2010) and they behave prosocially (Jelić & Stojković, 2016a) tending to satisfy requests either of their parents, peers or teachers so they can confirm their social competence and self - respect. However, similar to the findings in another work (Jelić & Stojković, 2014), it has been showed that with a greater school experience i.e. in secondary school students with mild ID perform *cooperativity and self - control* more rarely, while in the typical the expression of these skills is more frequent. The finding that the interaction of chronological age and intellectual status does not affect *cooperativity* and significant but very low in *self control*, points out that weaker *cooperativity and self control* of young people with mild ID in secondary school are significantly affected by school experience. Furthermore, the results confirmed that students with mild ID at younger chronological age have fewer *emotional problems* than the TD, but with greater social

experience they are significantly more present in young people with mild ID, while they are decreasing in the typical. Considering the fact that the main effect of intellectual status on *emotional problems* is very low indicates that environment has more significant influence on *emotional problems* of students with mild ID than intellectual deficits. In relevant literature the overprotective attitude of parents of children with ID is a key explanation of *emotional problems* of children and young people with ID (Al-Yagon 2007; Baker & Crinc, 2009; Fenning et al., 2007; Landry et al., 2000), but there are more and more works which indicate that the quality of relationships teacher – student significantly contribute to the outcomes of psycho – social functioning of children with ID (Eisenhower et al., 2007; Hastings & Brown's, 2002).

Since the canonical analyses confirmed that school achievement and discipline of students are positively associated with their *cooperativity and self control* at school, and negatively with *emotional problems*, it brings to the fact that weaker *cooperativity and self control* of students with mild ID in secondary school are associated with their weaker general achievement and discipline in secondary school than in primary school, which is a risk factor of *emotional problems*. In the other side, better *cooperativity and self control* of TD students in secondary than in primary school contributes to their better academic success and discipline, as well as to the prevention of *emotional problems* at secondary school age. Consequentially, regardless of intellectual status as well as whether it is special or regular school, *cooperativity* and better *self control* in school context are the predictors of better school achievement and discipline of students. It is evident that cooperative behaviour and adequate self-control are associated with academic relevant forms of behaviour which contribute to the process of teaching and learning, i.e. better school achievement (Wentzel, 1993). For instance, students with adequate self control, in situations when they cannot solve a cognitive task, and who are persistent in their intention to solve the problem, achieve significantly better school results than students who cannot control their emotional conduct (Wentzel et al., 1990). Emotional disturbance, as a consequence of such a conduct, disables them to direct their attention to solving tasks. Studies of samples of students with ID also confirm that, beside other indicators, the level of development of self regulation significantly correlates with the quality of school achievement (Agran et al., 2002; Agran et al., 2008). In studies of samples of students with ID, the results confirmed that in students with mild ID the level of self regulation is better than in students with moderate ID, and which is significantly positively associated with better average school achievement (Kaljača & Dučić, 2016). In other words, what level of cognitive development is lower it has stronger influence on self control ability and both influence academic achievement.

Integrating the mentioned findings with our results, we can conclude that cognitive limitations of students with mild ID limit their abilities to overcome more complex and higher educational tasks when transferring from primary to secondary school which manifests in weaker school achievement than in primary school. It is logical to assume that failure which leads to frustration has influence on lower *self control and cooperativity* of students. In other words, although these are special schools, it is possible that the methods and contents of work are not adjusted to students, i.e. attitude of teachers and inadequate support in adaptation to new and differently structured school environment contribute to lower *cooperativity and self control* of students with mild ID in secondary

school, resulting in weaker school achievement. Negatively graded students more rarely interact with teachers, therefore relation of teachers towards students can, at a certain extent, explain this interrelation. In addition to the mentioned facts are researches that confirm interaction of teachers with students with ID is characterized by more conflicts and less closeness than with TD students, and also that, regardless of behaviour problems, the lack of social skills of students is significantly associated with worse relationships teacher – student (Eisenhower et al., 2007). Blacher and associates (Blacher et al, 2009) point out that the relationship teacher – student is reciprocal, and depends on the characteristics of teachers and school context. Authoritative style of a teacher, mental health problems and lack of emotional support are considered as the significant predictors of worse interrelationship teacher – student (Buyse et al., 2008; Hamre & Pianta, 2004; Hamre et al., 2008; Pianta et al., 2005). This finding is in accordance with the study of teacher exhaustion, where behaviour problems of children are in relation with emotional tiredness of teachers (Hastings & Brown's, 2002). It is also in accordance with the findings that stress of parents of children with intellectual disability results more in their behaviour problems and social skills deficit than to intellectual disability (Al-Yagon & Mikulincer, 2004; Baker, et al., 2003; Green & Baker, 2011; Fenning, et al., 2011; Jelić & Stojković, 2016b; Neece et al., 2012). Other researches also confirm that teachers' treat children with ID worse than they treat children of TD (McIntyre et al., 2006) not because of their cognitive limitations but because of their frequent behaviour problems and lower level of development of social skills (Blacher et al, 2009). The skill of self regulation has a special place, which is fundamental in social skills and behaviour problems, and these variables also represent predictors of quality of teachers' relations both to typical and students with ID (Decker et al., 2007). Numerous researches of quality of relations of teachers and students of typical development confirmed that closeness and cooperation with teachers contribute to decrease of aggressive behaviour (Silver et al., 2005), as well as that students with fewer conflicts and with better relationship with teachers participate more in various school activities and have better school achievement (Birch & Ladd, 1997, Peisner-Reinberg et al., 2001). Furthermore, it is well known that teachers are more inclined to students who are cooperative and adaptable to school regulations and they treat them more positively than they treat students who are uncooperative and who inadequately react to demands of authorities.

The fact that *self control and cooperativity*, as well as the school achievement, of students with ID is better in primary than in secondary school, in accordance with general findings, points at more quality relationship of teacher – student in primary than in secondary school. On the other hand, we have already stated that expressed cooperativity of children with ID is explained in literature as their greater need, than the need of TD children, to meet the expectations of their parents and teachers in order to confirm their competence. From that point of view, another possible explanation of lower *cooperativity and self control* of students with mild ID with teachers at secondary school age can be also explained because of their need for acceptance by the peers, who gradually become more important than the adults. Since the criterion of peer group do not include extreme attachment to adults, it can be concluded that worse *cooperativity*

and self control of young people with mild ID with teachers at secondary school age is motivated by their need to be accepted by peers.

Our findings confirmed that students with mild ID have significantly more *problems with peers* than typical students have. Researches in the field of peer relations of children with ID (Guralnick, 1999; Guralnick, 2001; Guralnick et al., 2006) point to the connection of *behaviour problems* of young people with mild ID and their *problems with peers*. The same as with the population of TD (Dodge et al., 2003), unacceptable behaviour leads to rejection by the peers and the frustration caused by rejection reciprocally causes aggressive, impulsive reactions making a vicious circle. Since in children with ID their disability and problems caused by cognitive limitations attract attention by themselves and often cause negative reaction and rejection by environment, it additionally enforces and enlarges their perception of themselves as the different ones (Dagnan & Waring, 2004; Dagnan, Jahoda, 2006). The experience of an intensive and permanent stigmatization which leads to feeling of inferiority and hostile intentions (Leffert & Siperstein, 2002) are manifested by emotional and/or behaviour problems. In accordance with the mentioned facts, our finding about more *behaviour problems* of student with mild ID than of the TD students can also be associated with negative treatment of the environment, especially of peers towards the young people with mild ID. Without denying that cognitive limitations enforce the risk of proper social perception and ability of adequate reaction, the authors point out that both characteristics of social situation and individual characteristics determine abilities and limitations of an individual to react and assess socially in a proper way (Leffert et al, 2010). According to that, our findings confirmed that with a greater school experience *behaviour problems* of students with mild ID, as well as the student of TD, are significantly lower. We assume that at younger age the frustration caused by negative treatment of environment brings reactions of children with mild ID to unacceptable, aggressive forms of behaviour, but gradually, because of their need for acceptance and attention from teachers and peers, young people with mild ID adapt their behaviour to social expectations what manifests in decrease of *behaviour problems*. In favour of the mentioned are the results on the same sample (Jelić, 2016) which showed that at younger age young people with mild ID more often apply domination in solving conflicts between peers than students of TD, but at older age there are no significant differences between young people with mild ID and the typical ones on the scale of domination. On the other hand, close to our results, it has been shown that regardless of age, students with mild ID significantly more often choose cooperative solving of problems and compromise in conflicts between peers than the students of the TD. It implies that cognitive deficits do not limit the ability of constructive, cooperative solving of conflicts of students with mild ID. However, although with greater experience of peers' interaction they use violent tactics more seldom, young people with mild ID more often yielding and avoidance in inter peer conflicts than their typical peers. Other findings confirmed that children with mild ID are rejected by peers even when they are shy and withdrawn (Frederickson & Furnham, 2004), while the children of typical development are primarily rejected because of behaviour problems and aggression. Being perceived as incompetent by their typical peers, children with ID gradually lose their self confidence, withdraw and they are more directed to adults. Taking in to

account that lower grade of interactions with peers and unsociability at adolescent age can be one of the indicators of emotional problems, it strengthens our assumption that, together with other environmental factors, permanent *problems with peers* (rejection, victimization, lower interactions with peers), can be an explanation to more *emotional problems* of the young with mild ID at the older age.

All the mentioned implies that the mechanisms and processes associated with the outcomes of social and academic functioning of the young with mild ID are the same as of their TD peers, what has been confirmed by the findings referring to gender. Regardless of intellectual status, it has been confirmed that girls have more developed *social skills* which are basic in *prosocial behaviour* and they express *behaviour problems* more seldom than boys, what is associated with better graded discipline and school achievement of girls than boys. According to this, boys, both TD and with mild ID, are the group at more risk for behaviour problems, i.e. learning social skills and prosocial behaviour, and therefore academic achievement.

### **Conclusions and implications**

Starting from the model of social competence which implies review of social competence through development of social skills and outcomes of social functioning, the findings confirmed that there is no significant difference in development of *social skills and prosocial behaviour* between students with mild ID and TD peers. On the other hand, there has been found that students with mild ID have significantly more difficulties in all *aspects of social functioning* than TD students. Low effect of intellectual status on difficulties of *social functioning*, with theoretical and empirical basis of interactions of environmental factors and cognitive limitations, lead to the conclusion that environmental variables have stronger influence on difficulties in social functioning of students with mild ID than their cognitive disability itself. Because of their disability the treatment of environment towards children and young people with mild ID is worse than towards TD children. The moderator effect of intellectual deficit on the outcomes of social functioning of students with mild ID implies that in order to prevent *behaviour problems, emotional problems and problems with peers*, early interventions should be primarily focused on parents, teachers and peers, and not only on child. Considering the connection between social and academic competence, similar implications have been obtained referring to educational characteristics of students.

Related to school context it has been confirmed that of all social skills, adequate *self control and cooperativity* represent significant criteria for assessment of academic achievement both in special and in regular schools. It has been concluded indirectly that the preferences of teachers, i.e. the quality of relationship teacher – student, represent mediator variable between the mentioned social skills of students and the assessment of their school achievement. In accordance with this is the finding that, regardless of intellectual status, weaker developed *social skills* and more frequent *behaviour problems* of boys than girls are associated with their weaker school achievement comparing to girls. Together with the finding of significant connection of weaker school achievement with *emotional problems* of students, the analysed results suggest that neither special nor ordinary schools are directed towards social – emotional development of students,



but only to possibility of realization of teaching program and acquiring of knowledge for its own purpose, and less to the knowledge as the means of a person's development. It implies that, in order to prevent school failure, through the teaching process teachers should support all aspects of student's personality and pay more attention to development of their *cooperativity* and better *self control* through building relationships of trust and partnership, a different organization of class work and more frequent application of cooperative learning, as well as rewarding of hard work and efforts of weaker students.

The findings confirmed the thesis of association between social and academic competence, but also in order to understand the process of learning and school achievement better, the future researches should be more directed towards characteristics of teachers and the quality of relationship teacher – student, than to studies of motivational and self – regulative processes in students. This is especially relevant to students with mild ID. The analysed findings imply that, entering the secondary level of education, students with mild ID are more risky group for weaker school achievement than students of typical development, not because of their cognitive deficit, but because of the negative school experience which, in interaction with weaker *self control and cooperativity* of students with mild ID leads to a vicious circle of inadequate relationship teacher – student and school failure. The fact that cognitive deficits are not limiting factors of learning social skills and prosocial behaviours of students with mild ID, as well as that learning according to the model is of a key importance to children with cognitive limitations, implies that schooling of children with mild ID in the same environment with their TD peers could have better effects on the outcomes of their social and academic functioning than in an exclusive environment with peers of similar or lower level of intellectual development. Of course, it includes adequate support of teachers and parents, and also positive attitudes of typical peers towards them.

Although our research is of correlative nature in basis, significant interactions of intellectual status and social experience and theoretical foundation of the existence of interactions, suggest moderator effect of intellectual status on mediator connection of performing social skills, environmental factors and outcomes of social functioning. Taking into consideration the connection between academic and social competence, future researches should be directed to examining of quality of relationship of teachers, parents and peers towards children and young people with ID and their connection with different indicators of social and academic competence of students. The effects of moderation can be integrated into even wider analytical procedures, similar to those which test moderation and mediation simultaneously, since the two kinds of effects often cannot be divided easily in empirical material. Methodological limitations of this research also refer to imperfection of the implemented instruments. The scale *problems with peers* measures various constructs of peer relationships (victimization, rejection, withdrawn behaviour) what makes us assume that findings related to this aspect of social functioning of children are not convincing. Since the performing of social skills, and especially *self control and cooperativity*, depending on the type of interaction, imply that the instruments that measure performing of social skills in various types

of interaction (with peers, parents, teachers), as well as various sources of assessment, contributed to more precise findings.

Regardless of the mentioned limitations, the results of this research confirmed the theoretical starting point according to which the assessment of social competence cannot refer only to the singly indicators or a set of specific social skills, but it has to be analysed as an organized system of behaviour, including individual, motivational and environmental factors. Hence it was confirmed that it is also relevant to students with ID, theoretical, methodological and practical implications of this research are even of a greater importance. The findings can be used as a starting point for future researches of social competence both of students of TD and of those with ID.

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## APPENDIX

Table 6 Average values on scales SSRS and SDQ by age and intellectual status of students

	Age	Intelligence status			School	Intelligence status				
		M	SD	N		M	SD	N		
COOPERATIVITY	Lower	Mild ID	13.52	4.83	25	Lower	Mild ID	14.09	4.79	45
		Typical	11.48	4.98	61		Typical	11.48	4.98	61
		Total	12.07	5.00	86		Total	12.58	5.04	106
	Higher	Mild ID	13.55	4.34	51	Higher	Mild ID	12.74	3.92	31
		Typical	13.71	4.15	69		Typical	13.71	4.15	69
		Total	13.64	4.22	120		Total	13.41	4.09	100
	Total	Mild ID	13.54	4.47	76	Total	Mild ID	13.54	4.47	76
		Typical	12.66	4.68	130		Typical	12.66	4.68	130
		Total	12.99	4.61	206		Total	12.99	4.61	206
ASSERTIVENESS	Lower	Mild ID	14.72	4.33	25	Lower	Mild ID	14.07	4.09	45
		Typical	12.97	3.98	61		Typical	12.97	3.98	61
		Total	13.48	4.14	86		Total	13.43	4.04	106
	Higher	Mild ID	12.96	4.15	51	Higher	Mild ID	12.77	4.46	31
		Typical	13.55	4.29	69		Typical	13.55	4.29	69
		Total	13.30	4.22	120		Total	13.31	4.34	100
	Total	Mild ID	13.54	4.26	76	Total	Mild ID	13.54	4.26	76
		Typical	13.28	4.14	130		Typical	13.28	4.14	130
		Total	13.38	4.18	206		Total	13.37	4.18	206
SELF CONTROL	Lower	Mild ID	13.56	5.13	25	Lower	Mild ID	13.31	4.88	45
		Typical	12.56	4.51	61		Typical	12.56	4.51	61
		Total	12.85	4.69	86		Total	12.88	4.66	106
	Higher	Mild ID	11.98	4.22	51	Higher	Mild ID	11.32	3.84	31
		Typical	14.19	4.05	69		Typical	14.19	4.05	69
		Total	13.25	4.25	120		Total	13.30	4.18	100
	Total	Mild ID	12.50	4.56	76	Total	Mild ID	12.50	4.56	76
		Typical	13.42	4.33	130		Typical	13.42	4.33	130
		Total	13.08	4.43	206		Total	13.08	4.43	206

	<i>Age</i>	<i>Intelligence status</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>School</i>	<i>Intelligence status</i>	<i>M</i>	<i>SD</i>	<i>N</i>	
RESPONSIBILITY	Lower	Mild ID	14.52	4.30	25	Lower	Mild ID	14.64	3.93	45	
		Typical	13.72	4.25	61		Typical	13.72	4.25	61	
		Total	13.95	4.25	86		Total	14.11	4.12	106	
	Higher	Mild ID	14.39	3.55	51	Higher	Mild ID	14.13	3.59	31	
		Typical	15.04	3.66	69		Typical	15.04	3.66	69	
		Total	14.77	3.61	120		Total	14.76	3.64	100	
	Total	Mild ID	14.43	3.78	76	Total	Mild ID	14.43	3.78	76	
		Typical	14.42	3.99	130		Typical	14.42	3.99	130	
			Total	14.43	3.90	206		Total	14.43	3.90	206
	PROSOCIAL BEHAVIOUR	Lower	Mild ID	6.88	2.81	25	Lower	Mild ID	7.16	2.67	45
Typical			7.28	2.09	61	Typical		7.28	2.09	61	
Total			7.16	2.32	86	Total		7.23	2.34	106	
Higher		Mild ID	7.27	2.28	51	Higher	Mild ID	7.13	2.15	31	
		Typical	7.45	2.08	69		Typical	7.45	2.08	69	
		Total	7.38	2.16	120		Total	7.35	2.10	100	
Total		Mild ID	7.14	2.45	76	Total	Mild ID	7.14	2.45	76	
		Typical	7.37	2.08	130		Typical	7.37	2.08	130	
			Total	7.29	2.22	206		Total	7.29	2.22	206
EMOTIONAL PROBLEMS		Lower	Mild ID	2.84	2.11	25	Lower	Mild ID	3.40	2.37	45
	Typical		3.79	2.38	61	Typical		3.79	2.38	61	
	Total		3.51	2.34	86	Total		3.62	2.38	106	
	Higher	Mild ID	3.82	2.23	51	Higher	Mild ID	3.65	2.02	31	
		Typical	1.90	1.92	69		Typical	1.90	1.92	69	
		Total	2.72	2.26	120		Total	2.44	2.10	100	
	Total	Mild ID	3.50	2.23	76	Total	Mild ID	3.50	2.23	76	
		Typical	2.79	2.34	130		Typical	2.78	2.34	130	
			Total	3.05	2.32	206		Total	3.05	2.32	206
	BEHAVIOUR PROBLEMS	Lower	Mild ID	3.52	1.41	25	Lower	Mild ID	3.60	1.28	45
Typical			2.84	1.57	61	Typical		2.84	1.57	61	
Total			3.03	1.55	86	Total		3.16	1.50	106	
Higher		Mild ID	3.16	1.25	51	Higher	Mild ID	2.81	1.22	31	
		Typical	2.13	.90	69		Typical	2.13	.90	69	
		Total	2.57	1.17	120		Total	2.34	1.05	100	
Total		Mild ID	3.28	1.31	76	Total	Mild ID	3.28	1.31	76	
		Typical	2.46	1.30	130		Typical	2.46	1.30	130	
			Total	2.76	1.36	206		Total	2.76	1.36	206

PROBLEMS WITH PEERS	Lower	Mild ID	5.04	1.17	25	Lower	Mild ID	5.02	.96	45
		Typical	4.75	1.39	61		Typical	4.75	1.39	61
		Total	4.84	1.33	86		Total	4.87	1.23	106
	Higher	Mild ID	5.14	1.13	51	Higher	Mild ID	5.23	1.35	31
		Typical	4.55	1.06	69		Typical	4.55	1.06	69
		Total	4.80	1.12	120		Total	4.76	1.19	100
	Total	Mild ID	5.11	1.13	76	Total	Mild ID	5.11	1.13	76
		Typical	4.65	1.23	130	Typical	4.65	1.23	130	
		Total	4.82	1.21	206	Total	4.82	1.21	206	