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Longitudinal Study of the Effects of Social Competence on Behavioral Problems

Guadalupe Alba Corredor, Ana Justicia-Arráez, Miriam Romero-López & Alicia Benavides-Nieto

Department of Developmental and Educational Psychology. University of Granada, Granada, 18071, Spain

Abstract

This study tries to examine the reciprocal effects of social competence and behavior problems during kindergarten and elementary school among the experimental group children (N=181) by testing a model among SEM. The present work provides strong evidences for the linkages between SC and behavior problems principally in preschool children. Our tested model comparisons allowed tests of theoretical propositions on the timing and domain specificity of effects in kindergarten. Although there is need a revision for elementary scholars.

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1. Introduction

There is growing recognition that cross-domain effects may significantly reflect processes, helping us not only to understand the etiology and consequences of mental health problems, but also to promote competence and to prevent or ameliorate psychopathological symptoms (Burt, Obradović, Long & Masten, 2008; Masten Burt, & Coatsworth., 2006; Rutter, Kim-Cohen, & Maughan, 2006). Nonetheless, few empirical studies have examined such effects, particularly with informative longitudinal designs. The present study addresses gaps in the extant literature by examining longitudinal links between social competence (onwards, SC), externalizing problems (onwards, EP), and internalizing problems (onwards, IP) across two developmental childhood periods (3-5 years old and 6-7 years old) in a longitudinal school-based sample using structural equation modeling.

In general, the construct of SC refers broadly to effectiveness in interaction (Rose-Krasnor, 1997). However, there is significant heterogeneity in definitions of the construct and its relation to behavior problems. This variability cuts

across many dimensions. One of the key differences in definitions of SC is the locus of the construct. Historically, researchers have tended to localize competence in one of two places. The first approach, which we will term the “trait model”, assumes that social skillfulness is a property of a person's underlying disposition (Dirks, Treat, & Weersing, 2007).

There are advantages and disadvantages to trait-type models. As Vaughn notes, a trait conceptualization helps unify the construct of competence across the life span, thus providing a common definition which may increase systematization of research efforts (Dirks, et al., 2007; Vaughn et al., 2000). On the other hand, purely trait models may have conceptual and empirical limitations. Theoretically, according to McFall (1982), the logic of this approach is essentially circular. Models of this type posit that a personality construct is responsible for socially skilled behavior. However, the construct is measured by assessing the skillfulness of a person's actions. It is therefore impossible to separate the criterion (competence) and the predictor (skillful behavior). In addition to this conceptual limitation, the trait approach has not been well supported empirically. Measures created to assess this latent construct of competence in adult populations have not been psychometrically adequate, nor have they predicted performance in natural social situations (Bellack, 1979; Curran, 1977).

Perhaps in response to these issues, some authors began to view SC not as a property of the actor, but as a characteristic of the behavior being enacted. This approach, which we term the “social skills model”, assumes that some behaviors are inherently prosocial (e.g., assertion) whereas others are always inappropriate (e.g., aggression; Dodge, 1985; Meichenbaum, Butler & Gruson, 1981; Rose-Krasnor, 1997). Within this framework, children who engage in appropriate behaviors are considered socially competent (Ladd, 2005). Although ascribing competence to behaviors circumvents some of the difficulties associated with trait conceptualizations, this approach is also problematic (Dirks, Treat & Weersing, 2007).

1.1. Social competence assessment

Most authors (Aaron & Milicic, 1996; Lopez de Dicastillo, Iriarte & González-Torres, 2008; Merrell & Gimpel, 1998; Michelson, Sugai, Wood & Kazdin, 1987; Trianes, De la Morena & Muñoz, 1999; Trianes, Munoz & Jimenez, 1997; Valles & Valles, 1996) agree in indicating and proposing some specific assessment measures such as observation, role-playing, interviews, sociometric questionnaires, self-reports, checklists, adult questionnaires, self-administered scales.

However, there are serious obstacles in the assessment of SC: a) there is lack of agreement in the scientific community about its conceptualization, b) it encompasses many dimensions, c) techniques from other areas need to be adapted, d) there are no external criteria to validate the assessment procedures, e) interpersonal behavior is complex and interactive, f) behaviors are situationally specific, g) instruments are lacking reliability and validity, h) there are insufficient examples to assess the actual cognitive and affective components, and i) instruments for adults are adapted to children (López de Dicastillo et al., 2008, García, 1995; Paula, 2000).

In any case, SC must be assessed. SC, as understood by Merrell (2002, 2003), is closely related to two other constructs, namely, social skills and social acceptance or rejection. Social skills are considered to be a subdomain of the construct of SC and are defined as specific behavioral skills used to respond in given social situations (Merrell, 2003; Merrell & Grimpel, 1998). Social acceptance and social rejection reflect one's social status with peers.

1.2. Relations between social competence, internalizing and externalizing problems

Developmental models of disruptive, problem behavior have identified ineffective parenting skills, coercive and punitive discipline methods, and a lack of monitoring as key factors contributing to child behavioral problems during preschool and elementary school years. Later, peer relationships, avoidance of deviant peer associations, and the enhancement of social-cognitive and academic skills become increasingly relevant for the persistence of EP (Freund-Braier et al., 2010).

On the other hand, research theory lends some support to the effect of SC on depressive symptoms. It has been demonstrated that SC predicts changes in depressive problems, but the reverse is not true (Cole, Martin, Powers, & Truglio, 1996). Other studies have presented that anxiety and peer rejection shown in three- to five-year-old children predict an increase in depressive problems over four years (Gazelle & Ladd, 2003). At the same time, this increase in

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