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List of Abbreviations

AD……. ***A***sperger's ***D***isorder

ADHD…... ***A***ttention ***D***eficit ***H***yperactivity ***D***isorder

BASC…… ***B***ehaviour ***A***ssessment ***S***ystem for ***C***hildren II

BPI…… ***B***erkeley ***P***uppet ***I***nterview

CAPMAS ***C***entral ***A***gency for ***P***ublic ***M***obilization and ***S***tatistics

CBT…….. ***C***ognitive ***B***ehavioural ***T***herapy

CDD…….. ***C***hildhood ***D***isintegrative ***D***isorder

DANVA 2 ***D***iagnostic ***A***nalysis of ***N***onverbal ***A***ccuracy

DRC…….. ***D***aily ***R***eport ***C***ard

GAD…….. ***G***eneralized ***A***nxiety ***D***isorder

HFA…….. ***H***igh ***f***unctioning ***A***utism

ICS-T…… ***I***nterpersonal ***C***ompetence ***S***cale-***T***eacher

IQ……. ***I***ntelligence ***Q***uotients

LD……. ***L***earning ***D***isabilities

MESSY…. The ***M***atson ***E***valuation of ***S***ocial ***S***kills with ***Y***oungsters

MTA……. A 14-***M***onth randomized clinical trial of ***T***reatment strategies for ***A***ttention Deficit Hyperactivity Disorder (ADHD)

NVLD…... ***N***on ***V***erbal ***L***earning ***D***isability

OCD……. ***O***bsessive ***C***ompulsive ***D***isorder

ODD……. ***O***ppositional ***D***efiant ***D***isorder

PBD…….. ***P***ediatric ***B***ipolar ***D***isorder

PD……. ***P***anic ***D***isorder

PDD…….. ***P***ervasive ***D***evelopmental ***D***isorders

PDD NOS ***P***ervasive ***D***evelopmental ***D***isorder ***N***ot ***O***therwise ***S***pecified

PI…….. ***P***redominately ***I***nattentive

PTSD…… ***P***ost ***T***raumatic ***S***tress ***D***isorder

SAD…….. ***S***ocial ***A***nxiety ***D***isorder

STP……... ***S***ummer ***T***reatment ***P***rogram

TEACCH ***T***reatment and ***E***ducation of ***C***hildren and ***A***dults with ***C***ommunication ***H***andicaps

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Introduction

This research is meant to provide information about the concept of social competence in children. It begins with a discussion of the theories of what social competence is and then proceeds to discuss how children who are typically developing acquire the appropriate social behaviour. It is crucial to understand how social competence develops in a typically developing child before attempting to appreciate how social competence is problematic in a child with a disorder. In addition, the familial and school contributions to social understanding are crucial aspects for development of social competence and are discussed in this research.

Some authors have defined social competence as the ability to form and maintain positive friendship with peers. While child social competence is defined as having prosocial styles of interacting and responding to peers and the ability to interpret social situations accurately ***(Drugli et al., 2007).*** The socially competent individual is further defined as the one who is able to make use of environmental and personal resources to achieve good developmental outcome ***(Clikeman, 2007)***.

The concept of social competence frequently encompasses additional constructs such as social skills, social communication, and interpersonal communication. Social skills assume that these are behaviors that are repeatable and goal-directed ***(Spitzberg, 2003).*** Meanwhile, interpersonal communication assumes that the goal can be accomplished through interaction with another person using verbal

and nonverbal communication ***(Clikeman, 2007)***.

While social communication means that ways by which information can be perceived, transmitted and understood. It involves the use of language in formulation and organization of thoughts **(*caplan et al., 2002*)**.

In addition to defining social competence, this essay discussed the importance of and also the different methods of assessment of this ability. The assessment of social competence can be achieved by many methods such as observations, self-report rating scales, behavioral rating scales, and direct measures of social understanding In addition to clinical interviews.

Also the social competence disturbance in various childhood psychiatric disorders has been discussed in this essay, ranging from the more commonly experienced childhood difficulties such as attention deficit hyperactivity disorder and the less common such as autistic spectrum disorders.

A history of early mental health problems has been linked to social competence problems, especially children coming from socially disadvantaged homes particularly for boys ***(Feehan et al., 1995).*** Children with aggressive behaviour are usually suffering from varying levels of social competence problems ***(Hawley , 2003).***

Attention deficit hyperactivity disorder (ADHD) is one of the common childhood psychiatric disorders, and recent researches have shown that children and adolescents with ADHD tend to be rejected by their peers fairly soon after their initial meeting and have fewer

friends than those without ADHD ***(Bagwell et al., 2001).***

Also, children who exhibit conduct problems are often rejected by their peers and this worsens their conduct behaviour throughout childhood and adolescence ***(Dodge et al., 2003).***

As regard children with autistic spectrum disorders, items that were most commonly noted as problematic for these individuals included preferring to be alone, avoiding eye contact, and exhibiting peculiar or odd mannerisms. Meanwhile, children with Asperger's Disorder have impairments in social reciprocity, understanding, and preoccupation with an item or concept ***(Barnhill, 2002).***

Mentioning depression in childhood and adolescence, social behaviors that, in particular, define depression include poor eye contact, lack of social reciprocity, lack of social conversation, and a sense of disconnectedness in conversation ***(Segrin et al., 1994).***

While mania introduces another aspect to the bipolar disorder, disturbing the social competence in children as daily activities and social interactions are significantly impaired and hospitalization may be required to prevent harm to self or others ***(Schapiro, 2005).***

Interventions are also provided within the context of this essay. It is important not only to understand these disorders from a social and emotional standpoint, but also to recognize the need for development of appropriate interventions. Schools are at the forefront for working with children with social competence disorders and yet teachers may not be fully prepared for assisting with such development. Clinicians, school psychologists, and school counselors

are at a crucial juncture to provide assistance to parents, teacher, and children. This research was intended to provide a blueprint for these clinicians in understanding the areas of concern as well as providing an overview of possible interventions. Families are also very important in the socialization process and much of the literature indicates that the child learns social interactions from his/her parents. So it is important to provide families with support for learning how to work with children experiencing this difficulty. It is also very important to recognize that parents may also have social understanding deficits and may need not only support but ongoing teaching of skills for themselves. For children with some disorders, the heritability index is quite substantial and parents may have a similar disorder as their child. In this case, providing instruction that does not take these problems into account may backfire and actually cause the parent to be reluctant to pursue assistance for their child and themselves.

Aim of the work

1) To give an operational definition of social competence.

2) To make a framework for detection of social competence problems in children with different psychiatric disorders.

3) To provide a comprehensive approach to deal with these children.

Development of Social competence in children

What is meant by the term social competence? It seems that the number of definitions of social competence is nearly equal to the number of researchers interested in the topic ***(Kemple, 2004)***.

Here are some definitions:

Some have suggested that *social competence* is an ability to take another's perspective concerning a situation and to learn from past experience and apply that learning to the ever-changing social landscape (***Clikeman, 2007)***.While others define social competence as the ability to form and maintain positive friendship with peers ***(Drugli et al., 2007).*** Also it is defined as the ability of the person to respond flexibly and appropriately to handle the social challenges that are presented to us all (***Clikeman, 2007)***.

While others further described *social competence in children* as having prosocial styles of interacting and responding to peers and the ability to interpret social situations accurately (***Drugli et al., 2007).***Some have suggested that how well children perceive, interpret, and respond to the variety of social situations they meet is a measure of their social competence ***(Kostelnik et al., 1998)***.

So that, the *socially competent individual* is identified as the one who is able to make use of environmental and personal resources to achieve good developmental outcome (***Clikeman, 2007)***.

While *socially competent young children* are defined as those who engage in satisfying interactions and activities with adults and peers and through such interactions further their own competence ***(Kemple, 2004).***

Constructs of social competence:

The concept of social competence frequently encompasses additional constructs such as social skills, social cognition, social communication, and interpersonal communication ***(Spitzberg, 2003).***

Social skills assume behaviors that are repeatable and goal-directed (***Spitzberg, 2003).***Social skills include the ability to give and obtain information, and to express and exchange attitudes, opinions, and feelings. Thus, a major function of social skills is to sub serve interpersonal interactions. Social skills refer to the nature and function of communication between people ***(liberman, 2002).***

Meanwhile, *interpersonal communication* assumes that the goal can be accomplished through interaction with another person using verbal and nonverbal communication ***(Clikeman, 2007)***.

While *social communication* means that ways by which information can be perceived, transmitted and understood. It involves the use of language in formulation and organization of thoughts **(*caplan et al., 2002*)**. *Social communication* is further dichotomized into two major spheres; one sphere is the *instrumental,* where social interaction serves to gain tangible ends that are required for physical,

material, and financial Well-being such as clerk-customer relationship. The second sphere that encompasses human interaction is the *social-emotional* one. In social emotional situations, individuals are aiming to meet their affiliative needs through making acquaintances, conversing with friends and relatives, exchanging emotions and experiences with intimates, and interact-ting with members of their immediate household ***(liberman, 2002).***

This *Social-emotional relationship* is formed solely for the purpose of fulfilling it self, such as love, marriage, or friendship. The transactions in such relationships are information, opinions, and feelings that are not necessarily aimed at accomplishing some tangible goal. Social-emotional interactions deal with expressions of love, hate, ambivalence, alienation, sadness, happiness, joy, and wishes ***(liberman, 2002).***

Among the different domains included in children's social competence, *social cognition* is the domain that most closely links cognitive and social-emotional capabilities. Social cognition includes the child's ability to read and interpret correctly verbal and nonverbal social and emotional cues, the ability to recognize social and emotional information, the knowledge of different social behaviors and their consequences in diverse social tasks (e.g., how to initiate a conversation, how to negotiate needs, how to make group entry), and the ability to make an adequate attribution about another persona's mental state ***(Bauminger et al., 2005)***.

As such, social cognition can be considered one of the most difficult areas for children with learning disabilities (LD), linking their cognitive (e.g., attention, memory, reasoning, focusing, processing information) and social-emotional difficulties together ***(Turkaspa, 2002)***.

In addition to behaviors, social competence requires correct perception of the social interaction. This perception also encompasses motivation and knowledge on how to perform the skill. Without appropriate perception the motivation and Ability to do the skill will not result in socially appropriate actions. Similarly without motivation, the skill will not be performed (***Clikeman, 2007)***.

Factors affecting the development of child social competence:

Children are not born knowing how to make friends and influence people. Also they do not come into the world knowing the rules of their particular society. Development of social competence is determined by many factors such as temperament, parent–child relationship, peer, and teachers which are also important in the later development of prosocial behaviors ***(Kostelnik et al., 1999)***.

(I)Temperament and social competence

Dodge (1986) conceptualizes social competence as an interaction between the environment and the child temperament. Temperament is a construct that describes a person's biological