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**ARTICLE**

**Peer Competence Problem for Children with Intellectual Disability**

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**Overview**

Developing productive and meaningful relationships with peers is central to the mental health of all children, including those with intellectual disability. Available evidence shows that a fundamental majority of young children with intellectual disability indicate special problems in shaping intellectual disability and advancing friendships, thus increasing their social isolation from peers in their schools and in their communities. These problems can be attributed primarily to unusual difficulties associated with various social-information and emotion-regulation processes that underlie peer-related social competence. This under-recognized and under-emphasized problem is likely to have a considerable negative impact on the quality of life of individuals with intellectual disability in later years. This increased social isolation from peers also faces a considerable threat to their mental health in both the short and long term. This problem is related to but extends far beyond expected difficulties based on the increased level of behavior disorders evident for children with intellectual disability. Contemporary evidence suggests that children's peer-related social competence based on both emotion-regulation and social-information processes contributes to their peer relation difficulties.

Although problems associated with the characteristic of endogenous child based emotion-regulation and social-information processes of these young children are strong contributors to these difficulties, various forms of family patterns of interaction also exert influence on these processes. These family patterns of interaction are often not optimal due to stressors associated with child characteristics. A number of practice and policy suggestions are outlined to address this critical problem. In view of the magnitude, scope, complexity, and importance of this issue, it will require a systematic and persistent effort to alter practices in community-based early childhood intervention programs. These efforts must be supported by policies that encourage not only recognition of the problem but also an appropriate allocation of resources to training, research, and development.

A central concern in the field of intellectual disability has been the co-occurrence of intellectual and mental health problems. This devastating combination dramatically impairs the mental health and quality of life of those individuals affected. Among the effects are substantial restrictions imposed on many of life's activities and severely strained social relationships. Increased caregiver stress is common as well. Moreover, service systems grapple with the diagnostic and treatment complexities associated with this "dual diagnosis" population, often failing to both detect and properly treat behavioral and psychiatric disabilities (Moss, 2001). The magnitude of this problem is considerable, with conservative estimates indicating that approximately 25–35% of children with intellectual disabilities manifest co-occurring significant behavioral problems or diagnosed psychiatric disorders (Borthwick-Duffy). These problems range widely and include intentional and thought disorders, as well as the entire range of externalizing (e.g., conduct disorders) and internalizing (e.g., depression, social withdrawal) difficulties.

Recent research using well-established measures has revealed that many of these behavioral problems emerge in various forms and are detectable even during the preschool years (3–5 year old). In general, young children with intellectual disability exhibit a range of internalizing and externalizing disorders to a much greater extent than a comparable group of children without mental retardation, with approximately 25% of children with mental retardation meeting criteria indicating a significant clinical concern (Baker, Blacher, Crnic, & Edelbrock, 2002; Baker et al., 2003). Stability of behavior problems between 3 and 4 years of age was also evident (Baker et al., 2003).

For typically developing children, the preschool years are generally a period of rapid growth in the development of peer relationships and friendships. Relationships with peers in particular hold considerable developmental significance, influencing domains that include the socialization of aggression, the development of prosocial behaviors in general, and the formation of self concepts (Howes, 1988). These same issues are also highly relevant to young children with mental retardation, as the developmental pathways, processes, and significance are likely to be similar to those of typically developing children. Clearly, experiencing social isolation from peers during the preschool years as a consequence of behavior problems is likely to place any child on a developmental trajectory that further heightens the risk of mental health difficulties emerging over time (Parker & Asher, 1987; Rubin, 1993). But, as presented later, children with intellectual disability confront even greater problems with respect to social isolation from their peers, resulting in an even greater threat to their long-term mental health. It is this larger problem, one extending well beyond children's behavioral difficulties, that is the focus of this paper.

## **PROBLEM OF SOCIAL INTERACTION**

In view of the important connection between children's behavior problems (and presumably associated emotion regulation difficulties) and the ability to effectively engage in interactions with

peers, we would expect to find that children with intellectual disability would experience heightened levels of social isolation from peers in comparison with appropriately matched groups of typically developing children. Indeed, as suggested above, this is exactly what occurs, with high levels of social isolation taking many different forms. For example, the peer social interactions of young children with intellectual disability are far more restricted than those of comparable groups of children. This is evident with regard to both the frequency of community contacts with peers and the less extensive social linkages that exist with peers in both school and community settings – a circumstance likely to limit the depth of any peer relationship (Guralnick, 1997). Moreover, the development of friendships, characterized by a reciprocal relationship between children, has been a uniquely difficult challenge for young children with intellectual disability. Less than half can identify a “best friend” and, when participating with peers in short-term playgroups, infrequently display patterns of social interactions that would qualify as a mutual friendship (Guralnick, 1997).

These findings indicate that children with mental retardation exhibit unusual problems in the domain perhaps best referred to as peer-related social competence. That is, children fail to display appropriate and effective social strategies sufficient to accomplish their interpersonal goals during social tasks such as peer group entry, maintaining play, and resolving conflicts (Guralnick, 1999a). Moreover, it has been estimated that these peer competence problems are characteristic of approximately 60–65% of children with mental retardation (Guralnick, 1999b; 2001b). Accordingly, the magnitude of the problem of social isolation from peers in all its forms, along with corresponding short- and long-term effects on children’s mental health, extends well beyond the approximately 25% of children with mental retardation who exhibit behavior problems. Of importance, the high levels of social isolation from peers and self-perceived discontent with that circumstance continue to be reported as children with mental retardation reach school age. Possible sources beyond emotion regulation for these extensive social isolation difficulties are considered next in relation to problems associated with peer-related social competence.

#### **PEER COMPETENCE PROBLEM FOR CHILDREN WITH INTELLECTUAL DISABILITY**

To be sure, numerous factors, including societal attitudes toward individuals with disabilities, contribute to the relative social isolation of such a large proportion of young children with mental retardation. Nevertheless, it is quite likely that varying levels of children’s peer-related social competence make the most important, if not dominant, contribution to the patterns of social isolation described above. An examination of the demands placed on children during peer interactions to address social tasks reveals why this may well be the case. A major challenge for young children is to understand the pattern of social exchanges with peers in the face of highly unpredictable and dynamic circumstances. This occurs even when children have well-defined interpersonal goals such as focusing on one of the important social tasks of peer group entry, resolving conflict, or maintaining play. Adults, especially parents and teachers, try to minimize this unpredictability during their own social

interactions with the child, often providing the needed structure and filling gaps when they emerge. No such structure or compensatory exchanges characterize child–child social interactions. Of note, many children, with or without disabilities, rely on scripted play interactions – a process that increases the predictability of exchanges (Furman & Walden, 1990; Nelson, 1986; Seidman, Nelson, & Gruendel, 1986).

Accordingly, interacting with peers usually takes the form of a social task requiring numerous complex social-information processing components (see Guralnick,). Children must encode and interpret rapidly emerging and often subtle social information and then make decisions as to which social strategies to select. Yet, the characteristic of general information-processing difficulties of young children with intellectual disability makes this a formidable task. Given the large number of children who exhibit difficulties in the rapid processing of information, problems that make accurate encoding of information problematic, and executive function deficits that make it difficult for children to maintain a focus on and integrate information to solve social tasks appropriately and effectively, the unusual peer competence problems for this group of children become more understandable.

#### **HOW TO PROMOTE PEER-RELATED SOCIAL COMPETENCE IN CHILDREN WITH INTELLECTUAL DISABILITY**

Taking a long-term and comprehensive perspective, at least *three approaches to promote the peer-related social competence of children with intellectual disability can be identified.*

**The first**, a more relationship- oriented and family-centered approach is needed in the field of early intervention. Although much progress has occurred toward this end, our field has yet to fully implement these important concepts in practice (Guralnick). Should these practices improve and special emphasis be given to the stressors affecting family patterns of interaction relevant to peer-related social competence discussed earlier, more optimal child functioning in this domain will surely follow. Clearly, this is a long-term goal, but efforts are currently underway to address these general issues systematically in community-based programs (Guralnick). This systems change process involves all components of community-based early intervention programs – from professional training, to assessment tools, to implementation and evaluation.

**The second** approach is to maximize participation of parents and children in regular school and community activities involving typically developing children. This principle of inclusion has important philosophical and ideological roots of course, but is highly relevant to the issue of peer competence as well (Guralnick). In one respect, increasing involvement in social activities of all sorts provides children with intellectual disability opportunities to learn the social routines associated with relationships of various kinds including those with peers (Fiese, 2002). Further analyses indicate that it is the demand characteristics of the typically developing children that encourage this higher level of social interaction. It must be noted, however, that this increased level of social activity is not

necessarily accompanied by increases in peer-related social competence. More direct efforts are needed to address the complex social-information and emotion- regulation processes that govern competence with peers discussed earlier.

**The third** and final approach that should be considered to promote the peer-related social competence of young children with intellectual disability and correspondingly reduce their social isolation with peers. This approach is related to the first two, but requires a highly intensive effort devoted exclusively to this problem. It is during this period that activities involving peers become more prominent and problems become more evident. Nevertheless, a joint venture by clinicians and researchers will be needed in the years ahead to effectively refine this approach.

## CONCLUSIONS

Developing productive and meaningful relationships with peers is central to the mental health of all children, including those with intellectual disability. Available evidence clearly indicates that a substantial majority of young children with intellectual disability exhibit special problems in forming peer relationships and friendships, thus increasing their social isolation from peers in their schools and communities. These problems can be attributed primarily to unusual difficulties associated with various social-information processes underlying peer-related social competence. This under recognized and under-emphasized problem, if left un- addressed, is likely to have a considerable negative impact on the quality of life of individuals with intellectual disability in later years.

Although problems associated with the characteristic of endogenous child based on social-information processes of young children with intellectual disability are strong contributors to these difficulties. But various forms of family patterns of interaction also exert influence on these processes. These family patterns of interaction are often not optimal due to stressors associated with child characteristics. Specific stressors relevant to peer-related social competence have been identified and can be addressed following at least three approaches, which have been mentioned above. In view of the magnitude, scope, complexity, and importance of this issue, it will require a systematic and persistent effort to alter practices in community-based early childhood intervention programs. These efforts must be supported by policies encouraging not only recognition of the problem but an appropriate allocation of resources to training, research, and development.

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