



How could Theory of Mind contribute to the differentiation of social adjustment profiles of children with externalizing behavior disorders and children with intellectual disabilities?



Nathalie Nader-Grosbois^{*}, Marine Houssa, Stéphanie Mazzone

Université Catholique de Louvain, Institute of Psychological Sciences, 10 Place Cardinal Mercier, 1348 Louvain-la-Neuve, Belgium

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ABSTRACT

This study compared Theory of Mind (ToM) emotion and belief abilities in 43 children with externalized behavior (EB) disorders presenting low intelligence, 40 children with intellectual disabilities (ID) and 33 typically developing (TD) preschoolers (as a control group), matched for developmental age. The links between their ToM abilities, their level in seven self-regulation strategies as displayed in social problem-solving tasks and their social adjustment profiles (assessed by the Social Competence and Behavior Evaluation, completed by their teachers) were examined. Children with EB presented lower comprehension of causes of emotions and lower self-regulation of joint attention and of attention than children with ID and TD children. In comparison with TD children, lower social adjustment was observed in nearly all dimensions of profiles in both atypical groups. Specifically, children with EB were significantly angrier than children with ID. Although variable patterns of positive correlations were obtained in atypical groups between self-regulation strategies and ToM abilities, the most numerous positive links were obtained in the group with EB. Regression analyses showed that developmental age predicted ToM abilities and certain dimensions of social adjustment profiles in atypical groups. In the ID group, ToM emotions predicted general adaptation, affective adaptation, interactions with peers and with adults and low internalizing problems. In the EB group, general adaptation was predicted by ToM emotions and self-regulation, interactions with peers by ToM beliefs, and a low level of externalizing problems by ToM emotions. Some implications for intervention and perspectives for research are suggested.

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1. Introduction

At preschool age, the most common problem in mental health is “hard to manage” children presenting externalizing behaviors (EB) (aggressiveness, impulsivity, agitation, disobedience or opposition) that result from neurological, developmental, environmental and parenting factors (Owens & Shaw, 2003; Roskam, Kinoo, & Nassogne, 2007; Smeekens, Riksen-Walraven, & van Bakel, 2007). Behavioral problems in preschoolers can be the precursors of long-term antisocial behaviors and mental health problems, so it is important to detect them and intervene at an early stage (Campbell, 2006; Reid, Littlefield, & Hammond, 2008). In addition, according to the diagnostic criteria, children with intellectual disabilities (ID) present deficits in social skills and social adjustment (American Association Intellectual and Developmental Disabilities, 2009).

^{*} Corresponding author. Tel.: +32 10 47 44 64.

E-mail address: Nathalie.Nader@uclouvain.be (N. Nader-Grosbois).

They are likely to display behavior problems which affect their social inclusion (Adams & Allen, 2001; Buckley, Bird, & Sacks, 2002; Zion & Jenvey, 2006). They often present poor peer-related social competencies, opposition, anxiety and ADHD (Crnic, Hoffman, Gaze, & Edelbrock, 2004) and they display less social behavior during interactions with peers and withdrawn and isolated behaviors (Baurain & Nader-Grosbois, 2012; Guralnick, 1999; Merrell & Holland, 1997), although there is important individual variability in these social difficulties depending on endogenous and exogenous factors (Crnic et al., 2004; L'Abbé & Morin, 2001). From the structural-developmental approach, maladjusted children display deficits in social cognition or immaturity in their thinking and their social perspective coordination; from the functional approach, they display biases during difficult or problem solving situations (Demorest, 1992). In the structural-developmental approach, social cognition includes Theory of Mind (ToM). This concerns the ability to understand one's own and other people's mental states, to take other people's perspective, to infer what they know, believe or feel, and consequently to behave in adapted way in various social situations (Deneault & Ricard, 2013; Denham et al., 2003; Denham, Zinsser, & Bailey, 2011; Flavell, 1999; Lane, Wellman, Olson, Labounty, & Kerr, 2011; Wellman, 1991). In other words, children who are good at identifying and understanding other people's positive and negative emotions should interact successfully with them, be socially responsive and develop harmonious relationships in daily life. Moreover, when children are able to infer knowledge, intentions and beliefs and to understand false beliefs, this may help them to adopt other people's cognitive perspective and adjust their own behavior.

The heuristic model of social competencies, developed by Yeates et al. (2007) and by Nader-Grosbois and Fiasse (2011), combining structural-developmental and functional approaches, could be useful in guiding the study of specific characteristics to do with social information processing (including Theory of Mind and social problem solving), social interactions and perceptions of social adjustment, and of the links between these processes in atypically developing children, in order to better understand their social (mal)adjustment. Although children with EB and with ID present social maladjustment, no study has ever compared their social cognition, their understanding of distinct mental states or their ToM during the symbolic developmental period, or examined the extent to which their ToM could predict their respective strengths or weaknesses in socio-adjustment profiles. First, this study compares children with EB and with ID and typically developing (TD) children with respect to their specific characteristics in ToM beliefs (cognitive mental state), ToM emotions (affective mental state) and socio-emotional problem-solving; and with respect to their social (mal) adjustment profiles as perceived by their teachers in their relationships in daily life. Second, the study investigates whether and how their social (mal)adjustment profiles are linked to and predicted by their ToM abilities, socio-emotional problem-solving and self-regulation.

1.1. *Specific ToM and social cognition characteristics in children with EB*

Some studies have suggested that ToM could provide a partial explanation of EB in children and have postulated deficits in their understanding of mental states, notably of beliefs (Capage & Watson, 2001; Fahie & Symons, 2003; Happé & Frith, 1996; Renouf, Brendgen, Séguin, et al., 2010; Renouf, Brendgen, Parent, et al., 2010; Walker, 2005) and of causes and consequences of emotions (Hughes, Dunn, & White, 1998). Deficient emotion recognition has been observed in children with EB (Marsh & Blair, 2008; Speltz, DeKlyen, Calderon, Greenberg, & Fisher, 1999). In social information processing models developed in the functional approach, deficits in children with EB were postulated in the encoding, identification and interpretation of social cues, access to appropriate responses, the selection of goals and of social responses, the response decision and behavioral enactment (Crick & Dodge, 1994; Dodge & Crick, 1990; Dodge & Pettit, 2003; Fontaine & Dodge, 2009; Harvey, Fletcher, & French, 2001; Mize & Pettit, 2008), or in social problem-solving (Pettit, Dodge, & Brown, 1988). However, few studies have been conducted on social information processing in preschoolers with EB (Castro, Veerman, Koops, Bosch, & Monshouwer, 2002).

Positive significant links have been emphasized between the executive functioning of preschoolers with EB (attention, memory, inhibition, control of impulsivity, or self-regulation) and either their ToM beliefs (Fahie & Symons, 2003; Hughes et al., 1998; Hughes, Cutting, & Dunn, 2001; Lansford et al., 2006; Perner, Kain, & Barchfeld, 2002) or their ToM emotions (Hughes et al., 1998; Speltz et al., 1999). Recently, in children with EB and low intelligence presenting a mean developmental age of 5½ years, Nader-Grosbois and Fiasse (2011) observed a great variability in levels of ToM beliefs and emotions, and found positive significant links between these ToM abilities and self-planning and self-regulation of joint attention during socio-emotional problem-solving. Some authors have drawn attention to the fact that both ToM and executive functioning are positively linked with the level of social skills or negatively linked with social behavioral in children with EB presenting reactive aggressive behavior, oppositional defiant disorder (ODD), or hyperactivity-impulsivity and attention deficit (ADHD), or who are “rejected” by peers (Badenes, Estevan, & Bacete, 2000; Capage & Watson, 2001; Fahie & Symons, 2003; Happé & Frith, 1996; Lansford et al., 2006; Renouf, Brendgen, Séguin, et al., 2010). By contrast, other studies have emphasized that a higher level of ToM beliefs does not necessarily lead to positive social skills, including empathic and prosocial behaviors, or to less externalizing behavior, in “hard to manage” preschoolers (Astington & Jenkins, 1995; Hughes, White, Sharp, & Dunn, 2000; Hughes et al., 2001; Repacholi, Slaughter, Pritchard, & Gibbs, 2003). Some authors have warned against approaching children with EB or aggressive children as a homogeneous group presenting a lack of socio-cognitive skills (Gini, 2006; Hughes & Leekam, 2004; Jolliffe and Farrington, 2006; Sutton, Smith, & Swettenham, 1999a, 1999b), as they may use their ToM abilities in their social interactions in a negative way in order to manipulate or bully others (called the Theory of “Nasty Minds” by Happé and Frith, 1996, or “Machiavellian ToM” by Repacholi et al., 2003). According to Hughes (2011, pp. 125–140), there are heterogeneous links between social understanding of distinct mental states (emotions, beliefs, intentions) and antisocial behaviors in children.

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