



Predicting a high rate of self-assessed and parent-assessed peer problems—Is it typical for students with disabilities?



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ABSTRACT

Peer problems are common in children with special educational needs (SEN), but the reasons are poorly understood. This study aims to identify risk factors of peer problems (e.g., SEN, school setting, pro-social behaviour) for their occurrence. A subsample of 3900 children from the National Educational Panel Study in Germany was analysed. Children and parents answered the items of the Strengths and Difficulties Questionnaire (SDQ) subscales 'peer problems' and 'pro-social behaviour'. Students with SEN (attending special schools or inclusive classes) were more likely to score within the abnormal range of the SDQ subscale peer problems than students without SEN. The results further show a low level of parent-child agreement on the subscale 'peer problems'. Logistic regression analyses showed that having SEN is always an explaining variable for 'peer problems' and that group differences cannot be fully explained by gender, school setting or 'pro-social behaviour'.

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Schools have to provide optimal learning opportunities for all pupils. This does not only concern academic skills, but also the development of socio-emotional competences (e.g., Schüpbach, Ignaczewska, & Herzog, 2014). The promotion of pupils' socio-emotional competences and social participation in school is particularly emphasised by the inclusion debate. The participation of all students in the same classes should lessen discrimination and, at the same time, protect the rights of people with special needs. Within the framework of the inclusion debate research focuses, e.g., on differences between students with and without diagnosed special educational needs (SEN) who are being educated in different settings (inclusive settings vs. segregated settings in special schools), and characteristics and performances of students with SEN are often compared with those of students without SEN.

It must immediately be recognised that considerable debate exists on the criteria for diagnosing a disability and the subsequent SEN (e.g., Kelly, Devitt, O'Keeffe, & Donovan, 2014; Sideridis, 2007). Diagnostic practices as well as the quality and availability of remediation services vary considerably and seem to be guided by multicultural, political, linguistic, and economic factors. Büttner and Hasselhorn (2011) reported that in American schools the classification of LDs that was long dominated by the ability-achievement discrepancy approach is now being replaced by the response-to-intervention (RTI) approach. However, the implementation of the RTI model shows that many questions (e.g., how RTI should be implemented)

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remain unresolved. Furthermore, the varying definitions of LDs used and the variability in diagnoses of LDs are problematic because they are the main cause of the “heterogeneous outcomes of the diagnosing process identified in the federal regulations” (Büttner & Hasselhorn, 2011, p.81). Desforges and Lindsay (2010) reviewed the range of procedures used across eight countries also showed substantial variation in policy and practices, as well as terminology and categorization of disabilities (see also Schwab, Hessels, Polanig, Obendrauf, & Wöllflingseder, 2015). Of course, such differences have also influenced the particular categorization used in this study (see Heydrich, Weinert, Nusser, Artelt, & Carstensen, 2013).

Recent research (e.g., Koster, Pijl, Nakken, Van Houten, & Van Houten-van den Bosch, 2010; Pijl, Koster, Hannink, & Stratingh, 2011; Schwab, Gebhardt, Krammer, & Gasteiger-Klicpera, 2014) shows that students with SEN are at risk regarding their social participation. Students with SEN attending inclusive classes have less friends than their peers without disabilities (Frostad, Mjåvatn, & Pijl, 2011), they have less interactions with classmates (e.g., Pijl et al., 2011), feel lonely more often (Schwab, 2015) and are less accepted by their peers (Schwab, 2014). Research further seems to show that lower social participation of students with SEN is an outcome of less pro-social and, at the same time, more negative social behaviour of these students (e.g., Mand, 2007; Schwab et al., 2014). Thus, identifying problem behaviour in children with SEN is especially of interest within inclusion-related research and several instruments were developed to assess behaviour problems from a self- or others' (e.g., parents and teachers) perspective.

1. The Strengths and difficulties questionnaire

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997, 1999) is an internationally widely used brief screening instrument for identifying problem behaviour in children. The advantage of this instrument, compared to others (e.g., the Child Behaviour Checklist; Achenbach & Rescorla, 2001), is that it can be used freely (www.sdqinfo.org) and that it exists in several languages which makes international comparisons easy. Moreover, it is relatively short (5 items for each of the 5 subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour) and can be administered to parents and teachers, as well as to the children themselves. The SDQ is used as both a clinical and research measure; some of its items were developed based on the DSM-IV and ICD-10. The SDQ is probably one of the most extensively evaluated instruments and generally shows satisfactory reliability and a replicable factor structure (e.g., Rothenberger, Becker, Erhart, Wille, & Ravens-Sieberer, 2008). Nevertheless, in some studies a rather low reliability and some weaknesses in factor structure were reported (for the parents' version see, e.g., Stone et al., 2012). The SDQ has cut-off values to distinguish between normal ranges and abnormal/clinical values and its validity has been confirmed in several studies (e.g., Goodman & Goodman, 2011). Interestingly, research that focused on the concordance between the self- and parent-rated-versions showed that reports on difficulties in social behaviour were not always in agreement (Van der Meer, Dixon, & Rose, 2008). However, this may be considered a more general problem as also other assessments of problem behaviour show low parent-child agreement (e.g., Choudhury, Pimentel, & Kendall, 2003).

Although group differences in SDQ-scores between children with and without disabilities are related to the kind of disabilities, social and emotional disorders appear to be overrepresented in the population of children with special educational needs (Sarimski, 2007). Hackett et al. (2010) showed a much higher rate of difficulties for children attending provisions for children with social, emotional and behavioural difficulties than in the population of their peers. Simonoff et al. (2013) revealed disproportionately high prevalence rates of difficulties in children with autism spectrum disorders (ASD). Similarly, Russell, Rodgers, and Ford (2013) presented higher rates in the SDQ problem subscales and lower ones on the pro-social behaviour scale for children with ASD and Attention Deficit/Hyperactivity Disorder (ADHD) compared with children without disabilities. Additionally, ASD and intellectual disabilities seem to be independent predictors of hyperactivity, conduct problems and emotional difficulties in children (Totsika, Hastings, Emerson, Lancaster, & Berridge, 2011). Hintermair (2006) also showed higher scores for children with hearing impairments compared to the standardization sample. Research by Emerson and Einfeld (2010) indicated significant differences in emotional and behavioural difficulties in children with and without developmental delay at age 2 to 3 years. According to Adams, Snowling, Hennessy, and Kind (1999), academic skills (reading and arithmetic abilities) are positively correlated with pro-social behaviour and negatively correlated with hyperactivity and conduct problems of children. Hackett, Theodosiou, Bond, Blackburn, and Lever (2011) investigated the mental health needs of pupils with severe learning disabilities, concluded that more than one-third of them are identified by the teacher as having mental health needs. When rated by the parents, the diagnosis even applies to more than half of the pupils. Further, higher scores for the SDQ total difficulties scale were reported for students with intellectual disabilities when compared to students without intellectual disabilities (ID). Boys with ID scored even higher regarding to problems, inattention-hyperactivity and total difficulties and lower in pro-social behaviour compared to girls with ID (Kaptein, Jansen, Vogels, & Reijneveld, 2008). Emerson and Hatton (2007) reported on the prevalence of behavioural difficulties in children with and without learning disabilities, using self-, parent- and teacher-ratings. With the self-ratings, 19% of the students with learning disabilities (LD) and only 5% of students without any impairment fell into the category 'abnormal' in the SDQ-total difficulties sum score. The gap was a bit larger when seen from the perspective of the teacher (29% vs. 10%), and was largest when seen from the perspective of the parents (41% vs. 8%). When focusing on the subscale for peer problems only, 7% of the students with LD and 2% of the students without LD fell into the category 'abnormal'. As before, the parent ratings of children's peer problems were more dramatic, as 39% of the students with LD and 10% of the students without LD received a score in the 'abnormal' range.

Within the context of the school setting for students with SEN (that generally include all types of disabilities), Simonoff et al. (2013) first of all demonstrated the persistence and stability of psychiatric problems in adolescents with ASD and,

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