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Peer-related Social Competence for Young Children with Disabilities

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Introduction

The development of social relationships with peers is a major achievement of the preschool years. For some children with disabilities (e.g. developmental delay, autism, mental retardation, emotional/behavioural disorder), acquiring the skills and knowledge necessary for interacting positively and successfully with peers is a challenge. Leaders in the field propose that the development of peer-related social competence should be a primary goal of early intervention and early childhood programs.[1] For many young children with disabilities, practitioners need to develop individualized educational plans that include social competence goals.[2] To reach these programmatic and individual goals, specific teaching/intervention strategies are necessary.

Subject

When young children with disabilities are placed in inclusive settings, teachers and parents report that many children do develop friendships with their typically developing peers.[3] Yet, for those children with disabilities who are socially rejected by their peers, such friendships rarely

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develop. Peer social relations are based on children's competent participation in social interactions. Such peer-related social competence is often defined as children engaging in behaviours that meet the social goals of the child and that are appropriate for the social context.[4] As a group, children with disabilities consistently perform less well socially than do typically developing peers.[5] A consistent finding in the literature is that children with disabilities, when compared to typically developing children of similar ages, interact with peers less often and are less well accepted.[6] Social acceptance and indices of peer-related social competence are associated with the type of disability and characteristics of individual children. Children with communication disorders who do have some communication skills are relatively well accepted.[7,8,9] Conversely, children with disabilities who have aggressive behaviour, very limited or no communication skills, limited social skills, and/or limited motor skills are often socially rejected by their peer group.[8,9] Moreover, children not formally identified as having disabilities but who share the characteristics just noted are considered at risk for social rejection by their peers and are candidates for social skills interventions.

Problems

For children with disabilities who are socially rejected, systematic instructional programs or intervention procedures are necessary. Most young children learn prosocial skills through the natural process of observing and engaging in social interactions with socially competent peers. Socially rejected children with disabilities may not have the opportunity to engage in such rich and essential learning experiences. Their access to socially competent peers may be limited by a) placement in settings with few socially competent peers (e.g. special education classrooms including only other students with disabilities); or b) the absence of the entry skills needed for engaging in even simple social interaction and play with socially competent peers.[10] The foci of intervention programs are to arrange the social group setting and/or to teach the social skills necessary for engaging in the rich, naturally occurring learning opportunities that exist in social participation with the peer group.

Research Context

Contexts for research are both procedural and methodological. A key feature in the procedural dimension of research on interventions to promote social relationships is the presence of peers who are typically developing and socially competent. That is, intervention effects are stronger when children with disabilities are in settings with typically developing peers.[11,12] Intervention

effects are limited when interventions occur outside of this naturally occurring context for social competence interventions.

Methodological and logistic constraints (e.g. levels of funding available, low prevalence of some types of disabilities) have limited the use of randomized experimental group designs in research on peer-related social competence interventions. Instead, investigators have employed single-subject research methods, which depend on documentation of treatment effects within subjects and replication across studies.[13] Also, researchers have used quasi-experimental designs in their analyses.[14] These designs generate a moderate degree of evidence for the effectiveness of intervention methods, and the strength of evidence is built through replications across studies.

Key Research Questions

Primary research questions focus on the efficacy of individual intervention approaches for promoting peer-related social competence of young children with disabilities. Addressing this primary question is complicated by the heterogeneity existing in the population, so more refined research questions are necessary for determining which intervention approach works for which types of children (e.g. children with communication disorders, autism, behaviour disorders). Questions regarding effectiveness (i.e. do intervention procedures work when they are "scaled up" for use in a wide range of natural settings) have generally not been addressed because they depend on a solid basis of efficacy research.

Recent Research Results

Intervention approaches may be aligned according to their degree of intensity.[10,15] Intensity refers to the amount of time needed to implement the intervention, accommodations to a regular classroom routine, and the degree of specialized training required. Intervention approaches with evidence of efficacy, in ascending order of intensiveness, include:

- Inclusion in early childhood settings with typically developing peers;[3]
- Classroom-wide intervention procedures designed to promote prosocial skills for all children and prevent behaviour problems from occurring;[16,17,18]
- Naturalistic interventions such as group friendship activities;[19,20,21]
- Social integration activities in which structured play groups are formed in inclusive classrooms and facilitated by teachers;[21,22]

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- Explicit skills training in which children learn prosocial skills in small groups[23] or peer-mediated approaches involving peers as facilitators.[24,25,26]

Conclusions

The intervention approaches just described all have moderate to strong evidence of efficacy for children with disabilities or children at risk for social rejection. Efficacy outcomes are most often reflected in increased participation in social interaction with peers outside the intervention setting or when treatment is withdrawn;[24,25,26] the development of friendships when children participate in inclusive programs;[3,9] decreased aggression toward others;[16] positive changes on multiple measures of social competence;[12] and reduced referral to special education placements.[18] In addition, some studies have examined the maintenance of changes in social competence months or years after the intervention programs have ended.[12,18,27] To date, there have been few longitudinal studies of changes in social-emotional development that result from specific interventions that promote immediate or short-term changes in the social competence of children with disabilities. The exception to this general rule is research on prevention of conduct disorders and antisocial behaviour, where there is some evidence that early prevention curricula do have longitudinal effects.[17,18]

Implications

For many children with disabilities, systematic and individually planned interventions or teaching strategies are necessary to promote peer-related social competence and social relationships with peers. The research literature documents the immediate and short-term effects of these interventions on children's social competence. A key feature that determines the success of these interventions is access to a socially competent peer group, and the policy implication is that inclusive programs should be the educational placement of choice for young children with disabilities. A variety of models exist for providing inclusive educational experience.[28] Intervention approaches also vary in intensity, with children having the greatest needs requiring the most intensive interventions. The policy and practical implication is that, relative to the less intense interventions, more intensive interventions will require a greater amount of time, training, administrative support and accommodations in classroom settings.

References

1. Guralnick MJ. A framework for change in early childhood inclusion. In: Guralnick MJ, ed. *Early childhood inclusion: Focus on change*. Baltimore, MD: Brookes Publishing Co.; 2001:3-35.
2. Odom SL, Zercher C, Marquart J, Li S, Sandall SR, Wolfberg PJ. Social relationships of children with disabilities and their peers in inclusive preschool classrooms. In: Odom SL, ed. *Widening the circle: Including children with disabilities in preschool programs*. New York, NY: Teachers College Press, Columbia University; 2001:61-80.
3. Buysse V, Goldman BD, Skinner ML. Setting effects on friendship formation among young children with and without disabilities. *Exceptional Children* 2002;68(4):503-517.
4. Guralnick MJ. A hierarchical model for understanding children's peer-related social competence. In: Odom SL, McConnell SR, McEvoy MA, eds. *Social competence of young children with disabilities: issues and strategies for intervention*. Baltimore, Md: P.H. Brookes Publishing Co.; 1992:37-64.
5. McConnell SR, Odom SL. A multimeasure performance-based assessment of social competence in young children with disabilities. *Topics in Early Childhood Special Education* 1999;19(2):67-74.
6. Guralnick MJ, Connor RT, Hammond MA, Gottman JM, Kinnish K. Immediate effects of mainstreamed settings on the social interactions and social integration of preschool children. *American Journal on Mental Retardation* 1996;100(4):359-377.
7. Guralnick MJ, Connor RT, Hammond MA, Gottman JM, Kinnish K. The peer relations of preschool children with communication disorders. *Child Development* 1996;67(2):471-489.
8. Harper LV, McCluskey KS. Caregiver and peer responses to children with language and motor disabilities in inclusive preschool programs. *Early Childhood Research Quarterly* 2002;17(2):148-166.
9. Odom SL, Zercher C, Li S, Marquart J, Sandall S. *Social acceptance and social rejection of young children with disabilities in inclusive classes*. Manuscript submitted for publication.
10. Odom SL, Brown WH. Social interaction skill training for young children with disabilities in integrated settings. In: Peck C, Odom S, Bricker D, eds. *Integrating young children with disabilities into community-based programs: From research to implementation*. Baltimore, Md: P.H. Brookes Publishing Co.; 1992:39-64.
11. Strain PS. Generalization of autistic children's social behavior change: Effects of developmentally integrated and segregated settings. *Analysis and Intervention in Developmental Disabilities* 1983;3(1):23-34.
12. Odom SL, McConnell SR, McEvoy MA, Peterson C, Ostrosky M, Chandler LK, Spicuzza RJ, Skellenger A, Creighton M, Favazza PC. Relative effects of interventions supporting the social competence of young children with disabilities. *Topics in Early Childhood Special Education* 1999;19(2):75-91.
13. Horner R, Carr E, Halle J, McGee G, Odom S, Wolery M. The use of single subject research to identify evidence-based practice in special education. *Exceptional Children*. In press.
14. Gersten R, Compton D, Coyne M, Fuchs LS, Greenwood C, Innocenti M. Quality indicators for group experimental and quasi-experimental design. *Exceptional Children*. In press.
15. Brown WH, Odom SL, Conroy MA. An intervention hierarchy for promoting young children's peer interactions in natural environments. *Topics in Early Childhood Special Education* 2001;21(3):162-175.
16. Webster-Stratton C, Reid MJ, Hammond M. Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology* 2001;30(3):283-302.
17. Kam CM, Greenberg MT, Kusche CA. Sustained effects of PATHS curriculum on the social and psychological adjustment of children in special education. *Journal of Emotional and Behavioral Disorders* 2004;12(2):66-78.
18. Tremblay RE, Pagani-Kurtz L, Vitaro F, Masse LC, Pihl RO. A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. *Journal of Consulting and Clinical Psychology* 1995;63(4):560-568.

19. Brown WH, Ragland EU, Fox JJ. Effects of group socialization procedures on the social interactions of preschool children. *Research in Developmental Disabilities* 1988;9(4):359-376.

20. McEvoy MA, Nordquist VM, Twardosz S, Heckaman KA, Wehby JH, Denny RK. Promoting autistic children's peer interaction in an integrated early childhood setting using affection activities. *Journal of Applied Behavior Analysis* 1988;21(2):193-200.

21. Frea W, Craig-Unkefer L, Odom SL, Johnson D. Differential effects of structured social integration and group friendship activities for promoting social interaction with peers. *Journal of Early Intervention* 1999;22(3):230-242.

22. Jenkins JR, Odom SL, Speltz, ML. Effects of social integration on preschool children with handicaps. *Exceptional Children* 1989;55(5):420-428.

23. McConnell SR, Sisson LA, Cort CA, Strain PS. Effects of social skills training and contingency management on reciprocal interaction of preschool children with behavioral handicaps. *Journal of Special Education* 1991;24(4):473-495.

24. Goldstein H, English K, Shafer K, Kaczmarek L. Interaction among preschoolers with and without disabilities: Effects of across-the-day peer intervention. *Journal of Speech, Language, and Hearing Research* 1997;40(1):33-48.

25. Odom SL, Chandler LK, Ostrosky M, McConnell SR, Reaney S. Fading teacher prompts in peer-initiation interventions for young children with disabilities. *Journal of Applied Behavior Analysis* 1992;25(2):307-317.

26. Strain PS, Shores RE, Timm MA. Effects of peer social initiations on the behavior of withdrawn preschool children. *Journal of Applied Behavior Analysis* 1977;10(2):289-298.

27. Reid MJ, Webster-Stratton C, Hammond M. Follow-up of children who received the Incredible Years Intervention for Oppositional Defiant Disorder: Maintenance and prediction of 2-year outcomes. *Journal of Abnormal Child Psychology*. In Press.

28. Odom SL, Horn EM, Marquart J, Hanson MJ, Wolfberg P, Beckman P, Lieber J, Li SM, Schwartz I, Janko S, Sandall S. On the forms of inclusion: Organizational context and individualized service models. *Journal of Early Intervention* 1999;22(3):185-199.

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