

## Social Skills, Behavioral Problems, and Academic Competence of Students with Intellectual Disabilities

Eliza França e Silva<sup>1</sup>

Luciana Carla dos Santos Elias<sup>1</sup>

<sup>1</sup>University of São Paulo, São Paulo, São Paulo, Brazil

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### Abstract

This study had as general objective to characterize and associate social skills, behavior problems, and academic competence of students with intellectual disabilities in school inclusion and; as specific objectives to verify predictive values for social skills and differences between groups diagnosed with intellectual disability and other associated diagnoses. This was a quantitative, cross-sectional, descriptive, correlational, predictive, and comparative study. Forty-four students with intellectual disability participated (11 of them presented other associated diagnoses), who were evaluated by 42 guardians and 34 teachers. The instruments used were Social Skills Rating System (SSRS-BR) and the Parental Educative Social Skills Interview Script (RE-HSE-P). The evaluation from guardians and teachers were different. Social skills were negatively associated with behavior problems and positively associated with academic competence; behavior problems and diagnosis were negative predictors to social skills. There were significant differences in the groups. The results highlight the importance of intervention programs to develop social skills.

*Keywords:* Social Skills, Behavior Problems, Intellectual Disability, Educational Inclusion.

### Habilidades Sociais, Problemas de Comportamento e Competência Acadêmica de Alunos com Deficiência Intelectual

#### Resumo

O estudo teve como objetivo geral caracterizar e associar habilidades sociais, problemas de comportamento e competência acadêmica de alunos com deficiência intelectual em inclusão educacional e; como objetivos específicos verificar valores preditivos para habilidades sociais e diferenças entre grupos com diagnóstico de deficiência intelectual somente e com outros diagnósticos associados. Trata-se de um estudo quantitativo, transversal, descritivo, correlacional, preditivo e comparativo. Participaram 44 alunos com deficiência (11 apresentavam outros diagnósticos associados), que foram avaliados por 42 responsáveis e 34 professoras. Os instrumentos utilizados foram *Social Skills Rating System* (SSRS-BR) e Roteiro de Entrevista de Habilidades Sociais Educativas Parentais (RE-HSE-P). A avaliação de responsáveis e professores foi diferente. Habilidades sociais foram negativamente associadas aos problemas de comportamento e positivamente associadas a competência acadêmica; problemas de comportamento e diagnósticos associados foram preditores negativos de habilidades sociais. Houve diferença significativa entre grupos. Resultados evidenciam a importância de programas para promoção de habilidades sociais.

*Palavras-chave:* Habilidades Sociais, Problemas de Comportamento, Deficiência Intelectual e Inclusão Educacional.

### Habilidades Sociales, Problemas de Conducta y Competencia Académica de Estudiantes con Discapacidad Intelectual

#### Resumen

Este estudio tuvo como objetivo general caracterizar y asociar las habilidades sociales, los problemas de conducta y la competencia académica de estudiantes con discapacidad intelectual en la inclusión escolar; y como objetivos específicos verificar los valores predictivos de las habilidades sociales y las diferencias entre grupos diagnosticados con discapacidad intelectual y otros diagnósticos asociados. Se trató de un estudio cuantitativo, transversal, descriptivo, correlacional, predictivo y comparativo. Participaron 44 estudiantes con discapacidad intelectual (11 de ellos presentaban otros diagnósticos asociados), quienes fueron evaluados por 42 tutores y 34 docentes. Los instrumentos utilizados fueron el Sistema de Evaluación de Habilidades Sociales (SSRS-BR) y el Guion de Entrevista de Habilidades Sociales para Educación de los Padres (RE-HSE-P). Las evaluaciones de los tutores y docentes fueron diferentes. Las habilidades sociales se asociaron negativamente con problemas de conducta y positivamente con la competencia académica; los problemas de conducta y el diagnóstico fueron predictores negativos de las habilidades sociales. Hubo diferencias significativas entre los grupos. Los resultados destacan la importancia de los programas de intervención para desarrollar habilidades sociales con la población estudiada.

*Palabras clave:* Habilidades Sociales, Problemas de Conducta, Discapacidad Intelectual, Inclusión Educativa.

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## Introduction

The acquisition of social skills is considered critical to a person's social development and well-being

(Del Prette & Del Prette, 2013, 2017; Gresham & Elliot, 1987). It is even more crucial in the case of people with disabilities, given the challenges they face throughout life (Matson, 2017; Ferreira & Munster, 2017). Social

Skills can be understood as specific categories of behaviors that an individual exhibits to complete a social task successfully, they contribute to social competence, which in turn has an evaluative meaning regarding performing the social task appropriately, based on the demands of the situation and culture, considering instrumental and ethical criteria (Del Prette & Del Prette, 2017, Gresham, 2016). The benefit of social skill acquisition in childhood for several behavioral, psychological, and socio-emotional domains, for harmonious relationships with parents and peers, as well as for self-esteem and social interaction and, in addition, for a successful transition to adulthood and work is well documented in the literature (Del Prette & Del Prette, 2013). Special attention is paid to the positive association between social skills, academic competence and academic performance (Achkar et al. 2019; Elias & Amaral, 2016; Fernandes et al. 2018; Ferreira & Marturano, 2002; Gresham, 2016). Socially competent behavior is known to provide the essential foundation for learning behaviors such as cooperation, following rules, and positive interaction with teachers and peers, which enables efficient classrooms, allowing students to benefit from academic instruction (Gresham & Elliott, 2008; Gresham, 2016).

In contrast, losses in social skills acquisition can lead to negative long-term developmental consequences, such as difficulties in social interactions, peer rejection, psychological distress, and impacted quality of life (Del Prette & Del Prette, 2013). The literature points to associations between deficit social skills repertoire and higher incidence of behavior problems (Assis-Fernandes & Bolsoni-Silva, 2020; Bolsoni-Silva & Loureiro, 2019; Elliott et al. 2019; Hukkelberg et al., 2019). Social skills can be considered a protective factor for behavior problems, as they enable children to interact more positively with family members, teachers, and peers, increasing the chances of social reinforcement and solving problems (Bolsoni-Silva et al. 2011; Del Prette & Del Prette, 2013, 2017). There is also an inverse relationship between behavior problems and academic performance (Bolsoni-Silva et al., 2018; Gresham, 2016; Elias & Marturano, 2014; Marturano et al. 1993). Children with behavior problems show deficits in social skills and academic skills that interfere with school performance (Gresham, 2016).

Behavior problems can be understood as behavioral excesses or deficits that hinder the child's access to new reinforcement contingencies, facilitating the acquisition of repertoires relevant to learning (Bolsoni-Silva &

Del Prette, 2003). There is a classification proposed by Achenbach (1966) into internalizing behavior problems and externalizing behavior problems. The internalizing problems express themselves concerning the individual and are characterized by sadness, withdrawal, shyness, insecurity, and fear. Externalizing problems are expressed more in relation to others and involve impulsiveness, aggression, agitation, provocation, and challenging behavior (Del Prette & Del Prette, 2013).

Studies on children with disabilities reported that these children have a deficit repertoire of social skills and high rates of behavior problems (Dmitrieva et al., 2020; Garrote, 2017; Lyons et al., 2016). Dmitrieva et al. (2020) in a descriptive and correlation study aimed to study social competence and its components in 240 preschool children with disabilities (including intellectual disability) and showed that these children indicate systemic lack of social competence. Garrote (2017) in a comparative and correlational study with 692 first-to fourth-graders students enrolled in 38 inclusive primary classrooms (at least one pupil was officially diagnosed) using different instruments identified that children with intellectual disabilities had lower social skills repertoire compared to their peers without disabilities in skills linked to pro-social and cooperative behaviors, leadership, boundary setting, and social participation. Finally, Lyons et al. (2016) in a comparative, correlational and predictive study, with 137 high school students with intellectual and developmental disabilities, indicated that this students scored below average for social skills and above average for behavior problems, according to parents and teachers.

Intellectual disability has as a defining characteristic and diagnostic criterion, in addition to cognitive limitation, the limitation in social skills and social behavior (AAIDD, 2021; APA, 2013). It is, therefore, necessary to promote the social repertoire of children with intellectual disabilities to develop skills to deal with the challenges that may be encountered in the context of interpersonal interactions. Furthermore, it may enhance interpersonal relationships and acquire autonomy in different segments leading to a better quality of life, well-being, and ability to participate in the community (Ferreira & Munster, 2017).

The inclusive context, specifically educational inclusion, is essential in the acquisition of social skills, as it provides spaces for social interaction and learning, enhances integral development, and allows acceptance and coexistence with peers (Garrote, 2017; Vlachou et al., 2016; Sucuoglu et al., 2019). Oh-Young

and Filler's (2015) meta-analysis evidenced that inclusive schools promoted significantly more social and academic skills than special schools. Social skills are also crucial in the context of inclusion to provide inputs for better school adjustment, relationships with peers and teachers, and consequently for the success of educational inclusion (Rosin-Pinola & Del Prette, 2014). Dmitrieva et al. (2020) suggest that high rates of social competence are significantly associated with school adaptation rates of children with intellectual disabilities and other disabilities. In conclusion, social skills are developed in inclusive education and are a protective factor in this context against interaction difficulties in this population. Therefore, intervention programs are necessary (Dmitrieva et al., 2020; Jacobs et al., 2020; Kalgotra et al., 2019, Sucuoglu et al., 2019).

In Brazil, inclusive education is widely advocated, supported by several laws, movements, and public policies (Borges & Campos, 2018; Kassar & Rebelo, 2018). For example, the National Special Education Policy from the Perspective of Inclusive Education aims at: "the access, participation, and learning of students with disabilities, global developmental disorders, and high abilities/giftedness in regular schools, guiding the education systems to promote responses to educational needs (Brazil, 2008, p. 10)." In the present investigation, the participants are students with intellectual disabilities, the target public of the policy. Some of these students, in addition, have other diagnoses, such as neurodevelopmental disorders (attention-deficit/hyperactivity disorder, autism spectrum disorder) and disruptive, impulse-control, and conduct disorders (oppositional defiant disorder) (APA, 2013). According to Freitas and Del Prette (2014), different categories of disabilities and disorders are predictors of social skills deficits and present singularities among themselves.

Inclusive education is a multi-determined context, in which several variables are important and there are many problems. Therefore, studies in the area are extremely important (Silva & Elias, 2022; Rebelo & Kassar, 2018). Given the above, the importance of social skills in child development and the context of inclusive education, the present study had as general objective to characterize and associate social skills, behavior problems, and academic competence of students with intellectual disabilities in school inclusion and; as specific objectives to verify predictive values for social skills and differences between groups diagnosed with intellectual disability and other associated diagnoses.

## Method

This was a quantitative, cross-sectional, descriptive, correlational, predictive, and comparative study.

### *Participants*

Forty-four students were evaluated by 42 guardians and 34 teachers. The students were enrolled in elementary school (first to fifth grade) in public schools in a city in the hinterland of the state Minas Gerais, Brazil. The mean age of them was 9.68 years (SD 1.62), 30 were boys (68.18%) and 14 girls (31.82%); 33 had only a diagnosis of intellectual disability (75%), and 11 had a diagnosis of intellectual disability plus another associated diagnosis (25%), like Attention-Deficit/Hyperactivity Disorder (46,67%), Autism Spectrum Disorder (20%), and Oppositional Defiant Disorder (33,33%). The diagnoses were given by the International Statistical Classification of Diseases and Related Health Problems (ICD -10). Having a clinical diagnosis was a criterion for inclusion in the study, in addition to the authorization of guardians and teachers who consented to participation. On the moment of study only guardians and teachers are select to answer the instruments.

About the guardians, 40 mothers (two mothers had two children included in the study), a father and a grandmother participated in the study. The average age was 34.25 years (SD 6.59), 47.62% had incomplete Elementary School, 42.85% declared to be employed at the moment, 45.24% were in D-E class with an average family income of R\$ 708.19, according to the Brazil criterion of economic classification.

Thirty-four teacher participated in the study, nine of them had more than one student diagnosed with intellectual disability in their classes. The average age was 42.25 years (SD 9.15), the average time of profession was 16.27 years (SD 7.68); 67.5% were undergraduates in Pedagogy and 79.41% had specialization (44.12% of which in the area of Inclusive Education). Regarding economic class, 47.09% belonged to B2 class, with an average household income of R\$ 5,363.19, according to the Brazil criterion of economic classification.

### *Instruments*

- Social Skills Rating System (SSRS), version for parents and teachers (Del Prette et al., 2016). The form for teachers comprises three scales for assessing social skills (responsibility,

self-control, assertiveness/social resourcefulness, cooperation/affectivity); behavior problems (externalizing, hyperactivity, internalizing) and academic competence. The analysis of the internal consistency of the components indicated Cronbach's alpha values between 0.91 and 0.98. The parent survey consists of two scales that assess social skills (responsibility, self-control, affectivity/cooperation, social resourcefulness, civility) and behavior problems (externalizing, internalizing). Internal consistency analysis indicated Cronbach's alpha values between 0.83 and 0.86. The evaluators in both versions mark their assessment based on three alternative frequency levels: never, sometimes, very often.

- Parental Educative Social Skills Interview Script (RE-HSE-P) (Bolsoni-Silva et al., 2011), the instrument, through a semi-structured interview, seeks to describe the interactions established between parents and children quantitatively. The interview is composed of thirteen sets of questions. There is a description of the frequencies, by the father or mother, regarding the behaviors. The instrument quantifies the responses into seven categories: (i) Parenting Social Educational Skills, (ii) Child Social Skills, (iii) Context, (iv) Negative Educational Practices, (v) Child Behavior Problems, (vi) Positive Total and (vii) Negative Total, which have three possible classifications: Clinical, Limitrophe, and Non-Clinical. In this study, only the Child Social Skills and Behavior Problems results will be presented. Two categories of analysis are given. The first is "analysis by frequency (general questions) and analysis by content items," in which there is a count of the general frequency of behaviors and quantification of the behavioral repertoire mentioned by the guardian during the interview (called Behavioral Diversity). The second is "analysis by frequency (content-specific questions)," which quantifies the frequency of these behaviors (called Frequency of Behaviors). Internal consistency analysis in the validation study showed Cronbach's alpha values of 0.86.

#### *Data Collection Procedure*

After the research was approved by the Ethics Committee of the Faculty of Philosophy, Sciences and Letters at Ribeirão Preto, University of São Paulo,

Brazil (CAAE no 86636918.9.0000.5407), with the previous approval of the competent bodies of the city where the study was carried out, the procedures were initiated. Initially, a individual meeting was scheduled with the principals to verify the institution's interest in receiving the research and conduct a preliminary survey of the students who could participate in the study. Therefore, 20 public schools were included in the study. Then, on this schools we contacted the guardians and the teachers of the indicated children and scheduled a meeting with them. On these meetins, the research objectives were explained, the Informed Consent Form was signed, and the instruments were applied. This occurred individually with each guardian and teacher in the respective schools in reserved rooms.

#### *Data analysis procedure*

Responses to the instruments were tabulated according to guidelines available in the manuals and validation articles; the totals and factors of each instrument were considered variables. The Jasp software was used for the analyses; initially, descriptive statistics were performed to characterize the data obtained through the mean, standard deviation, and median. Next, an analysis of the frequency of classification given by the percentile of the instrument was performed, classifying it as below average, average, and above average. The distribution of variables was verified, as suggested by Kline (2005, quoted by Marôco, 2011). Correlations between variables were also performed using the Pearson correlation coefficient; correlations were considered weak when they reached values lower than 0.30, moderate between 0.30 and 0.69, and strong above 0.70 (Hair et al., 2009).

There were two groups. "Group 1" was formed by students diagnosed only with intellectual disability, and "Group 2" was formed by students diagnosed with intellectual disability and other associated conditions. Once data normality was verified, the Student's t-test was used to compare the groups. The effect size for parametric measurements was Cohen's d, the effect is considered small  $d = 2$ , medium  $d = 5$ , and large  $d = 8$  (Cohen, 1988)

The assumptions of normality, independence, and collinearity were verified for the prediction analysis, proceeding with the multiple regression analysis (enter method). The dependent variables tested were social skills, as assessed by teachers and guardians, and the independent variables were age, gender, behavior problems, and having another associated diagnosis.

**Results**

The participants' social skills, behavior problems, and academic competence were classified as below average, average, and above average, according to the percentile of the instrument. Table 1 presents the assessment of the guardians and teachers using the SSRS.

According to the evaluation of the SSRS - parents version, it is observed that the Total Social Skills and all of its categories (Responsibility, Self-control, Affectivity/ Cooperation, Social resourcefulness and Civility) have the highest frequency on average classification. On the same way, the Total Behavior Problems, Externalizant and Internalizant are mainly in the average classification.

As for the SSRS - teachers version evaluation, the Total Social Skills, categories of Responsibility and Assertiveness/Social Resourcefulness have the highest frequency in the below-average classification. Cooperation/Affectivity categorie have the highest frequency in average classification. In Selfcontrol categorie, the bellow and avarege classification have the same frequency. For the Behavior Problems scale, the total, Externalizing, Internalizing and Hyperactivity

have the highest frequency in the above-average classification. Finally, academic Competence showed the highest frequency in the below-average classification.

Assessment through the RE-HSE-P of social skills and behavior problems in the two categories of diversity and frequency analysis, shows that for diversity of behavior, 45.45% of the participants presented difficulties in Social Skills, having clinical classification, 34.10% with limitrophe classification, and 20.45% with performance considered non-clinical. As for the category frequency of behaviors, it is observed that according to the parents, 95% have a clinical repertoire, 4.50% limitrophe, and there is no non-clinical classification. Regarding behavior problems, in the diversity category, it is observed that according to the parents, 90.90% present a non-clinical repertoire, and 9.10% limitrophe, with no clinical classification. In the frequency category, 100% were classified as non-clinical. Table 2 shows the correlations between the variables assessed by the SSRS and the RE-HSE-P, evaluate by the guardians.

It is noticeable that behavior problems (total, externalizing, frequency, and diversity) negatively correlate with social skills and categories. There were moderate negative significant correlations between

Table 1. Frequency of Social Skills, Behavior Problems, and Academic Competence assessed in the SSRS, according to parents and teachers

	SSRS - parents version						SSRS - teachers version						
	Below		Average		Above		Below		Average		Above		
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Total Social Skills	9	20.45	22	50	13	29.54	Total Social Skills	25	56.81	13	29.50	6	13.63
Responsibility	6	13.63	20	45.45	18	40.90	Responsibility	28	63.63	15	34.09	1	2.27
Self-control	8	18.18	22	50.00	14	31.81	Selfcontrol	19	43.18	19	43.18	6	13.63
Affectivity/ Cooperation	11	25.00	20	45.45	13	29.54	Cooperation/ Affectivity	18	40.90	19	43.18	7	15.90
Social resourcefulness	13	29.54	19	43.18	12	27.27	Assertiveness Social resourcefulness	22	50.00	14	31.81	8	18.18
Civility	8	18.18	24	54.54	12	27.27							
Total Behavior Problem	9	20.45	20	45.45	15	34.09	Total Behavior Problem	3	6.81	16	36.36	25	56.81
Externalizing	14	31.81	16	36.36	14	31.81	Externalizing	7	15.90	15	34.09	22	50.00
Internalizing	6	13.63	24	54.54	14	31.81	Internalizing	3	6.81	18	40.90	23	52.27
							Hyperactivity	5	11.3	15	34.09	24	54,54
							Academic competence	36	81.8	7	15.90	1	2.27

Observation: *n*=44

Table 2.

*Description of the Correlations between Social Skills and Behavior Problems assessed through the SRSS and the RE-HSE-P by the guardians*

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. TT HS	-	,48**	,64***	,79***	,38*	,61***	-,37*	-,46*	,01	,38*	,45**	-,40**	-,34*
2. RE.		-	,15	,29	-,13	,08	-,11	-,20	,11	,29	,38*	-,18	-,20
3. AC			-	,35*	-,08	,37*	-,51***	-,58***	-,08	,27	,17	-,40**	-,11
4. AFC				-	,15	,51***	-,32*	-,38**	-,02	,34*	,39**	-,38*	-,28
5. DS					-	,04	,26	,25	,13	,06	,16	,20	-,17
6. CI						-	-,47**	-,50***	-,15	,12	,21	-,050***	-,23
7. TT PC							-	,89***	,60***	-,23	-,06	,55***	,21
8. EXT								-	,16	-,26	-,17	,57***	,16
9. INT									-	-,04	,16	,18	,18
10. HSD										-	,66***	-,042**	-,11
11. HSF											-	-,038*	-,32*
12. PCD												-	,44**
13. PCF													-

*Observation:* TT HS = Total Social Skills; RE = Responsibility; AC= Self-Control; DS = Social Resourcefulness; CI = Civility; TT PC = Total Behavior Problems; EX = Externalizing Behavior Problem; IN = Internalizing Behavior Problem; HSD= Social Skills Diversity of Behavior; HSF = Social Skills Frequency of Behaviors; PCD= Behavior Problems Diversity; PCF= Behavior Problems Frequency. \*  $p < ,05$ , \*\*  $p < ,01$ , \*\*\*  $p < ,001$ ,  $n = 44$ .

Total Behavior Problem and Externalizing Behavior Problem with Total Social Skills, Self-Control, Affectivity/Cooperation, and Civility. There were also negative and moderate significant correlations between the Behavior Problem diversity category and Total Social Skills, Self-Control, Affectivity/Cooperation, Civility, and Social Skills diversity and frequency category. Finally, there was a moderate negative significant correlation between the Behavior Problems Frequency category with Total Social Skills and Social Skills of the diversity category. Expected associations (significant and positive) were observed between the different subclasses of social skills, as well as between the different classes of behavior problems (significant and positive).

Regarding the correlations between behavior problems, social skills, and academic competence assessed by teachers through the SSRS, there was a moderate negative significant correlation between Total Behavior Problems with Total Social Skills ( $r = -0.47$ ,  $p < 0,01$ ), Responsibility ( $-0.60$ ,  $p < 0,001$ ) and Self-Control ( $-0.53$ ,  $p < 0,001$ ); a moderate negative significant correlation between Externalizing Behavior Problems and Total Social Skills ( $-0.34$ ,  $p < 0,05$ ), Responsibility ( $-0.54$ ,  $p < 0,001$ ) and Self-Control

( $-0.44$ ,  $p < 0,01$ ), moderate negative correlation between Internalizing Behavior Problems and Total Social Skills ( $-0.62$ ,  $p < 0,001$ ), Responsibility ( $-0.54$ ,  $p < 0,001$ ), Self-Control ( $-0.49$ ,  $p < 0,001$ ), Assertiveness/Social Resourcefulness ( $-0.52$ ,  $p < 0,001$ ) and Cooperation/Affectivity ( $-0.42$ ,  $p < 0,001$ ). Finally, there was also a moderate negative significant correlation between Hyperactivity with Responsibility ( $-0.36$ ,  $p < 0,05$ ) and Self-Control ( $-0.44$ ,  $p < 0,01$ ).

Academic Competence, on the other hand, correlated strongly positively with Total Social Skills ( $0.76$ ,  $p < 0,001$ ) and Responsibility ( $0.82$ ,  $p < 0,001$ ), and moderately with Self-Control ( $0.53$ ,  $p < 0,001$ ), Assertiveness/Social Resourcefulness ( $0.53$ ,  $p < 0,001$ ), and Cooperation/Affectivity ( $0.53$ ,  $p < 0,001$ ). There was also a moderate negative significant correlation between Academic Competence and Total Behavior Problem ( $-0.39$ ,  $p < ,05$ ) and Internalizing Behavior Problem ( $-0.59$ ,  $p < 0,05$ ). The comparison between groups of participants will be presented next, as shown in Table 3.

It can be observed that Group 1 (participants diagnosed only with intellectual disability) presented a higher average with a significant difference in the total of Social Skills and in abilities of Responsibility,

Table 3.

*Comparison between Group 1 – Participants with only the diagnosis of intellectual disability and Group 2- Participants with other associated conditions*

<i>SSRS - teachers version</i>							
	<b>Group 1</b>	<b>Group 2</b>	<b>t(42)</b>		<b>Group 1</b>	<b>Group 2</b>	<b>t(42)</b>
	Average (SD)	Average (SD)			Average (SD)	Average (SD)	
Total Social Skills	30,97 (5,11)	25,63 (5.93)	<b>2.88*</b>	Total Social Skills	24,60 (9.32)	19,91 (5.12)	1.58
Responsibility	5,00 (2,02)	3,63 (1.29)	<b>2.10*</b>	Responsibility	7,09 (2.97)	6,27 (2.49)	0.82
Self-control	5,70 (2,21)	4,64 (2.46)	1.34	Self-control	9,33 (3.66)	6,34 (3.11)	<b>2.19*</b>
Affectivity/ Cooperation	8,73 (2,08)	6,91 (2.02)	<b>2.52*</b>	Assertiveness/ Social resourcefulness	4,97 (2.88)	4,82 (1.40)	0.17
Social resourcefulness	4,70 (2,13)	4,55 (2.58)	0.19	Cooperation/ Affectivity	3,32 (1.71)	2,18 (1.47)	1.79
Civility	6,85 (1,09)	5,90 (1.64)	<b>2.17*</b>	Total Behavior Problem	11,03 (6.58)	14,09 (5.72)	-1.38
Total Behavior Problem	11,64 (4,62)	12,09 (4.59)	-0.79	Externalizing	3,97 (3.71)	3,67 (3.75)	-1.15
Externalizing	6,82 (3,76)	8,34 (3.44)	-1.20	Hyperactivity	3,54 (2,39)	5,00 (1.84)	-1.83
Internalizing	4,81 (2,35)	4,54 (1.75)	0.35	Internalizing	3,52 (2,02)	3,63 (1.29)	-0.19
				Academic competence	19,91 (9,34)	17,18 (7.65)	0.87

*Observation:* DI = Intellectual Disability; n = 34 intellectual disability only and n = 11 intellectual disability and other diagnoses; Student's t test; SD = Standard Deviation; \* significant  $p \leq 0,05$ , d = effect size, Cohen's d.

Affectivity/Cooperation and Civility in the guardians' evaluation; and Self-control in the teachers' evaluation. The value of d was considered medium for Responsibility, Civility (guardians' evaluation) and Self-control (teachers' evaluation), and large for total of Social Skill and Affectivity/Cooperation (guardians' evaluation). As for behavior problems, no differences were observed between the groups in both evaluations. Next, we will present the results of the prediction analysis, as shown in Table 4.

According to table 4, the first significant model ( $F(4,39)=4.443$ ,  $p=0.005$ ), with the predictors behavior problems, presence of associated diagnosis, age, and gender, explains 24.3% of the variance in students' social skills evaluated by guardians. The significant

variables behavior problems and associated diagnosis are negatively associated (negative standardized coefficient value ( $\beta$ )). The second significant model ( $F(4,39)=3.398$ ,  $p=0.018$ ), with behavior problems, presence of associated diagnosis, age, and gender as predictors, explains 18.2% of the variation in social skills of students evaluated by teachers. The only significant variable was behavior problems, with a negative effect.

## Discussion

This study had as general objective to characterize and associate social skills, behavior problems, and academic competence of students with intellectual disabilities in school inclusion and; as specific

Table 4.  
*Linear regression to examine predictors of students' social skills*

Predictors for social skills - assessed by the guardians						
	B	SE B	$\beta$	T	P	R <sup>2</sup> adjusted
Behavior Problem	-0358	0174	-0286	-2084	0046	24.3
Presence of associated diagnosis	-5455	1869	-0415	0731	0006	
Age	-0065	0041	-0219	-1792	0121	
Gender	0080	1731	0007	1587	0964	
Predictors for social skills - assessed by the teachers						
Behavior Problem	-0.627	0193	-0467	-3250	0002	18.2
Presence of associated diagnosis	-3.196	2946	-0162	-1085	0285	
Age	0002	0063	0050	0353	0726	
Gender	-2060	2693	-0112	-0765	0449	

*Observation:* N = 44 students and 42 guardians. B = Unstandardized regression coefficient; SE B = Standard Error;  $\beta$  = Standardized regression coefficient; T = t value; R<sup>2</sup> = Coefficient of association between predictor and predicted variables. \*  $p \leq 0,05$ ; \*\*  $p \leq 0,01$ ; \*\*\*  $p < 0,001$ ; †  $p \leq 0,10$

objectives to verify predictive values for social skills and differences between groups diagnosed with intellectual disability and other associated diagnoses. The results showed essential points to be discussed for the population studied.

The variables investigated were classified as above, below, and average according to the percentiles of the instruments. It was identified that in the parents' evaluation, most children obtained an average classification in all behavioral variables investigated. On the other hand, in the teachers' evaluation, most of the children were classified below the average for grades, total social skills, and academic competence, and above average for behavior problems. Divergence can be observed between the two assessments and corroborated by the literature because, to Gresham and Elliott (1990), assessments change according to context. It is expected that teachers have more rigorous assessments since they consider more parameters of comparison and rules in the school environment (Bolsoni-Silva et al., 2006). According to Lyons et al. (2016), despite the typical disagreement between parents and teachers, it is crucial to achieve alignment, because when they recognize similar needs, they are more likely to agree on interventions in a domain and direct intervention strategies in the school and home environments.

The guardians reported that children have social skills and show competent social performance, which

was verified in the scores in all the categories of social skills assessed. For a social performance to be considered competent, a combination of different classes of social skills is required (Del Prette & Del Prette, 2017). These results lead to two hypotheses, the first is that these skills are being stimulated and reinforced in a feedback cycle in the family environment since parents are promoters and models of learning (Del Prette & Del Prette, 2013; Rosin-Pinola & Del Prette, 2014), the second is that the school environment of educational inclusion promotes these skills, and children generalize to other situations at home (Fornazari et al., 2014).

According to the guardians' assessment in the SSRS and RE-HSE-P instruments, the children's repertoire of skills may at first seem discordant since they were better assessed in the SSRS (higher frequency in the average rating). At the same time, in the RE-HSE-P, most of them obtained a clinical rating (in both categories). However, one should consider that the SSRS covers the evaluation of social skills in other contexts, such as relationships with peers. The RE-HSE-P specifically evaluates social skills in the context of intrafamily relationships, and parents may point out more difficulties in this context (Bolsoni-Silva et al., 2011).

Another point to be highlighted in the assessment of social skills by the RE-HSE-P refers to the clinical assessment in the two categories evaluated (diversity and frequency). However, the frequency category comprises

95.90%, while the diversity category comprises 45.45%, which shows that the frequency that children use skilled behaviors is deficient. Thus, according to these guardians, they have a social skills repertoire, but they do not use them. Behavioral frequency is required in addition to having a repertoire of skilled behaviors (Bolsoni-Silva et al., 2011). Furthermore, this fact may also occur maybe because they are not stimulated to use them by their own parents within the family context, which also indicates the importance of guiding the parents (Assis-Fernandes & Bolsoni-Silva, 2020).

The teachers' assessment coincides with what is found in the literature: students with disabilities have a social repertoire that falls short and have more problem behaviors (Dmitrieva et al., 2020 ; Freitas & Del Prette, 2014; Garrote, 2017; Jacobs et al., 2020; Lyons et al., 2016) which was verified through the results in the SSRS teachers version. Vlachou et al. (2016) study reported that teachers indicated that students with intellectual disabilities had difficulties with peer relationships, assertiveness, self-control, and academic competence. The authors also concluded that teachers had a repertoire of strategies that were not part of systematic programming to work on social skills and sometimes did not support students' development. Therefore, the importance of guiding these teachers to systematic and intentional teaching of social skills in the educational context to assist students is highlighted as well (Vlachou et al., 2016; Rosin-Pinola & Del Prette, 2014).

This study aims not only to demonstrate the deficits of these students but also to characterize the social skills repertoire, highlighting the social skills that they have and those need been developed, which enable more appropriate and consistent interventions (Garrote, 2017). For example, the Cooperation/ Affectivity has a higher frequency in the average classification for guardians and teachers, which shows that this skill is being developed in these contexts. Thus, parents and teachers can continue to reinforce it either through everyday actions or through focused interventions (Del Prette & Del Prette, 2013, 2017). On the other hand the category of Responsibility, which is highly regarded in the school context, is rated below average by teachers, indicating that these students can benefit from interventions at this point (Lyons et al., 2016; Rosin-Pinola & Del Prette, 2014).

It is also necessary to point out that there is variability in each category's ratings in the different categories of social skills assessed by guardians and teachers (above, average, and below). This fact draws

attention to differences and the uniqueness of each case in the school environment. Moreover, it respects the principles of inclusive education because each student, even with the same diagnosis, has his or her own individuality (Brasil, 2008).

This study also show the extremely important relationship between social skills, behavior problems, and academic competence for cognitive and psychosocial development and for the family and educational environment. Negative correlations were identified between behavior problems and the student's social skills repertoire by associating the investigated variables, in the evaluation of parents and teachers.

The prediction analyses confirm the results found. Behavior problems (and associated diagnosis) significantly and negatively predicted social skills, assessed by guardians. As assessed by teachers, social skills were negatively predicted by behavior problems. This data corroborates what is discussed in the literature, which says that social skills are a protective factor for behavior problems (Bolsoni-Silva & Loureiro, 2019; Del Prette & Del Prette, 2013, 2017; Bolsoni-Silva et al., 2011; Elliott et al. 2019; Hukkelberg et al. 2019).

In a meta-analysis conducted by Hukkelberg et al. (2019) with 54 studies from the last ten years, with a total of 46,828 participants, they found robust negative correlations between behavior problems and social skills. It is understood that socially competent children, who consistently use their social skills repertoire, use strategies to achieve their goals, depending on the circumstances, that involve pro-social behaviors, rather than aggressive strategies (Bolsoni-Silva & Del Prette, 2003; Del Prette & Dell Prette, 2013).

Regarding the associations for academic competence, in the teachers' assessment, it was positively correlated with total social skills and all categories (responsibility self-control, assertiveness/ social resourcefulness, cooperation/affectivity) and negatively correlated with total and internalizing behavior problems, corroborating with the literature. Studies show that learning disabilities (involved in academic competence) and behavior problems are strongly correlated variables, moreover, simultaneously, they are cause and effect of each other (Bolsoni-Silva et al., 2018; Gresham, 2016; Elias & Marturano, 2014). It is understood that the learning disabilities inherent in the condition, added to internalizing behavior problem, like anxiety and shyness (for example: when asking questions in class), leads to more and more difficulties in learning; thus, the situation worsens. Therefore, these

internalizing behaviors, which are marked by diffidence, shyness, and anxiety, in the case of these students with intellectual disabilities, can worsen academic difficulties (Del Prette & Del Prette, 2013; Gresham, 2016). This fact is delicate and deserves attention in case of students with intellectual disability, who need improve social competence and social skills.

In turn, social skills are resources for academic development. Studies have shown that the more elaborate students' social skills repertoire, more the greater the academic competence (Bandeira et al., 2006; Bolsoni-Silva et al., 2018; Gresham, 2016; Elias & Marturano, 2014; Marturano et al. 1993). Accordingly, programs should be carried out to develop these skills since promoting them can help students with this diagnosis achieve advances in learning.

Concerning the difference between the groups of students diagnosed only with intellectual disability and students diagnosed with intellectual disability and other conditions, significant differences were found both in the evaluation of the guardians and the teachers. In the evaluation of the guardians, differences were found in the total social skills and the categories of responsibility, affectivity, and cooperation and civility. Such categories concern asking for help, asking permission, helping others, following rules/ instructions, showing feelings, giving compliments, greeting people, thanking, apologizing (Del Prette et al., 2016; Del Prette & Del Prette, 2013). It is understood that these behaviors are easily observable and considered important at home. The prediction analyses confirm it, the regression model shows that associated diagnosis (and behavior problems) significantly and negatively predicted social skills, as assessed by guardians.

As for the teachers' assessment, there was a significant difference in the skill of self-control. This skill involves controlling emotions, calming down, and dealing with situations of conflict and frustration (Del Prette & Del Prette, 2013), which are essential in the school context.

The cumulative of more than one diagnosis may show more behavioral and developmental impairments that interfere with the performance of these required skilled behaviors. For instance, Freitas and Del Prette (2014), comparing twelve groups of children diagnosed with disorders and disabilities (including mild and moderate intellectual disability), found that for teachers, students with Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder showed more deficits in social skills when compared

to other groups. Having more than one diagnosis, besides intellectual disability, is an important issue that impacts not only the social skills repertoire but also the subjects' relationships at school and home, exacerbating the difficulties.

The inclusive education context is essential in the acquisition of social skills and a social repertoire well developed is important protective factor on this context (Garrote, 2017; Sucuoglu et al., 2019; Oh-Young & Filler, 2015). This study showed, in summary, that the students have a repertoire of social skills, however that them can be improved. Moreover, it was evidenced that other variables can intervene, such as behavior problems, the cumulative of more than one diagnosis and how students are evaluated by guardians and teachers.

Family and school environments are considered necessary for the development of social skills, especially given the importance of this construct for child development, quality of life, positive interaction with peers and educational agents, and as a protective factor against behavioral problems. Therefore, Social Skills Promotion Programs should be developed, and not only for students but also for educational agents (Bolsoni-Silva et al., 2011; Del Prette & Del Prette, 2013; Elias & Marturano, 2014; Hukkelberg et al., 2019). Such interventions, furthermore, can be instrumental in supporting full participation in inclusive classroom settings (Lyons et al., 2016, Dmitrieva et al. 2020). They should focus on the individual needs of different diagnostic groups, because each student should be seen with their specificities, following the principles of equity (Brazil, 2008).

Finally, studies in the theoretical and practical field of social skills and inclusion are important to provide a look at the context and seek improvements (Dmitrieva et al., 2020; Jacobs et al. 2020; Lyons, et al., 2016). The context of inclusion is multidetermined, several variables intervene (Silva & Elias, 2022; Rebelo & Kassar, 2018). Looking at the social competence of students and educational agents can be a way forward (Kalgotha et al. 2019, Rosin-Pinola & Del Prette, 2014; Sucuoglu et al., 2019).

## Conclusion

This study characterized the social repertoire of students with intellectual disabilities and showed important associations between social skills, behavior problems, and academic competence. The findings show the need to promote the social repertoire of these

students, it was relevant to understand the specific needs and the most critical points, which will enable to guide researchers and educators to develop interventions that align with these needs.

As limitations, it is understood that the small number of subjects in the different types of disorders do not enable a complete understanding that encompasses each specificity. In addition, it was used a self-report instrument, subject to high desirability bias, even it was used for two different evaluators. Other important limitation is the absence of the evaluate from own students, which could bring an important understood on the field. New studies must be developed to cover this issue, bringing the evaluation of the three links of inclusion: students, family and teachers. In addition, new studies could be developed with larger populations from different social contexts, regions, and different groups of disorders and disabilities.

However, this study enabled the understanding difficulties and potentialities in the social repertoire of students who are the focus of educational inclusion from perspectives of guardians and teachers. Therefore, this study highlights the importance of studies on educational inclusion within the Theoretical and Practical Field of Social Skills.

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About the authors:

**Eliza França e Silva** is a Ph.D student in the Graduate Program in Psychology at the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto, University of São Paulo (FFCLRP-USP), member of the Laboratory of Educational and School Psychology (LAPEES). Degree in Psychology from the Federal University of Triângulo Mineiro (UFTM). ORCID: 0000-0003-0753-2467.

*E-mail:* elizafs@usp.br

**Luciana Carla dos Santos Elias** is a Professor at the Psychology Department at the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto, University of São Paulo (FFCLRP-USP), coordinator of the Laboratory of Educational and School Psychology (LAPEES). Master in Mental Health from the Faculty of Medicine of Ribeirão Preto of University of São Paulo and PhD in Psychology from FFCLRP-USP.

ORCID: 0000-0002-1623-0674.

*E-mail:* lucaelias@ffclrp.usp.br

Contact:

Psychology Department at the Faculty of Philosophy Sciences Letters of Ribeirão Preto, University of São Paulo (FFCLRP-USP)

Av. Bandeirantes, 3900, Vila Monte Alegre

Ribeirão Preto - SP, Brasil

CEP: 14040-900