



## Reducing behaviour problems in young people through social competence programmes

Knut K. Gundersen<sup>1</sup>

*Diakonhjemmet University College, Sandnes, Norway*

There is a relatively strong relationship between the concepts of behavioural problems and social competence, in that social competence is regarded as one of the most important protective factors in the prevention of behavioural problems. This paper argues that the concept of social competence should include social skills, social practice and empathic understanding. It identifies the components that form part of an effective social competence programme, including enhancing an understanding of social situations, increasing the generation of adequate social skills, improving the management of provocations which may lead to uncontrolled anger, and developing empathic understanding. The evidence also suggests that effective social competence programmes for children and young people should be multi modal and consist of mixed groups of pupils with and without difficulties. The paper concludes with a brief description of Aggression Replacement Training as an example of a programme which follows the recommended guidelines.

**Keywords:** A.R.T., social competence, behaviour problems, Norway

### Introduction

Our ability to establish and maintain positive social relationships is largely dependent on factors such as being able to interpret social situations, care about others, regulate our anger and aggression, and being able to resolve conflicts in a constructive way. Children and adolescents who can master and apply these skills well are generally described as having good social competence, while those who cannot do so, are often characterised as children and young people with behavioural problems. Social skills deficits may in turn lead to isolation or to a network where the other members have similar behaviour (Gundersen and Moynahan 2006). In this way, the possibility of further acquisition of prosocial behaviour is reduced, and there is a risk of developing more behavioural problems. It is, however, inaccurate to say that social competence and behavioural problems are just two sides of the same coin. Both concepts have several subcategories, and a poor performance on certain measures of social competence may lead to loneliness or anxiety, but not

behavioural problems (Segrin 1990), while those with high scores on most indicators of social competence may also be characterised by behavioural problems. Yet there is little doubt that there is a negative correlation between the two constructs, and measures which have increased social competence have also led to a reduction in behaviour problems (Wilson and Lipsey 2007; Gundersen and Svartdal 2010).

In this paper, I shall first present a general overview of the definition and prevalence of behavioural problems, the associated risk factors, and examples of prevention and intervention measures. Then, I shall give a definition of the construct of social competence, followed by a brief description of Aggression Replacement Training (ART) (Goldstein, Glick and Gibbs 1998) as an example of a competence building programme aimed at reducing behavioural problems.

### **Defining behaviour problems**

Children and young people with behavioural problems constitute between one third and half of all referrals to support services (Kazdin and De Los Reyers 2009). Forty percent of the referrals to the psychiatric services for children and young people have behavioural problems (SINTEF 2004). In Norway, it is estimated that between 7% to 12 % of all children and young people aged 10-17 have a high degree of undesirable behaviour that they can be considered to constitute behavioural problems. Of these, about 2% have severe antisocial behaviour (Nordahl et al. 2005). The term 'behavioural problems' however, is not a clear-cut concept where one either has or does not have such problems. The concept must also be considered in the light of the degree of severity, how frequently it occurs, whether it occurs in several settings, and whether it is a consistent trait over time or a temporary phenomenon. Another way of defining the term is to distinguish between externalising behaviour and internalising behaviour. Internalised behaviour problems include feelings of loneliness, insecurity, anxiety, and suicide, while externalised behaviours include aggression, violence, non compliance and defiance and hyperactivity. However, there is also a considerable degree of overlap between these two forms, i.e. we find subgroups who are both depressed and violent, and who are not only lonely and vulnerable, but also bully others, are easily provoked and react with affective aggression (*ibid.*).

### *Risk and protective factors and the development of behaviour problems*

Behavioural problems correlate with a number of risk factors related to the individual himself, his/her family and his/her formative environment. In a meta-study of the factors associated with youth crime, the following were the most important risk factors identified (Andrews 2004):

- antisocial / procriminal attitudes and values
- friendship with others who have behavioural problems

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<sup>1</sup> Address for correspondence: [knut.gundersen@diakonhjemmet.no](mailto:knut.gundersen@diakonhjemmet.no)

- temperament and other personality traits which lead to behavioural problems, including egocentricity, poor socialisation ability, impulsivity, below average IQ, reduced ability in problem solving and social skills, and lack of self control.
- a history of various forms of behavioural problems in different contexts, which have persisted since childhood.
- family factors, including a variety of psychosocial factors in the family, such as a low degree of emotional attachment, poor parental care, neglect and abuse.

In order to change behavioural problems, the starting point must be the risk factors which are putting the child or young person at risk for developing behavioural problems. Generally, measures intended to change the following typical risk factors have been found to be the most effective in bringing about change (Andrews and Bonte 1994; Andrews 2004):

- changing antisocial attitudes
- changing the social network
- changing family relationships, including communication and parenting style
- increasing problem solving skills and self-control
- replacing lying, stealing and aggressive acts with more prosocial alternatives
- reducing addiction

In line with this, a meta-analysis of 1200 studies (Durlak 1998) demonstrates that good parent-child interaction, good social skills and access to social support, are among the most important protective factors for the development of problem behaviour. Good self-acceptance and a sense of control also seem to be important protective factors (Kvelling 2008). The more risk factors a child is subjected to, the greater the chance that the child will develop behavioural problems (Nordahl et al. 2005). Ian Goodyer (1995) found that exposure to a risk factor such as disharmony between parents did not increase the risk of developing behaviour problems, but that the risk became greater as the number of factors increased.

### *Interventions with behaviour problems*

Interventions for behavioural problems can in principle use either reactive or proactive. Reactive interventions are strategies intended to deal with challenging behaviour when it occurs. The objective is to bring the episode under control with a minimum of risk, or a desire that the behaviour will cease or decrease as a result of the consequences administered. Although it will always be necessary to have guidelines for dealing with problem behaviour, reactive measures rarely have a lasting positive effect, while such methods being problematic from both psychological and legal standpoints. In proactive interventions, the intervention takes place *before* the behaviour occurs and can in principle take two forms. Firstly, one can improve compatibility between the pupil and his environment by modifying the environment. Norway has introduced a number of programmes with the primary objective of strengthening the environment of children and

adolescents, in order to build better relationships and improve child-rearing practices. Examples of these initiatives include *The Incredible Years* programme (Webster-Stratton and Herbert 1996) for children in kindergarten, the Parent Management Training-Oregon Model (PMTO) (Patterson, Reid, and Dishion 1992) for schoolchildren, Multisystemic Therapy (Henggeler et al. 1998) and anti-bullying measures (Olweus 1994; Roland and Munthe 1997). Secondly, systematic training in social skills can improve the ability of children to master their environment and adjust to their social network.

In spite of the theoretical rationale for the implementation of competence building measures, both as preventive and intervention programmes, the research on the effect of such programmes is ambiguous (Hall and Bernieri 2001). One explanation may be that the programmes appear to vary considerably in terms of concept definition, length, complexity, implementation strategy and target group. However, meta-studies with quality criteria for design, content and implementation have provided a basis for asserting that programmes aimed at enhancing social competence have generally been effective, either alone or in combination with other measures (Andrews, Zinger, and Hodge 1990; Sørli 2000; Durlak et al. 2007; Wilson et al. 2007). Mari-Anne Sørli (2000) has conducted a meta-analysis of recent Norwegian and international research on school-based programmes with a documented positive effect on severe behavioural problems. One of her conclusions is that "among the student-centered programme models, the most successful have been the explicit and cognitive behaviour change strategies. The following strategy stands out as the most promising: Social competence development with an emphasis on skills training (e.g. the promotion of empathy, assertiveness, in fact a wide range of social skills in relation to both peers and adults) in combination with behaviour correction methods" (Sørli 2000, p. 271).

### **Defining social competence**

Among the protective factors that seem to be most important in the prevention of both behavioural problems and numerous other conditions is the development of social competence. Various studies have demonstrated the link between reduced levels of social competence and conditions such as loneliness (Jones, Hobbs and Hockenbury 1982), depression (Tse and Bond 2004), addiction (Gaffney et al. 1998) and behavioural problems (Renwick and Emler 1991; Webster-Stratton and Hammond 1998; Najaka, Gottfredson and Wilson 2001; DeRosier 2004). The ability to establish friendships seems to be key to social competence, which again appears to influence the degree of psychological problems throughout life (Hay, Payne, and Chadwick 2004). There is also a strong correlation between school achievement and measures of social competence. When a pupil has problems with friendship or dreads what will happen in the break, he/she will readily lose concentration in the learning situation. It has been estimated that about seventy-five percent of children with learning difficulties lack social skills (Kavala and Forness 1995). A normal development pattern for children with behavioural problems is that at kindergarten age they often appear to be more self-assertive than cooperative. Playing with others requires skills such as regulation and recognition of emotions,

sharing, listening, waiting one's turn and showing consideration for others. All these skills have been shown to be connected to popularity and acceptance by others (Black and Hazen 1990; Zsolani 2002). Children who possess such skills are in a positive circle since they establish solid, lasting friendships with others who have similar skills. Thus the initially positive competence is strengthened further. On the other hand, aggressive behaviour is negatively related to acceptance by others. Children with behavioural problems easily become isolated or form friendships with others who also lack social competence. So these children enter a vicious circle, where rule-breaking behaviour is reinforced at the same time as they develop an identity as 'behaviourally difficult' children (Dodge 2006).

The concept of social competence is synonymous with a number of concepts such as social emotional learning, social communication and social skills. Different programmes for the training of social competence also emphasise different themes or combinations of themes such as anger control training, empathy training, problem solving training, moral reasoning training and/or social skills training. Gundersen and Moynahan (2006) define social competence as three separate concepts, namely social skills, social practice and empathic understanding. The concept of *social skills* is a term for specific behavioural sequences which an individual must master in order to act competently in social situations. Skills cannot be regarded as isolated incidents, but consist of a range of relational skills which must be adapted to different social contexts (Schlundt and McFall 1985). Such skills may be *situation-specific* such as applying norms and rules in different settings, *skill-specific*, such as starting a conversation, showing sportsmanship, giving compliments or resisting peer pressure, or they may manifest themselves as *general adaptation skills* such as regulating one's distance, tone of voice or eye contact. A person may have limited social skills because he has not been in an environment conducive to learning such skills or because undesirable behaviour with the same function has been more effective. The idea of social skills implies merely that the person masters certain responses, not whether these skills are applied in a socially acceptable or unacceptable manner. On the basis of some studies, social skills training has been criticised because one can actually teach children to become even more calculating when it comes to manipulating or bullying others (Ogloff, Wong and Greenwood 1990; Rice, Harris and Lormier 1992). However, other studies have shown that programmes which also include perspective taking, communication and self-control training, have had a positive effect on bullying (DeRosier 2004).

The concept of *social practice* refers to whether the person performs the skill or not. An individual may have social skills, but fails to use them e.g. because the skills are not reinforced in his or her particular environment, through fear of failure or lack of confidence in skill performance. Bandura (1977) argues that an individual's belief in his own abilities is actually more important than the social skills themselves. The arousal of strong emotions such as anger may also activate old strategies for problem solving rather than leading to the use of appropriate social skills. Bellack (2004) maintains that the most important factor in whether a person applies a social skill or not, is the effect it has on his or her surroundings. Generalisation,

i.e. the transfer of skills to new situations and measures to sustain them, is therefore imperative for the success of competence building programmes.

Social competence, however, has also *empathic* and *legal* dimensions. It is not just a one-sided way of achieving one's own goals (Phillips 1985) but a mutual process in which a person behaves in a way that satisfies his or her own rights, needs, goals or commitments but which also satisfies those of his or her interaction partner. A Don Juan who seduces women only to satisfy his own needs or a salesman who is "competent" at getting people to buy what they don't need are making use of social skills, but do not have competence according to the criteria set out here. Using this method of defining social competence, we can also affirm that people who are too self-effacing and always put others' needs ahead of their own would need to improve their social skills. Social competence must also be consistent with culture-specific laws and rules. Furthermore, there may be a contradiction whereby the norms that apply within the culture are inconsistent with laws which apply to the same culture.

On this basis of these three concepts, Gundersen and Moynahan (2006, p. 166) define a socially competent individual as one who "in specific social situations, will with a high degree of probability achieve both his / her own and the common goals in ways which safeguard his / her own fundamental rights and those of the interaction partner(s)...and satisfies explicit culture- and community-specific laws and regulations and implicit norms of behaviour, which in turn leads to a positive regard by others".

The underlying rationale for the prevention and remediation of behaviour problems through training in social skills can be understood in terms of a 'skill deficit model' where it is assumed that children and young people deal poorly with social situations because of limitations or lack of specific skills (Bierman and Welsh 1997). More specifically, this can be understood in the light of the Social Information Processing Theory (Crick and Dodge 1994; Lemerise and Arsenio 2000; Arsenio and Lemerise 2004). Based on this model, the reaction of children and young people to a problematic social situation is a function of cognitive, moral and emotional processing through a six steps process:

*1. Encoding of cues:* Through this process, we observe relevant stimuli and recognise (decode) them in a way that gives them meaning. We draw on past experience and internalised systems for sorting new information. We often focus on special signals relevant to our interests and previous experiences. Children and young people with behavioural problems will often focus on negative elements in ambiguous situations while largely ignoring the emotional expressions, intentions or content of the other person's action (Crick and Dodge 1994). Among other factors which play a part is the mood the person is in as well as attention.

*2. Interpretation of social signals:* Each individual has his or her own attribution patterns or ways to cognitively understand what is happening. There are a variety of relevant factors influencing this process, including cultural understanding, interpretation of intention, the emotions of both receiver and transmitter of

the message, sense of fairness, and whether the interpretation is mainly based on verbal or non-verbal signals. If a person in an ambiguous situation perceives the action as hostile, this will have a considerable influence on how the subsequent interaction develops. The tendency for people with behavioural problems to perceive others' actions as hostile in ambiguous situations is consistent across different patterns of aggression and just as apparent as other perceptual problems such as lack of attention and hyperactivity (Waldman 1996).

3. *Clarification of goals*: Goals can be categorised as internal (e.g. to remain in a good mood or to avoid embarrassment) or external (e.g. to assert oneself or win a competition), and prosocial or antisocial. Socially competent children typically select goals that preserve friendships, such as playing together or cooperating, while antisocial children choose more instrumental goals, such as beating others at a game, or taking back the place somebody took.

4. *Generating alternative actions*: The greater one's repertoire of alternative actions, the greater the chances of finding competent strategies as a means of avoiding trouble. Children and young people with behavioural problems generally have fewer alternative actions (Palmer and Hollin 1996) and often choose such patterns as attacking or fleeing. As alternative actions are generated, they are evaluated according to their suitability for the situation. It turns out that if one has time to reflect, not only does he or she find more alternative actions, but they also choose more prosocial and less aggressive ones.

5. *Response decision*: The choice of response is also influenced by a number of factors. The first is an assessment of the action according to moral values. Is it perceived to be fair? The values are related to one's way of moral reasoning, and to whether the person legitimises antisocial behaviour through the use of cognitive distortions. Another factor is whether a person is comfortable with the action. If a child is to carry out a specific action, he or she must believe he or she is capable of it. Such a basic belief in one's own efficacy (Bandura 1977) will increase the probability that the child will choose the action. While most people will feel comfortable choosing a constructive, verbal response in answer to a frustrating or ambiguous social situation, less adjusted children may feel more comfortable responding aggressively. A third factor influencing the choice of response is the expected result of the action. Some children will be keen to maintain friendship, whereas others may be more concerned about maintaining their own position or "getting respect". Children with behavioural problems seem to have a tendency to expect a more positive outcome of aggression than other children. Cultural / environmental differences as to what generates respect and the attitude to aggression will obviously also play a large part in our choice of reaction pattern (Nisbett and Cohen 1996)

6. *Behavioural enactment*: After the action itself, the person receives feedback both from his or her interaction partner(s) and his or her own assessment of the impact of the action. An important factor here is that there is a greater tendency to learn from the short-term consequences than the long-term ones. Aggressive behaviour thus tends to be reinforced since it often has a more immediate consequence.

In general, children and young people with behavioural problems have, for various reasons, problems with one or more of these steps (Foster and Crain 2002) and the purpose of competence building measures is thus to increase their capacity in all these areas. Weiss and colleagues (1992) found that those children with difficulties in attention, interpretation, response generation and response evaluation were strongly over-represented in cases of behavioural problems in kindergarten.

### **Elements of effective social competence training programmes**

A particularly important area in competence building is the development of the ability to understand and respond to emotional expressions. This gives children and young people a better understanding of others' feelings, and makes them more likely to comprehend how their own behaviour can affect the other person's feelings, so that they can adapt their behaviour accordingly (Singh et al. 1998). In this way, they can more easily interpret the other person's intentions. Exercises in generating alternative ways of interpreting ambiguous social situations will also help to enhance the understanding of the situation.

Aggressive acts can be classified as reactive or instrumental aggression. Reactive aggression means that the aggressive act occurs in a "rush of blood" after a provoking or threatening event. Instrumental aggression, on the other hand, is more goal-orientated, based on the need to gain something. Robbing someone of money and bullying are examples of instrumental acts, but in the latter case the bully often blames the victim by mentioning something he or she has done which justifies the bullying. In anger management programmes, participants learn to identify the causes of anger, how to regulate their anger and generate prosocial alternatives which can replace reactive aggression. By using a combination of other programmes such as empathy training and social skills training, instrumental aggression can also be addressed, such as through an increased awareness of how such behaviour affects others and an analysis of the long-term negative consequences of aggression. Anger control training is therefore one of the most effective programmes for aggression management and has strong empirical support, both on its own, and as a component of multi-modal programmes (Hollin and Bloxom 2007).

Training programmes in social skills will also be a useful and necessary component in measures aimed at generating alternative courses of action for people with behavioural problems. The empathic dimension of social competence also suggests that programmes that address either moral issues, empathy, or both, could have a beneficial effect (Semrud-Clikeman 2007).

As mentioned earlier in this paper, the research on social competence programmes does not offer a clear picture, partly because of the wide variety of programmes, ranging from pure social skills programmes



to multi-modal programmes with several components where the programmes are supplemented with school-wide initiatives and parental training. However, various characteristics of programmes have been found to be effective in the development of social competence (Silver and Eddy 2006).

Firstly, programmes that address only a group of pupils with major behavioural problems are clearly less effective than either individually-based programmes or programmes with groups of pupils both with and without behavioural problems (ibid.). Mixed groups reduce the risk of pupil resistance and that pupils learn negative behaviour from each other. At the same time, in a heterogeneous group, the pupils with behavioural problems are more likely to be influenced by the other pupils. In a study of a mixed group by Gundersen and Svartdal (2010), it was observed that the positive effect on pupils with behavioural problems participating in a group training social competence (Goldstein, Glick, and Gibbs 1998) tended to spread to their fellow pupils in the control group.

Other characteristics of successful programmes are that they are multi-modal, i.e. they include several components, have a high degree of structure, relatively few participants per instructor, a high degree of pupil involvement and engagement, and good instructors (Silver and Eddy 2006). Meta-analytical results indicate that “person-centred programmes are most effective when cognitive and cognitive-behavioural strategies such as model learning and role-play are included” (ibid. p. 267). The quality of the implementation of a programme is another critical aspect to its effectiveness (Vennard, Sugg, and Hedderman 1997). Among the instructor skills which are particularly important are the abilities to form good relationships, express one clearly, master the strategies to keep the group quiet, and coupled with a thorough theoretical understanding and practical experience of the programme itself. In addition, instructors and programme leaders must have time for planning and there must be provision for evaluation and guidance (Silver and Eddy 2006).

### **ART as an example of a multi-modal, social competence training programme.**

One of the social competence training programmes which largely follow the recommended guidelines described above is Aggression Replacement Training (ART) (Goldstein, Glick and Gibbs 1998). ART consists of three equal components. *Social skills training* is the behavioural component in which participants learn what they *ought to do*. *Anger control training* is the emotional behaviour component where participants learn strategies to manage anger. *Moral reasoning training* is the component concerned with cognitive behaviour and moral values where participants learn to form an opinion about various moral dilemmas. The training has a fixed structure, makes considerable use of role play and exercises, there is a great deal of student involvement and various strategies for the generalisation of skills have been developed. There are usually 4-8 participants in a group, but smaller groups, especially at the start of a programme, may be necessary and desirable if the students have particularly severe behaviour problems (ibid.).

The core of social skills training is fifty social skills which represent fundamental sequences of behaviour necessary to establish and maintain friendships or cope with stressful social situations. The actual skill consists of three to five skill steps for the students to learn to use. The first three steps are so-called 'thinking steps'; where participants learn to think rationally before they act. The skill itself is learnt in a structured approach which includes the definition and demonstration of the skill, the students' role-play and the resulting feedback. The objectives are to teach the participants awareness of the implicit and explicit rules and norms in various social situations, together with the ability to interpret the intentions, non-verbal language and emotional expressions of their interaction partners, and thereafter to teach them to choose the appropriate prosocial skills. This can both prevent misinterpretation of stressful situations and also provide the participants with genuine opportunities to choose alternatives to aggression. The key factor is to prepare oneself for situations such as exposure to group pressure, losing a game, deciding whether to help someone, so that in the real situations it will be easier to adopt prosocial behaviour.

The second component in ART concerns the ability of participants to control anger. The programme focuses on *physiological responses*, *cognitive processes* and *behavioural responses*. The physiological responses involve helping participants to identify external anger triggers and their own anger cues, and to use techniques to curb their anger. The cognitive component emphasises the typical thought patterns found in people with aggressive and impulsive actions. Through cognitive restructuring strategies, participants are given help in identifying irrational thought patterns and replacing them with a more rational situation analysis. Participants are encouraged to develop alternative thought patterns and/or self-instructions which help to reduce the conflict and create "mental distance" to the anger triggers (Feindler and Baker 2004, p. 33). The behavioural component involves establishing new prosocial actions which can replace previous performance patterns, where verbal or physical aggression or withdrawal are the most common. In this component too, students' role-plays of various elements of socially stressful situations are very important.

The third ART component is moral reasoning. Results from various studies suggest that many young people with behavioural problems exhibit an immature or delayed development according to scales measuring the ability to make moral judgements. Furthermore, a strong correlation has been found between delayed moral development in young people and home backgrounds characterised by punishment, abuse and neglect (Hoffman 2000). The goal of moral reasoning is to identify and elucidate relevant dilemmas and thereby expand the participant's understanding and perspectives with regard to the consequences for himself or herself and others of the choices he or she makes. The participants become familiarised with arguments reflecting different moral levels and challenged to a normal process of cognitive rationalisation as a justification for non-moral actions such as blaming others, minimising and assuming the worst.

The original ART programme was primarily developed for young people with major behavioural problems, but the programme has been adapted and used, especially in Norway, in kindergarten centres, children's homes and institutions, schools, psychiatric hospitals and also in working with people with

Asperger's Syndrome and autism. The programme has also been found to be very effective in prisons or as an alternative to imprisonment (Hollin 1999; Barnoski and Aos 2004), and is one of the most used rehabilitation programmes in Swedish prisons. Three effectiveness studies carried out in Norway all confirm a general increase in measures of social competence and a reduction in problem behaviour (Gundersen and Svartdal 2006; Gundersen et al. 2010; Langeveld, Gundersen, and Svartdal 2011). As a result of its effectiveness, ART has been recommended for use in Norwegian schools (Nordahl et al. 2006) and children's institutions (Andreassen 2003).

**Note:**

The section on ART is partly based on Svartdal, F. (in press) *Psykologi, en introduksjon*. Oslo Gyldendal

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