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Peer-Related Social Competence and Inclusion of Young Children

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The study of young children's social competence has become a major area of investigation in recent years. It is an interesting construct, both from conceptual and developmental perspectives, and is even becoming a more prominent feature in our assessments of the effectiveness of early intervention programs (Guralnick, 1990a).

A component of that broader construct, social competence with peers, has received almost unprecedented attention in recent years. Along with growing evidence that failure to establish productive relationships with peers in the early years signals potentially significant difficulties in future life adjustment, we have every reason to believe that relationships with peers is a vital developmental process. For example, many researchers and theorists have suggested that peer relationships foster the socialization of aggressive tendencies, contribute to moral development, promote language and communication, and facilitate the development of prosocial behaviors and social-cognitive processes (Bates, 1975; Garvey, 1986; Hartup, 1983).

Although none of the research that has led to these conclusions has been carried out with children with disabilities, there is every reason to believe that the significance of these developmental processes is similar for both children who are typically developing and children with disabilities. In fact, we do know that it is the relationship of adults with disabilities with their peers and coworkers that pose the most serious threats to productive employment and to their quality of life in general.

SOCIAL COMPETENCE OF CHILDREN WITH DISABILITIES

For the last few years, I have been directing a line of research attempting to understand the peer-related social competence of preschool-age children with general developmental delays, including a substantial number of children with Down syndrome (for characteristics of the children see Guralnick and Bricker, 1987). This research has taken two major directions: (1) understanding the peer competence of

developmentally delayed children, primarily through descriptive cross-sectional and short-term longitudinal studies, and (2) efforts to understand the nature and extent of peer interactions as they occur when one's companion is a nonhandicapped child.

This line of research has, I believe, a number of important implications for a variety of overlapping issues. First, these are important issues in the field of child development—basic processes of social exchange and development. This is especially the case for understanding relationships between children with and without disabilities, but it also relates to the basic design of preschool environments to establish conditions for the growth of peer competence. The third issue of interest relates to public policy concerns. Peer relations and our understanding of interactions among diverse groups of children have much to contribute to an empirical base for the concept of inclusive environments and how children with disabilities are involved in the community, especially considering that early childhood programs may be their first formal experience in community-based activities.

Descriptive Studies of Peer Relations

Over the past few years, I have collected information with regard to the social/communicative interactions of primarily mildly and moderately delayed preschool-age children (e.g., Guralnick and Groom, 1985, 1988; Guralnick and Weinhouse, 1984). For the most part, the settings have been community programs, usually specialized. Overall, I am comfortable with the representativeness of the samples, drawing upon approximately 250 children served by the primary service provider in the community and carefully defining those samples. In another instance, I have looked at children in mainstreamed settings, typically in contrived playgroups (see subsequent discussion). Observation time varied, ranging from 30–100 minutes per child, depending on the situations.

Measures

Two peer interaction scales have been used. The first is a variation of the Parten scale (1932), characterizing the overall quality of play. It is not a perfect scale (there are some concerns about its sequential and hierarchical nature), but it has been used extensively and is sensitive to developmental changes, environmental variables, familiarity, same and mixed-age groups, and in identifying nonhandicapped children at risk. Usually it employs a 10- or 20-second observational interval followed by a recording interval for classroom observations or just 10-second segments for videotapes. Nested within the solitary, parallel, or group-play categories are four measures of cognitive play: 1) functional; 2) constructive (uses materials, creates something); 3) dramatic (pretend), and 4) games with rules.

A second set of measures is nonsequential as well, but it was selected because it provides more specific information to enable us to determine some component behaviors of peer interactions and also gain some sense of the qualitative nature of social exchanges. This set is based on the White/Watts scale but has been substantially modified by us and others over the years (see Doyle et al., 1980). Fourteen major categories are coded whenever they occur. Eleven component categories

record the social interactions of a focal child as directed to peers (who were recorded). Two categories are responses of the focal child to peers, and the final category is the extent to which the focal child served as a model to a peer. The scale contains a small sequential feature, tracking the success of children for certain categories.

In addition, in a number of studies, the communicative interactions of the participants were painstakingly transcribed and then analyzed in a number of different ways (Guralnick and Paul-Brown, 1989). In general, for both utterance-by-utterance analyses and instances in which a series of utterances or turns were tracked, analyses could be categorized as follows: 1) structural-syntactic measures such as utterance complexity (MLU and other measures); 2) functional—how utterances were used; and 3) discourse and speech-style measures, based to some extent on the sociolinguistic literature.

Summary of Peer Interactions

Although this series of studies revealed a substantial number of findings, the most significant patterns are as follows:

1. Developmentally delayed children engage in limited amounts of group play, far less than expected for developmentally matched younger, nonhandicapped children. This conclusion is based on comparisons of delayed children in specialized programs to nonhandicapped children at similar developmental levels and to groups matched carefully in terms of mental age (Guralnick and Groom, 1987a).

2. Social interaction figures with peers are actually worse than it appears on the surface. Specifically, fully 33% of children engage in social interaction less than 5% of the time in free-play; alternatively, 20–25% of children accounted for 50–60% of the peer interaction. Many children had great difficulty going beyond simple initiation–response sequences.

3. Cross-sectional studies revealed minor changes over the preschool period (3–6 years). Peer interaction did improve over the course of a year, but apparently new playmates or summer disruptions caused returns to baseline.

4. Absence of directive/organizing interactions, such as positive-leads or use of others as resources, were notable. Limited evidence was observed for children's abilities to positively influence their peers in a goal-directed manner.

5. Delayed children did discriminate among peers, and when they did interact they tended to prefer one or another playmate. These unilateral friendships were rarely reciprocated, however, as few playmates whom they chose, chose them in return. In addition, in contrast to appropriately matched groups of nonhandicapped children, the delayed children failed to take advantage of even their unilateral friendships, as play was not more complex or sophisticated with "friends" versus "nonfriends."

6. Data on directive episodes of delayed and nondelayed children are currently being analyzed, examining the processes children use in this important social task. Preliminary findings suggest major social process differences that may be associated with delayed children's poor peer relations. For example, in comparison to appropriate nonhandicapped groups, requests tend not to be mitigated, often setting up a

confrontational atmosphere. There is little variation in follow-up requests, compromise and negotiation occur rarely, and delayed children do not tend to accept alternative proposals. These processes contrast sharply with those of nonhandicapped children.

Effect of Inclusion

Given this set of circumstances, how is it possible to alter the quantity and quality of peer interactions of delayed children as well as those with other disabilities? One approach is to consider the social environment of the children with disabilities in classrooms. Most of the data on peer interaction difficulties were obtained when disabled children were in specialized settings; i.e., all children in the setting manifested similar difficulties.

What might we expect if the social environment were changed to include nonhandicapped peers? One possibility is that the nonhandicapped children would take over some of the directive functions not exhibited by delayed children. That is, like parents or teachers, they might take some control over the situation just in those deficit areas of delayed children and perhaps allow for some building of extended exchanges. Nonhandicapped children may have an intermediate status between adults and true peers that produces asymmetries but still contains some peer-like characteristics.

Some evidence can be cited suggesting that this is a reasonable hypothesis. In dyadic situations in which children are systematically paired with one another to allow comparisons with partners who are either delayed or nondelayed, substantial increases in the peer interactions of the delayed children occur. These increases appear to be stimulated by the directive abilities of the nondelayed peers (Guralnick and Groom, 1987b). The fact that delayed children prefer to interact with nonhandicapped peers, and the demanding nature of these mainstreamed environments also suggest that the availability of nonhandicapped children may have some positive impact.

Results of Recent Research

What happens when comparisons are made in group-play situations between specialized and integrated settings? Actually, very limited differences are obtained. Some studies have revealed slight increases in peer interactions or some reduction in inappropriate play but, by and large, very few differences have been observed.

Given reasonable expectations for more substantial positive effects, why aren't the findings more significant? It is possible that the quality of the integrated environment is poor, i.e., very isolated delayed children with little contact with nonhandicapped classmates. Alternatively, we need to look at characteristics of the nonhandicapped peers and the social environment itself as a possible source. It is important to note that virtually all of these minimal-effect observational studies had two characteristics in common: 1) nonhandicapped children were about a year younger; and 2) the primary program was designed for delayed children who were integrated into various play

settings that included nonhandicapped children or settings in which a few nonhandicapped children were invited. Since delayed children prefer nonhandicapped peers, are more socially interactive when participating with similar-age rather than younger nonhandicapped children, and even in group settings, are found in most advanced play with similar-age nonhandicapped children, it is possible that minimal effects could be due to the availability of only younger same-age nonhandicapped children. Also, it is possible that since most studies occurred in an integrated setting, with the dominant peer group still being the delayed children, the demands and social climate were still those of children with disabilities.

Support for these explanations comes from a study in which delayed children's peer interactions were compared when interacting in mainstreamed settings (i.e., the primary program was designed for nonhandicapped children but included full-time a few similar-age delayed children) in comparison to a specialized setting (all delayed children). Although not entirely an unflawed study, strong evidence was found that, during free play, peer interactions as well as the quality of cognitive play, particularly more constructive play, improve substantially in the mainstreamed setting (see Guralnick and Groom, 1988). In our current work, we have replicated these findings in experimental playgroups. In fact, the increased level of peer interactions occurring in inclusive as compared to specialized settings appears to hold for samples of children with cognitive delays and communication disorders.

Despite positive findings, it is important to note that the quality of play, as measured by the group-play category on the Parten scale, did not vary with the setting. It suggests that mainstreamed settings may be a necessary but not sufficient condition for building peer interactions.

In fact, it is becoming increasingly clear that a peer-social competence curriculum that is highly individualized is essential (Guralnick 1990b). As a consequence, I have recently developed an assessment instrument designed to serve both educational and clinical purposes (see Guralnick, 1992). It is educational in the sense that it is intended to communicate the idea that forming successful peer relations is an integrative process, one that depends extensively on fundamental developmental abilities and skills associated with cognitive, language, motor, and affective domains. An evaluation of the social-communicative skills that emerge from this integrative process, such as the ability to direct others, to request permission, to express disagreement, or acknowledge requests, constitutes Level I of the assessment. However, this integration of abilities and skills goes further, requiring children to apply those social-communicative skills in various contexts to achieve specific interpersonal goals. Social tasks such as entering a group or resolving a conflict constitute important contexts or events for children. While engaging in these tasks, children must transform their social-communicative skills to social strategies while considering various factors including the specific context of the situation as well as the skills, abilities, and status of their companions. Strategies children use may include negotiating, insisting, mitigating a directive, or threatening a companion. The effectiveness and appropriateness of the strategies selected by children during this integrative process constitute the core of socially competent interactions with peers. Level II, the

level of Social Strategies and Social Tasks, is intended to assess children's peer-related social competence within this higher-order framework.

This assessment instrument is also a clinical tool in that it is designed to help organize how educators and clinicians think about the complex factors that influence young children's peer relationships. In essence, the assessment process is intended to guide clinical judgment to assist in formulating the most likely hypotheses with regard to why children may be experiencing difficulties in peer relationships. Having accomplished that, this clinical information can be used as a basis for designing intervention programs. The link between assessment and intervention and the processes associated with that task are part of a new intervention program based on this approach.

Taken together, inclusive early education in conjunction with specific assessment-intervention programs in the domain of peer relations may well be necessary to maximize the peer-related social competence and inclusion in community life of children with Down syndrome and others with general developmental delays.

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