

## Social Competence and Behavior Problems in Preschool Children

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**Objective:** This study examines development of social competence, and behavior problems in kindergarten children during a specific period of childhood.

**Method:** A sample of 499 kindergarten children (244 girls and 255 boys) with the age range of 2 years up to 5 years and 6 months was selected using the random stratified sampling method. To collect data, California Preschool Social Competence Scale and Social Skills Rating System were completed by kindergarten teachers.

**Results:** The trend analysis shows that both the linear and quadratic trends for verbal facility were statistically significant. Similarly, both the linear and cubic trends were significant for considerateness, and the linear trend tendency was significant for subscales of extraversion, response to unfamiliar and task orientation. Pearson's correlation coefficient yielded a low-to-moderate and negative correlation patterns between social component and problem behaviors.

**Conclusion:** The study findings indicate a significant linear trend between the progression in social competence and increasing age, consequently leading to a decrease in social problems for children whose age was from 2 years up to 5 years and 6 months.

**Key words:** Behavioral problems, Social Behavior, Social Competence

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**D**evelopment of social competence in childhood has become an area of interest for researchers, mainly because of its undeniable constructive role in shaping adjustment abilities both in childhood and adulthood. As a multidimensional phenomenon, social competence has been defined as a construct involving variety of qualities and traits such as positive self-image, social assertion, frequency of interaction, social cognitive skills, popularity with peers, etc. (1).

The term "social competence" covers a broader domain than does the term "social skills". The term "social skills" is basically based on behavior and refers to particular behavior types, which a person should perfect to participate successfully in a variety of social settings. Standing up to group or peer pressure, asking for help and solving problems could be considered as instances of these behavior. Person's awareness of how his behavior affects his surroundings and his sensitivity to the needs of others are the differentiating points of social competence (2 and 3). Greater social competence is generally related to peers acceptance, emotional health, and capability as established in school such as school readiness, interpersonal relationships, and social adjustment. Children who are socially assertive, cooperative, and friendly are likely

to do well in social and academic areas and demonstrate a higher psychological resilience. In contrast with what was mentioned above, there is positive association between the lack of social competence, such as empathy, cooperation, and conflict resolution skills on the one hand, and children's negative behaviors and problems in their social interaction skills on the other hand (4 and 5).

Furthermore, a number of other studies have shown social competence and behavioral problems to be negatively correlated (6). The interpretation of this relation is not obvious; however, such studies do indicate that low social competence and behavioral problems co-occur, and that even a causal relation can be assumed to exist between them. This means that is, low social competence could underlie behavioral problems (e.g. (7)).

Problem behaviors include both internalizing (e.g., 'troubled' behaviors such as anxiety, withdrawal) and externalizing behaviors (e.g., 'troublesome' behaviors such as acting out, and conduct disorders), and issues of both over-control (inhibited, and dependent) and under-control (impulsive, inattention, and aggressive) behaviors (8). Drawing on previous research, Howes delineated a developmental sequence for social

competence, which starts from infancy and continues up to childhood, being shaped in the interactions with peers. This sequence can be divided into four stages: infancy, early toddler period, late toddler period, and preschool period. The social competence of children develops steadily, at an uneven pace, as they get older (4).

the social interactions in which young children engage in the second year of their lives have complementary and reciprocal structures. The peers in play exchange both turns and roles such as run and chase, hide and seek, offer and receive. The toddler period is of special significance for the child to develop their capacity both in terms of initiation and responsiveness. This period marks the formation and stabilization of friendships, which are the beginning of affective relationships among peers. There is evidence suggesting that friendship among peers can provide social and emotional support to young children (4). In the third year, the increased language skills, together with children's ability to assume a more active role, lead to higher levels of social responsiveness and initiative (9). Once the children pass this age, their social competence develops most noticeably in the form of the communication of meaning. The process includes sharing meaning or themes, knowledge of social rules, negotiation in a cooperative fashion, etc. Children's ability to communicate meaning enables them to participate in a wider variety of games and to vary the themes of games, as well as make early forms of social pretension. In the latter toddler period, children acquire increased flexibility in the choice of friends and playmates, and as a result make more friends including both long and short term ones (4).

During the preschool period, the children's social knowledge includes an increased familiarity with the peer group, and an awareness of their own membership, and the behavioral traits and qualities of their peers. At this point, they also seem to be gradually developing the capability to have their own stable personal judgments about peers. In addition, preschoolers show a tendency to play with a larger proportion of their peer group than do younger children, and generally play less exclusively with those children whom they recognize as friends in sociometric interviews (cited in 4).

Regarding possible effects of age and gender on social competence, we expect to come across a higher degree of social competence in the older rather than the younger children as has been reported in the literature (10-12). Additionally, based on the extensive research evidence indicating the differences between boys and girls in terms of social competence (10-12-13), it is expected that social competence would be more developed in girls compared to boys.

Although much research has been carried out to investigate the development of children's social competence from infants to preschoolers, the developmental sequence of social competence and behavior problems during the preschool period has not

been studied as much. Empirical studies on this period might shed light on the characteristics of children's social competence as well as helping one to discover the effects of social incompetence on behavior problems especially regarding the development period of the 2-to 6-year-old children. Furthermore, more intimate knowledge on the development of social competence and various aspects of the construct in preschoolers may better contribute to the ones who are seeking to help out the young children with lower level of social competence, or problems associated with it (e.g., conduct problems).

The aims of the present study were twofold. In this study it was attempted to (1) investigate social competence and behavioral / emotional problems in Iranian preschool children of 4±2 years, and (2) to examine whether factors such as children's age, gender, socio-economic status (SES) of the family were related to the children's social competence and behavioral/emotional problem scores.

## Materials and Method

### *Participants*

A preschool population was chosen for a variety of reasons. Preschool teachers recognize disruptive behavior as the biggest challenge they face in managing their classrooms. Preschool is a prime time for language development and since language is a social instrument, gains in one area are often related to gains in the others. Acceptance by peers is not only correlated with positive attitudes toward school but it also is a powerful predictor of social adjustment throughout life. Social competence is a universal concern of parents and families.

The present study was conducted in the city of Tabriz. A list of pre-school centers was prepared and from this list, eight pre-school centers were selected randomly from high, medium, and low socio-economic clusters by stratified sampling. The sample consisted of 499 children, of which 52% were girls. It should be noted that in the present cross sectional study, separate samplings were conducted on different age groups. The average age of children in the community sample was 3.6 years (SD = .29), ranging from 2 to 5.6. For analytical purposes, age was treated as a categorical variable by dividing subjects into four groups: 2-year-olds (24 to 35 months, n = 23); 3-year-olds (36 to 47 months, n = 64); 4-year-olds (48 to 59 months, n = 108) and 5-year-olds (60 to 65 months, n = 304).

### *Instruments*

#### *Social Skills Rating System-Teacher Form (SSRTS)*

SSRTS (14) was included to provide a comprehensive assessment of social skills typically displayed in the classroom. The preschool level (ages 3-0 to 4-11) of the SSRS-T consisted of 40 items such as, "Finishes classroom assignments within time limits," scored on a 3-point scale (0=Never, 1=Sometimes, and 2 =Very Often). The SSRS-T composed of two main scales: social skills (e.g., makes friends easily; Gives

compliments to peers; Waits turn in games or other activities) and problem behaviors (e.g., has temper tantrums; appears lonely). The social skills scale had standard scores ranging from 40 to >130, whereas the problem behaviors scale scores ranged from 85 to 145. Both scales had a mean of 100 and a standard deviation of 15. The social skills scale had three subscales: cooperation, assertion, and self-control. The problem behaviors scale had two subscales: externalizing and internalizing (15).

The SSRS which is currently considered the most comprehensive rating scale assessment of social skills was used in the present study as a broad measure of social behavior. One advantage of this study was the fact that the items were primarily behavioral and therefore required a low level of inference on the part of the teacher (16). Furthermore, the psychometric properties of the SSRS-T indicated adequate reliability and validity. Internal consistency using Cronbach's alpha was 0.94 for the social skills scale and 0.82 for the problem behavior scale of the SSRS-T (Four-week test-retest reliability coefficients were 0.85 for the Social Skills scale and 0.84 for the problem behaviors scale of the SSRS-T at the elementary level). These results indicate that the SSRS-T preschool level is reliable. Successful attempts have been made to directly validate the SSRS-T preschool level. In several studies, the SSRS-T was able to discriminate between typical preschoolers and those who were developmentally delayed, diagnosed with attention deficit/hyperactivity disorder, and enrolled in head start. With respect to convergent validity, the social skills scale and the problem behaviors scale of the SSRS-T were found to correlate in the expected directions with the socialization domain of the Vineland adaptive behavior scales, teacher ratings of pro social behavior, and the Revised comers ratings scales teacher form (15-17).

Fantuzzo et al. attempted to validate the SSRS-T preschool level with head start children. The overall social skills scale and the problem behaviors scale were found to be inversely related, indicating that these two subscales represent opposite poles of the overall construct of social competence. The degree of overlap between peer ratings, peer nomination and the SSRS-T was less than 6%, indicating that measurements of peer acceptance is relatively independent from the measurement of social competence in preschoolers. As such, the SSRS-T preschool level does not substitute for the measurement of peer acceptance (18).

Direct evidence of the validity of the SSRS-T preschool level is also found in studies that have employed the SSRS-T as a dependent variable. In a study examining the treatment of withdrawn, maltreated preschoolers attending head start, the SSRS-T preschool level was sensitive to treatment effects, as indicated by increased social skills and decreased problem behaviors. Similarly, McKinney and Rust found a pre-treatment to post-treatment decrease in problem behavior scores in a sample of African-

American preschoolers. Therefore, the SSRS-T is an assessment device capable of revealing effects in treatment studies. We used the previously translated Persian version that has formally been used in Iran (cited in 19).

**California Preschool Social Competence Scale (CPSCS)- teacher form:** The CPSCS was a teacher-rating scale designed to be used for evaluating the social competence of children aged 2.5 years to 5.5 years. The scale is composed of 30 items, each of which having four answer choices on a Likert scale ordered from 1 to 4, based on the description that best fits the child's social skills in particular areas. The items cover a wide range of behaviors, such as responding to routine, responding to the unfamiliar, following instructions, making explanations, sharing, helping others, initiating activities, giving direction to activities, reacting to frustration, and accepting limits. The total social competence score is the sum of all level ratings for the 30 items. Total social competence raw scores can thus range from 30 to 120. The total score represents the child's Global Social Competence. The Persian version of the CPSCS was developed using the standard back-translation technique (20); its inter-rater reliability (.75-.86) (21) and split half reliability (.90-.98) are appropriate. The authors initially translated the CPSCS into Persian, and an independent translator unaffiliated with the study then translated this version back into English. Minor differences that emerged during this process were resolved between translators. Coefficient alphas, in this sample, were 0.90, 0.77, 0.81, 0.79, 0.61, and 0.45 for all parts of the questionnaire, Considerateness, Task Orientation, Extraversion, Verbal Facility, and Response to Unfamiliar respectively.

#### **Procedure**

The survey forms which contained the three translated scales of Career Decision making Difficulties Questionnaire, Career Decision-making Self-efficacy, Occupational Barriers and the demographic questions were administered to all volunteering students in the first grade of high-school. The classroom teachers, who were provided with instructions regarding the administration protocol, administered the survey forms. A written group careers audit was provided to the school following the data collection.

#### **Data analysis**

To answer the research questions, the trend analysis method was employed. As noted, Johnson and Christensen (22) defined a trend study as, -a form of longitudinal research in which independent samples (samples composed of different people) are taken from a general population over time, and the same questions are asked of the samples of participants (p. 344).

Hinkle, Wiersma, and Jurs (23) explained that a trend analysis discovers (a) whether treatment groups linearly increase or decrease with amplified

independent variable levels, (b) whether a trend is linear, and (c) what equation is necessary to fit data from a nonlinear trend. In the present study, it was anticipated that social competence would increase consistently with age and gender.

**Results**

Table 2 presents the Means, Standard Deviations of the subscales of social competence scores for 2 to 5.6 year old participants. The Levene test was not significant, indicating homogeneity of variances of the components of social competence scores. Figure 1 shows a large amount of variation for all five-response variables at each year level despite the fact that quadratic and cubic trends in the means are apparent. These were supported by results from a trend analysis computed across all subjects with sex and age developments as the independent variable.

**Social skills and behavioral problems associations**

The last set of analysis had to do with relations between social component and children’s behavior problems in kindergartens. Table 3 displays the correlations between total score of social component and the internal and external behavior problems.

As hypothesized, and consistent with theoretical expectations, the coefficients between social component and problem behaviors revealed a low-to-moderate and significant negative correlation pattern ( $p < 0.05$ ). Thus, children rated by teacher as having greater social skills were found to have less behavior problems.

**Table 1. Frequency distribution and percentage of total individual age scores**

Age in years	Frequency	Percent
2 y	23	4.6
3 y	64	12.8
4 y	108	21.6
5 y	304	60.9
Total	499	100.0

**Table 2 Means, standard Deviations, and Ranges of four subscales of social competence scores for 2; 6 to 5; 6 years**

Variables	Age group	N	M	SD	Range	
Considerateness	2-2/11	23	14.60	5.03	7	24
	3- 3/11	64	16.09	4.64	7	24
	4- 4/11	108	15.50	4.59	7	24
	5- 6	304	17.60	4.17	6	24
	Total	499	16.81	4.47	6	24
Task Orientation	2-2/11	23	21.39	5.38	11	30
	3- 3/11	64	20.48	5.57	9	34
	4- 4/11	108	23.01	5.83	9	34
	5- 6	304	24.17	6.33	9	36
	Total	499	23.32	6.21	9	36
Extraversion	2-2/11	23	14.86	3.58	8	22
	3- 3/11	64	14.92	3.83	6	24
	4- 4/11	108	15.49	4.61	6	24
	5- 6	304	16.82	4.26	6	24
	Total	499	16.20	4.32	6	24
Verbal Facility	2-2/11	23	11.86	3.09	7	16
	3- 3/11	64	11.01	2.80	4	16
	4- 4/11	108	11.46	2.84	4	16
	5- 6	304	12.52	2.65	4	16
	Total	499	12.07	2.79	4	16
Response to unfamiliar	2-2/11	23	7.52	1.85	4	10
	3- 3/11	64	8.01	1.98	3	11
	4- 4/11	108	7.89	2.05	3	12
	5- 6	304	8.26	2.04	3	12
	Total	499	8.12	2.03	3	12

**Table 3. Correlations between social competence (SC) and behavioral problems**

variables	girl	boy	SC	1	2	3
	M (SD)	M (SD)				
SC	78.88 (15.76)	74.29 (15.06)	1			
<b>Problem Behaviors:</b>						
1. internalizing	5.56 (1.68)	5.74 (1.78)	-.29**	1		
2. externalizing	7.50 (2.11)	8.29 (2.62)	-.36**	.41**	1	
3. hyperactivity	1.67(.65)	1.69 (.66)	-.22**	.17**	.58**	1

\*\* p < .01

**Table 4. Estimates of the frequency (percentage) of children who exhibit-never, sometimes, or often- problem behaviors and the Mean and SD of problem behaviors concerning sex**

choices	D1	D2	d3	d4	d5	d6	d7	d8	d9	d10
Never	213 (42.7)	239 (47.9)	205 (41.1)	289 (57.9)	282 (56.5)	264 (52.9)	344 (68.9)	315 (63.1)	277 (55.5)	349 (69.9)
Sometimes	232 (46.5)	211 (42.3)	230 (46.1)	173 (34.7)	170 (34.1)	197 (39.5)	131 (26.3)	146 (29.3)	192 (38.5)	127 (25.5)
Often	54 (10.8)	49 (9.8)	64 (12.8)	37 (7.4)	47 (9.4)	38 (7.6)	24 (4.8)	38 (7.6)	30 (6)	23 (4.6)
Total	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)	499 (100)
Girl M (SD)	1.67 (.65)	1.57 (.63)	1.64 (.64)	1.41 (.58)	1.45 (.60)	1.44 (.57)	1.34 (.56)	1.44 (.63)	1.45 (.58)	1.33 (.54)
Boy M (SD)	1.69 (.66)	1.67 (.67)	1.79 (.69)	1.58 (.66)	1.60 (.70)	1.65 (.67)	1.38 (.57)	1.45 (.63)	1.55 (.63)	1.36 (.58)

d1=hyperactivity, d2= arguing, d3=Disturb, d4=grudge, d5= aggression, d6= Disobedience, d7= He says he do not like, d8= loneness, d9= anxiety, d10= sadness and depression

**Age and Gender Effects**

Differences between the two groups were tested using a2 (ages: 2-5.6 years) x2 (sex: male, female) multivariate analysis of variance (MANOVA) with measures of subscales of social competence as dependent variables. The analysis revealed a significant main effect for sex,  $F(1, 490) = 5.02, p < .03$ , and other ages,  $F(3, 490) = 10.74, p = .001$ . However, no significant age by gender interaction effect was detected for the social competence theme ( $F(3, 490) = .812, p > .05$ ). Pairwise comparisons revealed that the mean of social competence in boys ( $M = 71.02, SD = 1.48$ ) was significantly lower than that in girls ( $M = 75.54, SD = 1.38$ ) for all preschool ages ( $p = .042$ ).

To answer the first research question "What trends occurred with children social competence at 2 to 5.6 years?" we employed the trend analysis method. The trend analysis showed that both the linear,  $F(1, 498) = 16.11, p < .001$ , and quadratic trends,  $F(1, 498) = 7.13, p < .008$ , for verbal facility were statistically significant. Similarly, both the linear and cubic trends were significant for considerateness, respectively  $F(1, 498) = 20.47, p < .001$ , and  $F(1, 498) = 4.42, p < .05$ , and no significance was observed in quadratic trend. Furthermore, the other significant finding was a linear trend tendency for subscales of extraversion, response to the unfamiliar and task orientation ( $p < .05$ ).

**Behavioral problems**

Table 4 presents the estimates of the percentage of children who exhibited problem behaviors-never, sometimes, or often- at 2 to 5.6 years of age. The data indicate that many children exhibited problem behaviors on the never basis while a much smaller number of them did so on the often basis. Behaviors of hyperactivity, physical aggression toward peers, anxiety, argument, grudge, disobedience, loneness, and sadness-depression were exhibited on a frequent basis by fewer than 10% in the population.

**Discussion**

The current study was an attempt to examine the

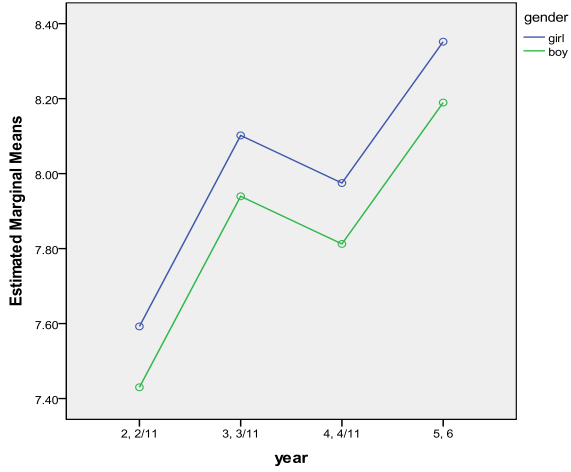
developmental rate of Iranian preschool children's social competence in relation to behavior problems.

The results from a more descriptive perspective indicate that relatively few children in the general population exhibited problem behaviors at 2-5.6 years of age, at least not on a frequent basis. One possible reason for this may be that the education and development of children's pro-social behaviors, such as sharing, helping, cooperation, and negotiation will restrain and reduce the emergence of their emotional and behavioral problems. Nevertheless, the emotional problems are affected by the development of children's emotional control. As a result, it may be that children indicate more emotional problems than behavioral problems.

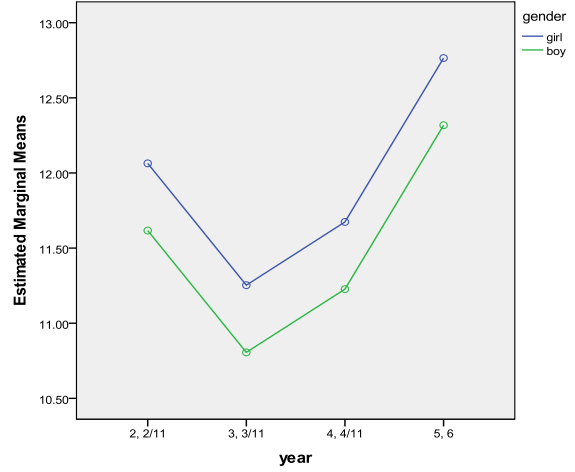
In addition, gender differences were found to be statistically significant on social competence; girls are, on average, known to be more socially competent than boys. By the same token, as our analysis revealed, boys are rated by their teachers higher on behavioral problems and lower on SC than girls. The explanation for this might lie in the fact that boys are more physically active, engage in more risk-taking and rough-and-tumble play, and exhibit more anger and aggression towards peers than girls. In addition, boys generally play in larger groups, move around in larger space, have more resources at their disposal, and are more likely to do all of the above away from adult supervision than girls. In contrast, girls engage in more dyadic play than boys and prefer the company of their mostly female preschool teachers to boys. If environmental factors contribute substantially to the presence or absence of behavior problems, it may well be the case that an environment designed by female preschool teachers will inevitably produce greater frequencies of these problems among boys. Therefore, the observed sex differences might be an artifact of the interaction between biological sex differences and the environmental factors.

At the same time, most preschool teachers consider the girls to be friendly and sociable while boys might be

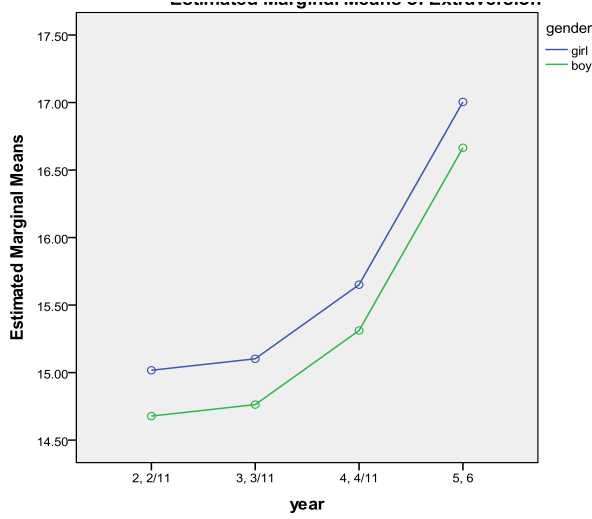
Response to unfamiliar



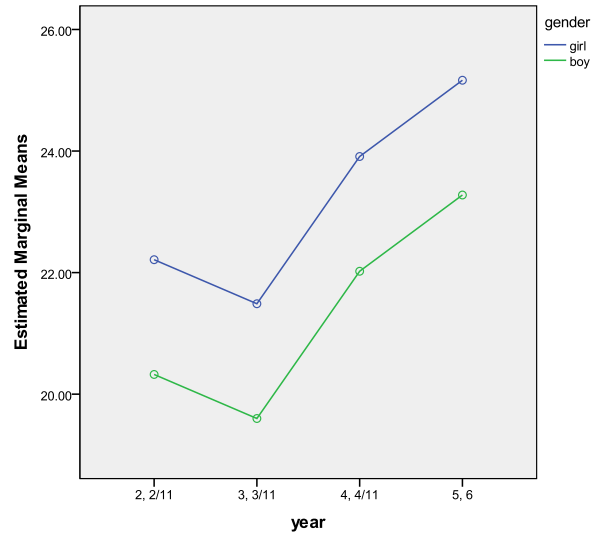
Verbal Facility



Extraversion



Task Orientation



Considerateness

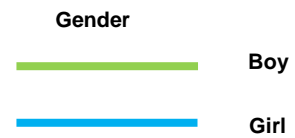
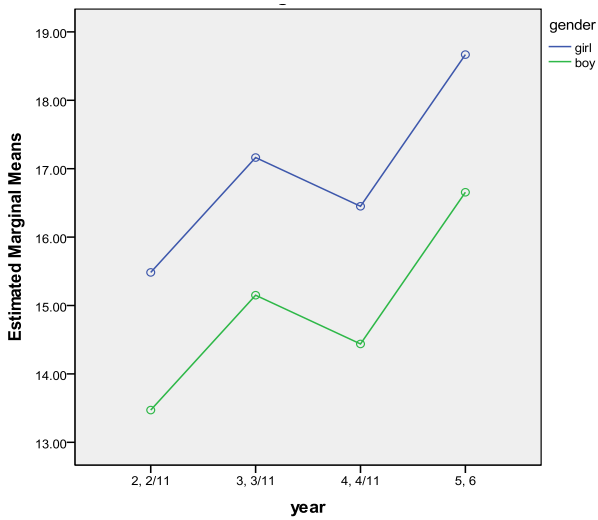


Fig. 1 means of subscales of social competence of all subjects across time in this study

regarded as being aggressive and offensive. This gender difference in teacher's conception is also reflected in their daily education. When unfavorable behavior arises in social interaction, the teachers are relatively tolerant of boys but critical of girls. So in order to gain teacher's praise and avoid their criticism, the girls will control and regulate their behavior more often than would boys. As a result, girls gain more opportunity for developing social competence, and in the long run, the level of their social competence tends to be higher than that of boys (4)

Emerging evidence indicates a gender difference in development of social competence. Diener and Kim (24) evaluated 110 preschool children and their mothers using observations, parent and teacher report over a 5-month period. Findings indicated that boys were significantly higher on externalizing behavior measures while girls were significantly higher on prosocial behavior ratings. No gender differences were found between genders on social withdrawal measures. Results for measures of social competence found a significant relationship between temperament ratings and self-regulation as well as a relationship to the mother's positive support during classroom observations.

Along the same lines, kindergarten teachers have consistently attached higher significance to certain behaviors or qualities such as turn taking ability and the ability to follow directions, not to disrupt the class, and to be empathic to other children's feelings than to other capabilities such as knowledge of colors, shapes, letters, and numbers (24).

Another possible reason for this may have to do with the fact that gender differences vary in the preschool years with mixed gender peer relationships accepted by younger preschoolers and same gender peer relationships valued by older preschoolers. These developmental shifts have only recently attracted some research and surely a lot more studies are called for in this area. Children as young as 3 years of age might feel more intimate and exhibit more affective reciprocity with friends than with siblings. Young children are also known to be more sensitive and sympathetic to a friend's problem than that of a non friend and to actively look for or come up with suggestions. In addition, preschoolers by the age of 4 are readily able to share positive interactions and to talk about their feelings and to engage in play (25). Children at the preschool level who are able to engage in more complex play were found to have better social competence and were more socially accepted (24).

In the current study, the correlation analysis indicated that there are significant relationships between children's social competence and two kinds of emotional and behavioral problems: sadness, depression, and loneliness, aggression, poor control of temper, and arguing. The result was consistent with all previous research on Social Competence and Behavior Evaluation (SCBE). The anxiety-withdrawal and anger-aggression are two kinds of negative emotional

and behavioral behaviors that often appear in children's peer interaction. They are related to the development of children's emotional regulation and peer interaction strategies. Some previous research has found that children's abilities to use, understand, and regulate emotions appropriately are associated with the quality of their peer interaction. Eisenberg (26) also points out that the peer interaction strategies are related to children's negative emotion and behaviors. In this study, we also found that social competence scores are moderately correlated with scores on the other two scales. This indicates that girls are, on average, less aggressive and angry as well as less anxious and less restless or hyperactive, and as a result less likely to fidget, fight, attack, kick, bite, and hit other children than boys. Thus, the results with our Franco-Albertan sample are comparable to those of a French-Canadian sample where girls also displayed less anger-aggression behaviors and more social competence than boys exhibited (27). These may be the first indicators of a national trend in early childhood development similar to the results found in the LaFreniere et al. (28) international study. Campbell (29) studied boys with behavioral difficulties in preschool over a 2-year period. Here again, the study found poorer social competence leading to consistent difficulties with behavior over the time span while higher social abilities led to fewer behavioral difficulties.

Both internalizing and externalizing behavioral difficulties have been associated with problems in social competence. Problems with sadness, anxiety, aggression, and conduct in childhood and their continuing into adolescence have been found to be predictive of difficulties with social competence in adolescence (30).

Females who display difficulties through anger expression (i.e. express anger and have a higher level of anger intensity) were found to have lower self esteem and higher levels of impulsive behaviors and tended to have difficulties with social skills. Interestingly, the males who showed higher levels of anger and those who did not were not found to differ in any significant way on measures of social competence (31). Social withdrawal has also been linked to problems with social competence. Rubin et al. found in a longitudinal study that children who were high on measures of social withdrawal had difficulties with loneliness and low self-esteem while those high on measures of aggression showed poorer social competence. Thus, aggression, anger management, and social withdrawal have been associated with poorer outcome in adolescents. Aggression has been strongly related to problems with social competence (24). Hawley (32) suggests that different types of aggression may be associated with varying levels of social competence. She rightly makes the point that many CEOs and successful people are also aggressive.

On the other hand, findings indicated that the teachers consistently considered children with high rates of depressive symptoms to have difficulties in social

competence particularly in certain areas such as entering a playgroup, responding to provocation, and responding to success. It was also found that the teacher ratings corresponded to the child's self-rating of depressive symptoms 85% of the time for high levels of depression and 77% for the low levels. These findings support the hypothesis that children with lower social competence (or efficacy) and with depression will likely have fewer chances to practice appropriate social skills and to become even more isolated (24).

Finally, it can be concluded that as children get older, the frequency of their emotional and behavioral problems reduces gradually, but the significance is not obvious.

Therefore, with the increase in interaction experiences children's social competence improved continuously, and showed a significant age difference between 3 and 6 year old children. Although there was a slight decline in pro-social behaviors from 3 to 4 years of age, age differences were not significant. The development of AA and AW are both related to children's ability of emotion control and peer interaction. In the preschool stage, these two capabilities develop with age, but slowly. With an increase in age, the frequency of children's emotional and behavioral problems reduces gradually, but the significance is not obvious.

Some limitations of this study are as follows: First, the construct validity of the results reported in this article is mainly derived from the student sample (the University of Tabriz). Further research is necessary to replicate the results scale in other geographical settings to validate the Persian version of SAM. Second, given that in this study cross-sectional research method was utilized, a longitudinal study could be conducted in the future. A longitudinal study could accurately define the association between age and social competency variables.

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