– ПСИХОЛОГИЯ РАЗВИТИЯ | DEVELOPMENTAL PSYCHOLOGY

The Development of Social Competence in Adolescents in the Conditions of Inclusive Education

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> The work is aimed at determining the level of formation of social competence in adolescents with disabilities and assessing the state of ensuring its development in adolescents by means of a lesson and extracurricular activities. The materials of an empirical study are presented, in which adolescents from 12 to 16 years old took part (N=123 with disabilities and N=123 with normotypical development). The study examined the operational-content, personal-regulatory, motivational-emotional and behavioral components of social competence. We used the methodology for Studying the Understanding of Social Situations and Ideas about Growing up by N. Moskolenko; Adapted Method of M. Rokeach; the Scale of Emotional Empathic Tendencies by A. Megrabyan, N. Epstein; Method of Coping Strategies by N. Ryan-Wegner; Test by S. Rosenzweig and others; methods of observation, conversation and analysis of documentation. The data obtained for each criterion indicate that the social competence of adolescents with disabilities is formed at a low level, in adolescents in the norm - at a sufficient level. An analysis of the adapted curricula and a survey of teachers showed that the methods and resources that teachers and tutors use to work with adolescents in the classroom and outside of school hours are insufficient for the formation of the presented competencies in adolescents with disabilities.

> *Keywords:* adolescents, inclusion, social competence, components, levels, social reflection, social situations, behavior.

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Развитие социальной компетентности у подростков с ОВЗ в условиях инклюзивного образования

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> Работа направлена на определение уровня сформированности социальной компетентности у подростков с ОВЗ и оценку состояния обеспечения ее развития средствами урока и внеклассной работы. Представлены материалы эмпирического исследования, в котором приняли участие подростки от 12 до 16 лет (N=123 с ограниченными возможностями здоровья и N=123 с нормотипичным развитием). Для исследования авторами выделены операционно-содержательный, личностно-регуляторный, мотивационно-эмоциональный и поведенческий компоненты социальной компетентности. Применялись: методика исследования понимания социальных ситуаций Н. Москоленко; адаптированная методика М. Рокича; шкала эмоциональных эмпатийных тенденций А. Меграбяна, Н. Эпштейна; методика копинг-стратегий N. Ryan-Wegner; тест С. Розенцвейга и др.; методы наблюдения, беседы и анализа документации. Данные, полученные по каждому критерию, указывают, что социальная компетентность подростков с ОВЗ сформирована на низком уровне, у подростков в норме — на достаточном. Анализ адаптированных учебных программ и опрос педагогов показали, что те методы и ресурсы, которые используют учителя и тьюторы для работы с подростками на уроках и во внеурочное время, недостаточны для формирования представленных компетенций у подростков с ОВЗ.

> **Ключевые слова:** подростки, инклюзия, социальная компетентность, компоненты, уровни, социальная рефлексия, социальные ситуации, поведение.

Introduction

Rapid changes in the economic development of society require school graduates to use new social competencies in order to successfully integrate into the professional environment and accomplish one's professional goals. At the present stage, it is not only knowledge that will help one master a chosen profession, but also the communicative and organizational foundations of interpersonal and group interaction, those integrative qualities that will allow one to

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work in a team, take responsibility, make decisions, manage and work under guidance, settle conflicts and manage complicated production situations, purposefully seek help and provide it to the team, apply a holistic approach to the organization of professional activities inside the team and become aware of one's role and significance in it (S. Jay, S. Joyce, D. Tige, M. Fuller-Tushkevich, F. Shand et al.) [21; 23; 24]. We consider these skills and abilities as a component of the student's social competence, an integrative guality of the personality, which is formed and laid down at preschool age during role-plaving and continues to develop in school [13; 14]. It is especially important to pay attention to the development of this quality in adolescence when interpersonal communication turns into leading activity along with learning. This process is particularly difficult for adolescents with special educational needs due to their limited health abilities (HIA). Regulatory documents detailing implementation an inclusive educational environment provide for the development of social competencies by students on the basis of the acceptance and support of each member of the team. Long-term studies prove that more than half of senior students with disabilities in inclusive classes (56.4%) experience problems with communication — they demonstrate uncertainty in communication, rely solely on their tutor trying to get a ready-made solution of the problem, do not understand how to independently assess a new situation and identify the degree of complexity of its solution, while working in a group they tend to shift responsibility for completing the task to peers or adults, they do not understand how to make friends and continue to communicate, they demonstrate estrangement and social withdrawal [3; 4]. It should be noted that the same problems are characteristic of 25% of students with neurotypical development [14]. A study of conflict behaviour in adolescents shows that about 40% of students with disabilities and 17% of students with neurotypical development are unable to resolve conflicts on their own [21]. 45.7% of adolescents with disabilities have little control over their own behaviour in group interaction, are prone to impulsive actions, and unable to create social bonds [4; 22]. Therefore, the development of social competence in adolescents against the background of inclusion become a top priority for the modern education system.

This paper studies social competence within the context of the psychological and pedagogical aspect as an individual quality of the personality, allowing it to integrate into society, and establish axiological and moral standards of the individual, its attitude towards oneself and others [2]. This property allows the individual to succeed in daily, professional, socio-economic, family and other aspects of social life (N.A. Kolodnaya, V.V. Rubtsov, N.N. Tolstykh, I.M. Ulanovskaya, O.A. Ulyanina) [8; 13; 15; 16; 23].

In the context of inclusive education, social competence is regarded as a component of the successful socialization of the disabled, i.e. personal qualities acquired in the process of correctional educational activities (T.A. Boldyreva, Yu. A. Bystrova, V.E. Kovalenko) [1; 2; 17; 18; 21; 24].

The purpose of the work is to determine the level of social maturity in adolescents with disabilities and to assess the degree to which its development is ensured in adolescents by means of educational and extracurricular activities. We consider the relationship between the educational and extracurricular activities in the study as the main area of interaction in the "teacherstudent" system, based on the needs and interests of adolescents, their own choice of various areas of activities apart from educational, in various areas of possible integration of adolescents into society (integration through sports, creative, recreational, entertaining and socially useful), which can be implemented in developmental programs, competitions, guided tours, creative circles, sports clubs and patriotic events, create a comfortable environment for the student and provides him with a situation of success in activities important for adolescence. Success in leading activities is ensured, in its turn, by the development of personality (A.N. Leontiev) [6].

Research Methods

The methodological framework of the study is represented by the conceptual provisions of the theory of sociopsychological characteristics of socialization as a process of active acquisition of social norms, and patterns of behaviour by an individual (O.K. Agavelyan, L.S. Vygotsky, Ya.L. Kolominsky, V.V. Rubtsov, N.N. Tolstykh, VN Sinev), provisions for the development of higher mental functions during teamwork [2; 7; 12; 15], conceptual studies of the competency-based approach (I.A. Zimnya-ya, O.A. Ulyanina, A.V. Khutorskoy) [16].

The study was conducted during 2018—2020 in two directions: 1) the study of the level of social maturity in cognitively impaired adolescents and those with disabilities; 2) trace the relationship between educational and extracurricular activities as a factor in the development of social competence in adolescents.

Within the framework of the first concept, the main components of studying the level of development of social competence in adolescents are defined as operational and content related, regulatory personalized, motivationally emotional, and behavioural.

Research methods:

Stage I. The study of the operational and content component: an adapted method for studying the understanding of social situations by N. Moskolenko [10] (based on the "Ability to analyse social situations" criteria); methodology of ideas about growing up N. Moskolenko (based on the "Forecasting, planning and achieving results" criteria); the scale of social competence of E. Doll in the study of A. Prikhozhan [11] (based on the "Social awareness" criteria).

Criteria for assessing the ability to analyse social situations:

- the ability to structure communicative situations in accordance with their modality and orientation;

- the ability to determine the motives of mutual relationship;

— awareness of the place of the object in the social space;

- awareness of the process and content-related characteristics of social behaviour.

Criteria for evaluating forecasting, planning and achievement of results:

— well-formedness of forecasting abilities and social expectations;

- planning and implementation of interpersonal tasks;

- the ability to foresee social phenomena in their development;

— the ability to evaluate information about the qualitative and quantitative characteristics of social phenomena in the future and in the process of achieving results.

Criteria for assessing social awareness:

- awareness of the need to acquire new social knowledge;

- awareness of social norms;

— understanding the nature and methods of interpersonal relationships while performing different activities.

Stage II . The study of the regulatory personalized component: the method of studying the value orientations of M. Rokeach edited by O. Primak, N. Kolodnaya [8] (based on the "Development of social reflection", "The ability to evaluate and regulate one's own behaviour" criteria); observation of children's behaviour in a group of peers.

Criteria for assessing the development of social reflection:

- inclination to introspection;

- inclination to impartial self-awareness;

- the ability to identify one's own mistakes, analyse and correct them;

— the ability to build interpersonal relationships, taking into account the attitude of peers and adults towards them.

Criteria for assessing the ability to evaluate and regulate one's own behaviour:

- the ability to assess and regulate one's own behaviour during social interaction;

- the ability to express one's own opinion and change it after listening to others;

— the ability to assess the situation, and choose ways to resolve it;

- the ability to identify one's own mistakes and correct them independently;

— the ability to regulate their behaviour in stressful situations.

Stage III . Study of the motivational emotional component: MAS questionnaire by M. Kubyshkina [9] (according to the "Development of socially oriented motivation" criteria); the scale of emotional empathic tendencies by A. Megrabyan, N. Epstein [19] (based on the "Development of empathic tendencies in behaviour" criteria).

Criteria for assessing the development of socially oriented motivation:

- positive attitude to interpersonal interaction;

- social performance in leading activities;

- the presence of motivation for different types of activities;

- awareness of one's behaviour in socially oriented situations.

Criteria for assessing the development of empathic tendencies in behaviour:

- the ability to empathize;

- awareness of mutual feelings and mental state of others;

- the ability to perceive the emotions of others;

— inclination to provide assistance during interpersonal interaction. Stage IV. The study of the behavioural component: N. Ryan-Wegner's method for determining coping strategies, adapted by N. Sirota, V. Yaltonsky [3]; S. Rosenz-weig's test [5] (based on the "Application of acquired competencies in behaviour") criteria); the game "Little Island" and an educational experiment (based on the "Possessing the ability to work in a team" criteria) [4].

Criteria for assessing the application of acquired competencies in behaviour:

- positive attitude towards others;

the desire to communicate with peers;

- the ability to work with others;

active involvement in interpersonal relationships;

- observance of general norms and rules of social behaviour.

Criteria for assessing the ability to work in a team:

- the ability to work in a team;

active involvement in interpersonal relationships;

- observance of general norms and rules of social behaviour.

Method scores were reduced to a common denominator equal to 10 and ranked into levels: 1—3 — low, 4—6 — medium, 7—8 — sufficient, 9—10 — high. The general level of social competence was assessed according to the lowest level obtained according to individual criteria.

In view of the mental characteristics of the respondents in the selection of adolescents with disabilities, all methods were implemented individually, accompanied by an explanation of incomprehensible statements, clarification of the meaning of what was read and understanding of the instructions using reverse questions. The answers were compared with the answers of teachers and tutors when observing adolescents in free communication and when completing tasks of an educational experiment. Diagnostics was carried out once a week for 6 months, the duration of one lesson with a teenager with disabilities did not exceed 30 minutes, group lessons — no more than 45 minutes.

To assess the development of social competence in mentally impaired adolescents and those with disabilities, we have identified generalized levels — high, sufficient, medium and low [3].

A high level of development of social competence: a teenager clearly demonstrates fluency in all shared standards of acceptable aspects of social behaviour; capable of analysing social situations; possesses skills of forecasting, planning and achievement of the results; always demonstrates social awareness; well-formed social reflection; the ability to evaluate and regulate this own behaviour; demonstrates socially driven motivation; inclination to empathic tendencies in behaviour; capable of applying the acquired competencies in behaviour; demonstrates the ability to work in a team.

A sufficient level of development of social competence: a teenager understands the essence and content of socially acceptable behaviour; demonstrates the ability to analyse social situations: demonstrates forecasting skills, ability to plan and achieve the results, however not in all communicative situations: demonstrates social awareness: boasts a well-formed social reflection: the ability to evaluate his own behaviour, albeit is not always able to regulate it; demonstrates socially driven motivation: reveals empathic tendencies in behaviour; tends to apply the acquired competencies in behaviour mainly in typical and familiar situations: able to work in a team.

The average level of development of social competence: a teenager partially reveals awareness of the essence of socially acceptable behaviour; demonstrates the situational ability to analyse social context; partially reveals the skills of forecasting, planning and achieving results; albeit is not able to always fully demonstrate social awareness; does not clearly reveal the development of social reflection; demonstrates the incomplete ability to evaluate and regulate his own behaviour; capable of manifesting socially driven motivation in familiar situations; demonstrates lack of empathic ability; reveals the difficulty of transferring acquired competencies into behaviour; lacks the ability to work in a team.

Low level of development of social competence: a teenager demonstrates sporadic knowledge of socially acceptable behaviour; is incapable of independent analysis of social situations; does not demonstrate the skills of forecasting, planning and achieving results; demonstrates a lack of social awareness and development of social reflection, is unable to evaluate and regulate his own behaviour; demonstrates lack of socially driven motivation and empathic tendencies in behaviour; is unable to apply the acquired competencies in interpersonal interaction; demonstrates lack of interest to the team work.

Acquisition of social skills in individuals with disabilities occurs better during practical activities [4; 7; 17]. Therefore, the second direction of the study was the analysis of the relationship between the lesson and extracurricular activities in an educational institution as a factor in the development of social competence in adolescents engaged in practical activities.

For this purpose, the following methods were applied:

— conversation with teachers aimed at studying their opinion about the possibilities and conditions for the development of social competence in adolescents with disabilities using the link between the lesson and extracurricular activities;

— analysing the content of adapted basic general education programs (ABGEP) and individual educational routes (IEM) for students with disabilities for appropriate forms and methods of work.

To study both directions, we used statistical methods for quantitative and qualitative processing of the results.

Organization of the Study

Selection. The study was conducted in inclusive classes of educational organizations. It was attended by adolescents aged 12-16 years (average age 14.9 years) with disabilities (n=123), residing in Moscow (n=35), Leningrad (n=32), Lugansk (n=29), and Donetsk (n=27) regions; the control group consisted of adolescents with normotypical development (n=123) from the same regions. A selection of adolescents with disabilities participating in the test at different stages for each marker of social competence, taking into account nosologies (global developmental delav (GDD) intellectual development disorder (IDD), and general underdevelopment of speech (GUS) is represented in Table 1.

Results

The levels of development of social competence among adolescents by components are represented in Table 2.

The average score in the group, obtained for each criterion, shows that, on average, the social competence of adolescents with disabilities remains underdeveloped, while in adolescents without disabilities — it is developed at a sufficient level for all criteria, except for the personal-regulatory one, this indicator is on average slightly lower than sufficient level (6.8). The results presented in Table 1. clearly demonstrate that adolescents with disabilities are significantly behind the norm in social development. The lowest indicators in both groups were recorded at the level of development of the regulatory and personal component: a high and sufficient indicator for this criterion was found only in 2.4% of adolescents with disabilities and 40.6% of those with underdevelopment of speech. More than half of adolescents with disabilities, with the exception of those with underdevelopment of speech, demonstrated a low level of social competence in all criteria.

It should be noted that adolescents, including those with disabilities, from Lugansk and Donetsk Regions, have a higher level of ability to analyse social situations, predict, plan and achieve results. Thus, a sufficient level according to these indicators was found in 16.3% of adolescents with disabilities and 54% of those with speech underdevelopment from the Lugansk and Donetsk Regions, and only in 6.9% and 32.6%, respectively, from Leningrad and Moscow regions, which may be consequences of surviving some traumatic events and lack of a permanent comfort zone. We did not iden-

Table 1

Indicators based on criteria	GDD	DD	GUS	N of valid	Minimum	Maximum	Average	Standard deviation
Ability to analyse social situations	56	30	37	123	30	56	41	1.7225
Forecasting, planning and achieving results	56	30	37	123	30	56	41	1.7225
Social awareness	56	30	37	123	30	56	41	1.7225
Development of social reflection	54	16	37	107	16	54	35.7	2.6153
The ability to evaluate and regulate one's own behaviour	56	30	37	123	30	56	41	1.7225
Development of socially oriented motivation	54	16	37	107	16	54	35.7	2.6153
Development of empathic tendencies in behaviour	56	30	37	123	30	56	41	1.7225
Application of acquired competencies in behaviour	56	30	37	123	30	56	41	1.7225

Selection of teenagers with disabilities

Table 2

Commonanto	Group	Levels	s (number of	Average score	P <		
Components		high	sufficient	average	low	in a group	F≥
Operational-content	DISABLED	0	14	44	65	3.1	0.05
	GUS	22	53	48	0	7.11	
Personal-regulatory	DISABLED	0	3	39	81	2.25	0.01
	GUS	13	50	60	0	6.8	
Motivational-emotional	DISABLED	0	14	46	63	2.52	0.01
	GUS	21	54	48	0	7.05	
Behavioural	DISABLED	0	10	48	65	2.37	0.01
	GUS	20	57	46	0	7.15	
General indicator	DISABLED	0	3	39	81	2.25	0.01
	GUS	13	50	60	0	6.8	

Development of social competence within groups of teenagers with disabilities and general underdevelopment of speech (GUS) by components

tify any other significant differences in other indicators in the level of social competence among adolescents from different regions of the Russian Federation.

The study of the relationship between educational and extracurricular activities as a condition for the development of social competence, conducted through a series of conversations with teachers, involved 52 teachers. The analysis of these conversations allowed us to obtain the following results.

In responses to the analysis of the manifestation of social competence in adolescents with disabilities, teachers noted that the vast majority of adolescents with disabilities, despite understanding and declaring socially approved behaviour, in practice show indifferent or negative attitudes to situations, which require interpersonal interaction (65.4%), are not capable of empathy (48.1%), are unable to recognize mutual feelings and mental states of others (69.2%); perceive their emotions (51.9%); are not inclined to provide assistance in situations requiring interpersonal interaction (46.2%), are unable to work in a team (32.7%); and are indifferent to others (36.5%), which indicates a low level of development of the emotional and behavioural components of social competence.

Also, teachers indicate that adolescents with disabilities cannot determine the reasons behind the mutual relations (51.9%); have no life plans (61.5%); no determination for different types of social interaction (84.6%), they are not motivated to communicate with peers, and if communication is necessary, they do not take into account the attitude of peers and adults towards them (46.2%), which confirms the low level of development of social motivation.

The biggest problem, according to teachers, is the fact that adolescents with disabilities are not able to regulate their own behaviour during social interaction (51.9%); have no opinion of their own and do not always listen to others (46.2%); they are unable to see and admit their own mistakes as well as correct them on their own (46.2%), which confirms the low level of development of social motivation.

The majority of teachers (92.3%) point to the relationship between educational and extracurricular activities in the development of social competence in adolescents. In addition, they focus on the need to harmonize the components of the educational and extracurricular activities in the following areas:

- interdependence of the content on subjects related to the development of so-

cial competence in the classroom and during extracurricular activities (69.2%);

— the relationship in determining educational, developmental and correctional goals of educational and extracurricular activities (40.4%);

— systemic and interconnected selection of tasks for the development of social competence among schoolchildren with disabilities in the classroom and during extracurricular activities (48.1%);

— psychological and pedagogical support in the process of development of social competence in the classroom and during extracurricular activities (65.4%);

— continuity of educational, remedial and disciplinal activities on the development of social competence in adolescents with disabilities (36.5%).

When answering the question "Which social competencies should be developed in the classroom, and which ones during extracurricular activities" teachers (63.46%) noted that it makes more sense to develop an operational-content component in the classroom. The remaining components (personality-regulatory, motivational-emotional, behavioural) should be developed during extracurricular work. It should be noted that a significant part of teachers (36.5%) indicated the need to combine them in the process of development.

Teachers focused on the fact that all academic disciplines and areas of extracurricular activities are aimed at the development of socially approved social behaviour (86.5%). It was noted that due to the peculiarities of the development of perceptions and awareness in children with disabilities, the norms of social behaviour are developed slowly and with certain difficulty (92.3%). Teachers note that adolescents with disabilities are capable of transferring this knowledge into everyday behaviour only if they are offered an appropriate system of psychological and pedagogical support, which provides for the development of knowledge, skills and abilities in the context of the relationship between the educational and extracurricular activities (73.1%). The analysis of AOEP and IEM for students with disabilities has brought us to the conclusion that the methods and forms of work aimed at developing group interaction, empathy, emotional response in adolescents, development of regulatory skills, as well as social motivation as indicators of social competence, are practically not included in curricula separately in any region.

Discussion of the Results

Within the framework of the analysis of the results, we found that the lowest rates are observed in adolescents with disabilities in the following skills:

— personal-regulatory: development of social reflection, the ability to evaluate and regulate one's own behaviour, the skills of independent work and self-control, the ability to plan one's own actions and seek help or independently look for information to solve any problem, the ability to transfer the acquired theoretical skills to new conditions of the performed tasks;

— behavioural: socially approved behaviour, the ability to independently make choices among various types of actions for resolving social situations, the ability to resolve conflict situations, create social bonds, develop friendly interpersonal relationships, and work skills both in a team and under the supervision of an adult.

It is known that students with disabilities learn best during practical activities, which focus on their life experience, it is thus important to work with them using case modelling of real situations, and integrated thematic training, in which the same social matter will be examined and elaborated upon simultaneously during different educational and extracurricular activities, and further consolidated in cases [3; 4; 7; 17]. It turned out to be more problematic to study the motivational component of social competence in adolescents with MA and mental retardation, some of them refused to take the test (Table 1), citing difficulty with understanding.

Qualitative analysis of the results of individual methods and observation of adolescents, including those with disabilities demonstrated a strong link between understanding situations and motivation for social interaction, as well as between regulatory skills and emotional response to the situation — on these relationships, it is necessary to build their competence using these situations.

An analysis of the responses of adolescents with disabilities, who showed low and medium levels of social competence development, indicates that they have not developed a strong link between understanding, awareness of activity and direct activity in new conditions. The difficulty in transferring a skill to new conditions requires compensation for this disorder in the educational activity by the student's experience — the accumulation of a larger number of studied and mastered essential characteristic traits of any conditions and situations so that the teenager learns to recognize them independently and apply the developed social skill.

The low level of social competence of adolescents with disabilities, as well as the analysis of AOOP, IEM, adapted curricula and a survey of teachers, led to the conclusion that the methods and resources that teachers and tutors use to work with adolescents in the classroom and outside of the school hours are insufficient for the development of the above-mentioned competencies in adolescents with disabilities.

Main Results of the Study and Possible Prospects

Thus, we managed to determine the levels of development of social competence in adolescents with disabilities according to four components and their indicators: operational-content (ability to analyse social situations, predict, plan and achieve results; social awareness), personal-regulatory (development of social reflection, ability to evaluate and regulate one's own behaviour), motivational-emotional (development of socially oriented motivation and empathic tendencies in behaviour) and behavioural (application of acquired competencies in behaviour; ability to work in a team).

We have managed to compare the indicators of social competence in adolescents with disabilities and those without, determine the qualitative relationship between the development of individual components of social competence in adolescents with disabilities. The analysis of the results shows that more than half of adolescents with disabilities (56.5%) have low social competence and heterochrony in the development of its components; social reflection, self-regulation and socially oriented motivation are especially poorly developed within this group.

The second direction of the study made it possible to assess the state of ensuring the development of social competence in adolescents by means of educational and extracurricular activities. The analysis of conversations with teachers has allowed us to identify various aspects of the problem of AOEP and IEM of adolescents with disabilities, the relationship between the educational and extracurricular activities as a factor in the development of social competence in conditions of inclusion, the main components of social competence (personal-regulatory, motivational-emotional), the development of which is poorly reflected in individual educational routes for adolescents with disabilities. methods and forms of work of teachers.

The results obtained in the study indicate an insufficient level of development of social competence in adolescents with disabilities in comparison with those who have none, and also indicate that without the implementation of specially organized systematic work on its development, it will remain poorly developed by the time children reach adolescence, We associate the prospects for further research with the development of a system of activities aimed at developing social competence in adolescents with disabilities based on the use of special technologies for tutor support in the classroom and extracurricular activities, modelling real situa-

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