

SOCIAL COGNITION, SOCIAL COMPETENCE AND EARLY INTERVENTION

Judit Csakvari^{1*}, Szilvia Cs. Ferenczi², Eva Tanczos²

¹PhD, National Institute for Family and Social Policy, Eotvos Lorand University, HUNGARY, judit.csakvari@ncsszi.hu

² National Institute for Family and Social Policy, HUNGARY, szilvia.ferenczi@ncsszi.hu, eva.tanczos@ncsszi.hu

*Corresponding author

Abstract

Background: The typical and atypical development of social cognition and social competence has been the important research area of developmental psychology and cognitive psychology in the recent 40 years (Zigler & Trickett, 1978, Shaked & Yirmiya, 2008). Social cognition is a rubric for cognitive processes in the background of social behaviours. At first, it meant phenomena directly related to the theory of mind functioning but the expression later received a broader meaning and now it denotes those background factors of behavioural skills that are needed for the orientation in the social world. The specific human capacity is highly important that we are able to think about people and the social world and we understand each other as creatures with conscious intrinsic mental state. We usually refer to this human capacity as social cognition whose construct and process and its role in typical and atypical development is analyzed from several perspectives. The literature rates the factors correlated with the development of early social cognition into three groups: (1) Various *cognitive constructs* that accompany the performance of social cognition: executive function, language, creativity, fantasy, etc. (2) Diverse *family variables*: ways of conversation about mental conditions among themselves, number of siblings, maternal reflectivity, mentalization accuracy, quality of attachment, social-economical status. (3) Various measurable *social outcomes*: quality of peer relationships, frequency of competent behaviour (Shaked & Yirmiya, 2008). Behavioural result of single factors is the high-quality social competence that is an important background factor for the adaptive functioning in a broader sense from the early age (Guralnick, 1990, 2008, 2011).

In Hungary, there are three care systems that provide services in the field of early intervention: health care system; education and special education system; and social, children welfare and children protection system (Kereki & Lannert, 2009). The three different systems addresses diverse areas of early intervention. Social competence can be the emphasized area of the early care provided in frames of the social model.

Goals: Strategic development in order to extend the methods, approach and instrument system of the intervention praxis addressed to the early childhood, realized in frames of the social system. This study reviews a subgoal of the strategic development: process of identification and adaptation of best practices that are able to promote the more efficient professional support of socio-cognitive development for family and social factors and the development of optimal social competence.

Methods: elaborate a detailed criteria system in order to analyze intervention practices that are available in the international literature and in various services and that consider social competence as a protective factor. Analyzing the adaptability of best practices to the current methods of child caregivers and social professionals through these criteria. Realization of development supported by new professional trainings in the early intervention practice, in the actual frames of the social care system.

Results and conclusion: Expansion of knowledge and skills of professionals working in the Hungarian social, child welfare and child protection care systems in the topics of early socio-cognitive processes and social competence development. In consequence, shift in strategies regarding support of families with young children and shift in the attitude and approach. Realization of strategic and methodological development as a result of the analysis of the international and Hungarian situation.

Keywords: social cognition, social competence, early intervention, social model

1 BACKGROUND

Early intervention concerns a broad range of families. A step-by-step decision making algorithm is applied during the ascertainment of eligibility in the international practice. During the decision making process, five questions are examined and there is an answer yes for any of them, then the child and his/her family become eligible for the early intervention service. The questions examine the status of the child, his/her diagnose, potential biological risk factors; environmental risk factors, the developmental delay in various functions and clinical concerns related to the already existing behavioural or developmental difference (Dunst, 2006). In the light of the ecological-transactional perspective is the demand clearly corroborated that a multilevel analysis of the surrounding environment of the child and the family is needed in order to explore the various risk and protective factors of development (Cicchetti, Valentino, 2006). This multistep and multi-aspect procedure enables situations indeed requiring intervention to do not remain hidden and wide range of families would be involved into the early intervention services. In Hungary, there are three care systems that provide services in the field of early intervention: health care system; education and special education system; and social, children welfare and children protection system (Kereki & Lannert, 2009). The three different systems address diverse areas of early intervention. They also use various diagnostic procedures to the ascertainment of eligibility whose coordination is an important task.

1.1 The role of social cognition and social competence in human development

Social competence has been closely related to the topic of early intervention since decades. Zigler and Trickett (1978) pointed out already at the end of 1970's that it would be more fortunate to use social competence as outcome indicator for the effectiveness of early intervention instead of the IQ. In order to understand the phenomenon of socially competent behaviour, we have to examine the closely related social cognition concept as well.

Social cognition is a rubric for cognitive processes in the background of social behaviours. At first, it meant phenomena directly related to the theory of mind functioning but the expression later received a broader meaning and now it denotes those background factors of behavioural skills that are needed for the orientation in the social world. The specific human capacity is highly important that we are able to think about people and the social world and we understand each other as creatures with conscious intrinsic mental state. We usually refer to this human capacity as social cognition whose construct and process and its role in typical and atypical development is analyzed from several perspectives. The typical and atypical development of social cognition and social competence has been the important research area of developmental psychology and cognitive psychology in the recent 40 years (Zigler & Trickett, 1978, Shaked & Yirmiya, 2008). The behaviours related the social environment can be very diverse, concerning the recognition and prediction of others (and their emotions, their mental state), starting and maintaining social interactions, actions and reactions for influencing others behaviour, anticipation of expected consequences, etc. – cognitive processes behind these can be viewed as “social”. It can be viewed as the specialty of social cognition that its “objects” (other person or persons) are in a complex interaction with each other, namely we also can gather relevant social information, even if we are not active participants of the situation. This kind of recognition requires (partly genetically defined) brain structures specialized to social cognition during the evolution, moreover considered general executive functioning that develop together with the environment and culture in a continuous interaction (Miklósi, 2005).

Researches corroborate that early socio-cognitive functioning (e.g. joint attention behaviour) can be linked with latter social competence even in case of atypical and typical development (Mundy, Sigman, 2006). The literature rates the factors correlated with the development of early social cognition into three groups: (1) Various *cognitive constructs* that accompany the performance of social cognition: executive function, language, creativity, fantasy, etc. (2) Diverse *family variables*: ways of conversation about mental conditions among themselves, number of siblings, maternal reflectivity, mentalization accuracy, quality of attachment, social-economical status. (3) Various measurable *social outcomes*: quality of peer relationships, frequency of competent behaviour (Shaked & Yirmiya, 2008). (1) Different studies in the topic of social cognition use one of the following names: empathy, theory of mind, mentalization, mind reading/telepathy, intentionality, intersubjectivity (Baars & Gage, 2010). One of the truly key elements of social cognition is the theory of mind functioning that we are able to infer to mental state and thoughts of others. It is essential, how we perceive information-bearing stimuli then occurs the theory of mind functioning in the nervous system whose sign is the behavioural outcome. The process exemplifies well the two-directional functioning. In a bottom-up approach, from the perception to the cognition, the input determines what will be processed. If there is a disturbance on the elemental perceptual level than cognition is not able to “manage” anything. When cognition (theory of mind functioning – also – in the cerebral cortex, but even intellectual and attentional

capacity as well) is top-down oriented, it influences perception, defines the direction, content, depth, etc. of perception. (2) Broadly defined family effects also influence the socio-cognitive performance and the social competence through it. It enables to optimize the development potential of the child through family intended interventions. (3) The child's socially competent behaviour in everyday situations influences back to the socio-cognitive development. Therefore, the supportive and diverse social environment can both directly and indirectly influence development. Behavioural result of single factors is the high-quality social competence that is an important background factor for the adaptive functioning in a broader sense from the early age. Intensive respecting of social context is reasonable even in case of difficult development because of delayed development, disability or adverse environmental conditions (Guralnick, 1990, 2008).

1.2 Focused on social competence in early intervention

Social competence can be the emphasized area of the early care provided in frames of the social model. Practical relevancy of scientific researches is given by the fact that social cognition (totality of mental processes that provide the fundament of social behaviour) is considered as one of the potential moderators between neurocognition and everyday functional adaptation (Marton, 2012), so exploring attributes goes beyond the clarifications of theoretical questions. Access of higher quality adaptive functioning is the explicit goal of early interventions, even if it is about a medical, special education or social approach. The extent of adaptive functioning is highly important in terms of later life quality, the early intervention that addresses social competence, is a stressed intervention at the same time in this sense. Since the 1990s, development of social competence has become a part of early intervention programs. Four aspects of family effects – early child and nurturer, parent and child, interactions between peers and the child and attitude and beliefs of the parent about the peer relations – has become a part of intervention approach (Guralnick, Neville, 1997). Because early intervention can concern more functions and developmental areas, moreover the child and its environment only can be understood when they are viewed as a whole unit, therefore the system oriented approach in the early intervention can be a useful framework. System oriented perspective is able to consider the complex and reciprocal interaction pattern that takes place between strengths and weaknesses of a child, the child and its environment as well as risk factors and protective factors that can be found in development. That functions on three distinct levels: social and cognitive competences of the child, family patterns of interactions and resources of the family. Numerous international researches corroborate that the contribution of the following five organizational processes has a key importance for the competence development of children: executive functioning, metacognition, social cognition, motivational and emotional regulation (Guralnick, 2011). Those intervention processes can succeed, that can integrate these aspects and develop their methods considering these aspects.

Among the system oriented approach, family-focused approach and practices are the other key words. Family-focused approach can be considered as a service providing philosophy that is organized along values and beliefs that support initiation and attachment of interaction between the expert and the family. This approach can be realized in various ways but it is a common element of them that they deal with families with dignity and respect. Another important aspect is that it is personalized, flexible and responsive to the needs of the family; moreover it enables the sharing of information so the family is able to make decisions based on profound information. It is characterized by the parent-expert cooperation and partnership relation and the active involvement of family members to the mobilization of services and supports. Family oriented approach considers parental commitment and active involvement as resources, specifically analyzes and develops those parental skills that are decisive factors of social and emotional competence development of infants and young children (Powell, Dunlop, 2010).

2 GOALS

The comprehensive goal of the actual project is to create qualifications during which professionals working in the social field become more effective in their provided early intervention services by adapting system oriented approach, family-focused thinking and approaches that emphatically aim to social competence into their practice. In order to achieve this, strategic and methodological development is needed. Strategic development is needed in order to extend the methods, approach and tools of the intervention praxis addressed to the early childhood, realized in frames of the social system.

This study reviews a subgoal of the strategic development: process of identification and adaptation of best practices that are able to promote the more efficient professional support of socio-cognitive development for family and social factors and the development of optimal social competence. Another goal is to carry out fitting developments of curricula that provide usable knowledge, skills and competencies for experts with intermediate or higher qualification and to form the attitude of professionals.

Curricula are utilized on the level of families that resorts early interventions services through the train the trainers session and in qualifications that aim professionals from every Hungarian county.

3 METHODS

The goals will be realized by priority project TÁMOP-5.2.6-13/1-2014-0001. The project was preceded by several years of preparation and provision. In frames of the project, the National Institute for Family and Social Policy collects international methods and good practices that can be found in the field of early childhood intervention, have a social model approach and focus on early recognition. Elaborate a detailed criteria system in order to analyze intervention practices that are available in the international literature and in various services and that consider social competence as a protective factor. We analyzed the wide range of international intervention forms in the project according to the aspects of the criteria system. Methods that are mostly useful and adaptable for the Hungarian institutional system and for the existent practice were chosen from them. The adaptability of best practices were analyzed through these criteria – it was examined, whether do they fit to the existent methods of child caregivers and social professionals. Family oriented intervention, support of social competence and social integration appear as vital parts in the chosen models. Qualifications will be developed after the adaptation of chosen models. Namely, realization of development is supported by new professional trainings in the early intervention practice, in the actual frames of the social care system. In accordance with the goals, qualifications will be realized in “train the trainers” form on one hand and in qualification of professionals on the other hand – their target groups are wide range of experts that work in the social field, child care givers, social educators, etc. Curricula of qualifications are based on international practices and results of recent scientific results. Participants of qualifications will come from various branches of the social care system; they are professionals working in nurseries, family support, and child welfare and child protection institutes.

4 RESULTS AND CONCLUSION

As a result of the project, a criteria system that analyzes international practices was developed. The criteria examine the integrity of theory behind the method and practice, the existence of system oriented approach and family-focused approach, the appearance of development strengths within the child, the diversity of provided services, the diversity of addressed families and problems as well as the adaptability into the existing Hungarian system.

Two methods (one from the USA, another from Germany) were selected from the more than 20 analyzed (based on the criteria) methods, approaches, procedures that realize early intervention by focusing on strengths within the family, protective factors and parental competence development. The two methods can be fitted well to the roles of social professionals and their actual practice; it secures the optimal realization of early childhood competence development completed by the new approach and methods.

The curriculum and the training material of the training of trainers and the student curriculum will be developed for both models. The curriculum of the qualification of experts started to be developed in line with the training of trainers. As a result of the qualifications, we expect the expansion of knowledge and skills of professionals working in the Hungarian social, child welfare and child protection care systems in the topics of early socio-cognitive processes and social competence development. In consequence, shift in strategies regarding support of families with young children and shift in the attitude and approach.

The necessity of training development is shown by the fact, that there is a high demand for better cognition of topic early intervention, for expanding knowledge and for skills development among the experts working in the social field. Experiences can be summarized after workshops that will be organized after finishing the trainings.

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