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Emotional and Social Competences in Students with Mild Intellectual Disability – Research Using TROS-KA Battery

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Abstract

The authors of the article describe and analyze the possibilities of diagnosing emotional and social competences of students with mild intellectual disability (MID) to emphasize the importance of the non-cognitive sphere in offering comprehensive developmental support to this group of people with special educational needs (SEN). The aim of the article is to answer two research questions:

1. How well are emotional and social competences developed in students with mild intellectual disability at the age of 9–13?
2. To what extent is it possible to use the TROS-KA test battery to diagnose emotional and social functioning of students with mild intellectual disability?

Research carried out with 71 respondents (34 – students with MID, 37 – students in the intellectual norm) using all tests in the TROS-KA battery (scale T, scale R, scale O, scale S and scale KA, KA(N), KA(R) - after performing relevant statistical calculations: non-parametric tests of statistical significance of differences between the groups - suggests that: (1) the level of emotional and social competences in students with MID is low and is statistically significantly lower than in students in the intellectual norm;

- (2) students with MID differ significantly in their development of emotional and social competences;
- (3) therapeutic and developmental activities aimed at developing emotional and social resources using the materials included in the TROS-KA package are effective (as evidenced by the double measurement of the KA scale at an interval of about 5 months);
- (4) taking an individualized approach to students during the TROS-KA test session allows the researcher to use this set of tests to supplement the functional diagnosis of students with MID with a diagnosis of their emotional and social sphere (additionally to the cognitive sphere). The authors recommend this approach as an indispensable starting point for designing comprehensive educational and therapeutic programs for this group of students.

Key words: students with mild intellectual disabilities, emotional and social competences, TROS-KA, universal design, inclusion.

Introduction

Students with mild intellectual disability (MID) are the “borderland group”. On the one hand, they have intellectual disabilities, which means that they have significant cognitive and adaptive deficits. They have also received a certificate giving them the right to obtain special education and special forms of support, such as revalidation and other therapeutic activities, or support from a teaching assistant during the lesson. On the other hand, more and more often they learn in mainstream schools (data from the Education Information System suggest that between 2013 and 2017 the number of pupils with MID attending public schools increased by 2993 persons) and cover the core curriculum created for students in the intellectual norm. Adaptations and changes of textbooks are made primarily for students with sensory deficits, therefore, students with MID can only use the same educational resources as non-disabled pupils.

Usually, if MID is not accompanied by additional disorders, people with ID do not receive a certificate of disability, but often upon graduation, they become clients of Occupational Therapy Workshops, Occupational Activation Centers and other programs addressed to people with various degrees of ID. Because of these paradoxes some specialists treat these individuals in the same way as people in the intellectual norm, and other specialists treat them as people with serious deficits. It is therefore necessary to stop treating people with mild intellectual disabilities as a “borderland” group and to undertake more intensive diagnostic, educational and therapeutic activities to ensure the best quality of services dedicated to them.

One of the key criteria for the proper functioning of each student is having well-developed emotional and social competences which correspond largely to the level of the individual's adaptation (a criterion in ID diagnosis according to DSM-5, *Diagnostic criteria...* 2018), which allow the individual to enter into meaningful relationships with other people, constructively deal with difficult situations, have an accurate self-image and a sense of self-efficacy adequate to their age (Erikson, 2004). Due to the above-described "borderland" characteristic of students with MID it is difficult to reliably determine the level of their competences (problems with the measurement method: are the test items understood correctly by the respondents?, are we identifying the assumed emotional-social competences, or just determining text decoding skills?) and indicate the direction of revalidation and therapeutic activities that could improve their functioning.

The aim of the article is to describe the level of emotional and social competences of students with MID aged 9–13 using the TROS-KA test battery (Domagała-Zyśk, Knopik, Oszwa, 2017). This new method, positively standardized and normalized, is recommended for both students with the risk of social maladjustment and those that do not exhibit the so-called difficult behavior. The second but equally important goal is to determine the extent to which the TROS-KA battery can be used in studies with students with MID and how to conduct the study to preserve its ecological validity.

Social and emotional competences of students with intellectual disabilities in the light of the literature on the subject

Intellectual disability (ID) is a disorder characterized by limitations in intellectual functioning and adaptive behavior, acquired before the age of 18 (DSM-5, *Diagnostic Criteria*, 2018). MID is diagnosed in individuals whose development level is below two standard deviations, i.e. in the range of 55–69 points on the Wechsler Intelligence Scale (commonly used in diagnosis). These disorders are responsible for the occurrence of learning difficulties and disorders in everyday functioning in (Smith, 2011, 30):

- the cognitive sphere: language difficulties, orientation in time and space, using money, self-management;
- the social sphere: lower than average interpersonal and social competences, low self-esteem, susceptibility to suggestions, credulity, difficulties in solving social problems, communication difficulties;
- the practical sphere: difficulties in terms of independence in everyday life, work, care for health and safety, managing time and resources.

Individuals with MID are not a homogenous group and their functioning depends to a large extent not only on their biological predispositions, but also on the scope of early psychological and pedagogical support they receive, apart from family and environmental conditions. In Poland, their education takes place mainly in kindergartens and mainstream or integration schools. They follow the same curriculum as other students, but they also have the right to have teachers adapt and modify the teaching content, which is described in their Individual Education and Therapeutic Program (IPET; *Regulation of the Ministry of National Education* dated 28/08/2017).

Research indicates there is a correlation between high emotional and social competences and the overall life satisfaction (Rey et al., 2013), and between adaptive abilities and good functioning in everyday life situations in people with ID (O'Reilly, 2004). Some studies also show that the functioning of people with ID is not significantly different from the functioning of people in the norm (Kirenko, Parchomiuk, 2006); although they may suffer more often from disorders such as: emotional instability, impulsivity, aggressiveness, anxiety, suppression or hyperactivity, emotional hunger, weakened control mechanisms, and susceptibility to suggestion. As a result, the social relations of students with ID in their class can be constructive (based on symmetry, kindness, friendship and intensity), unconstructive (dominated by asymmetry, unfriendliness, hostility, distance and unwillingness to strike up a relationship), or mixed (see Gajdzica, 2015).

Their emotional and social functioning is influenced by the cognitive difficulties they experience. Poverty, inaccuracy, fragmentation of observations (Obuchowska, 1999), focusing mainly on concrete material, poor divisibility, durability, and scope of attention (Kościelak, 1996) may limit not only the learning process, but also the scope of social experiences. People with MID are also characterized by smaller capacity and duration of short-term and long-term memory, which can lead to tensions in interpersonal contacts, and impatience in other people. Linguistic communication is a serious difficulty because of speech defects, lower range of active and passive vocabulary, difficulties in understanding language containing metaphors and abstract concepts. These factors limit the range of topics that students with MID can discuss in conversations held at school and in social situations, as well as their ability to understand jokes and irony. People with ID are usually competent in conducting conversations about familiar everyday situations in which they can use the scripts they have developed. However, they often feel lost in new, unusual situations (Twardowski, 2002).

Intellectual disability often co-occurs with other disorders and hence the emotional and social functioning of people with ID may differ depending on the etiology and symptoms of the disorder. People with Down's syndrome, for example – despite frequent difficulties in the development of speech – are considered to have high emotional competence, the ability to empathize with other people's emotional states, a generally high level of empathy, and the ability to enter into interpersonal relationships (Minczakiewicz, 2010). In turn, people with ID and autistic spectrum disorders may have great communication difficulties (lack of speech or limited speaking abilities), deficits in the theory of mind (understanding other people's mental states) and a lack of the need or the ability to build social relations (Prokopiak, Palak, 2017). In many cases, the etiology of ID is unknown: it may result from brain injuries in the prenatal or perinatal period, or brain damage acquired before the age of 18 as a result of diseases and injuries. These pathogenic factors also disturb the functioning of the cerebral cortex (limbic system structures) which is responsible for normal emotional functioning.

The awareness of the above described differences between individuals with ID may prevent specialists from making generalizations, allowing them to be guided by individualization in the assessment and forecasting of emotional and social competences of people with ID.

Diagnosing emotional and social competences in individuals with mild intellectual disability

So far studies on emotional and social competences of students with MID have been conducted using both standard instruments for the general population (e.g. Scale of Emotional Intelligence – SJE, cf. Trambacz, Gołaska, 2010) or instruments used while diagnosing people with ID (e.g. The H.C. Gunzburg, P.A.C. scale of measurement of social development, form II adapted by Witkowski (1988), or The Vineland Social Maturity Scale developed by E.A. Doll (1935)).

Among the instruments used in diagnosing ID there are many that focus on noticing and describing difficult behaviors – the most common ones are catalogs collecting descriptions of difficult behaviors, e.g. *Developmental Behavior Checklist* (Einfeld, Tonge, 2002). Research in groups of people with ID indicates that disorders in the acquisition of emotional competences may be a predictor of later appearance of difficult behaviors in patients with ID (Sappok, et al. 2014) and serious emotional and behavioral disorders, which in various

studies are observed in 30–50% of children and adolescents with ID (Tonge, Einfeld, 2000, Molteno et al., 2000, Hoare et al., 1998, Hastings, Mount, 2001, Cormack et al., 2000, Linna et al., 1999).

The problem in diagnosing emotional and social competences of people with ID is the phenomenon of *diagnostic overshadowing*, when the observed difficulties in the sphere of emotions and social behavior are attributed to intellectual disability instead (Reis et al., 1982). This results in not recognizing the real difficulties faced by people with ID and their build-up in time, which can lead to serious disturbances in these individuals' social functioning and the risk of social maladjustment.

Researchers of intellectual disability note the urgent need to look for new methods to study emotional and social competences in people with ID (Dekker et al., 2002), especially in the context of supporting their need for autonomy, self-determination and independence postulated by the Convention on the Rights of Persons with Disabilities (Frielink, Schuengel, Embregts, 2018). It is important to detect emerging delays in acquiring competencies early, to take effective postdiagnostic actions aimed at developing specific competences. In the modern model of functional diagnosis based on the social model of disability, it also seems right that diagnostic instruments not only serve to notice difficult and problematic behaviors, but also to gain knowledge about the potential of the diagnosed person and indicate their strengths that can become the starting point for effective postdiagnostic activities.

Method

Research goals

In Erikson's opinion (2004), students aged 9–13 are supposed to solve the basic conflict between inferiority and productivity, i.e. to acquire the belief in their own competences and to develop adequate self-esteem. It is also the task that students with MID should try to cope with, because both impaired self-esteem (too low or too high) and inadequate belief in one's own competences (too low or too high) may lead to disorders in interpersonal relations, educational difficulties, and the risk of social maladjustment (Domagała-Zyśk, Knopik, Oszwa, 2017; Knopik, Oszwa, Domagała-Zyśk, 2017).

The primary objective of the presented empirical research is to determine how well-developed emotional and social competences of the examined students are in order to formulate recommendations for parents and teachers concerning post-diagnostic actions. The second research objective was to determine

whether and, if so, to what extent, in the process of using the TROS-KA battery in the research with students with MID, it is necessary to modify the research procedure to be able to take into account special educational and developmental needs of this group of students.

Research instruments

The TROS-KA test battery was used in the research (Domagała-Zyśk, Knopik, Oszwa, 2017). Based on Erikson's theory of psychosocial development (2004), Sternberg's concept of intelligence conducive to life's success (1996) and Deci and Ryan's theory of self-determination (1985), authors of TROS-KA assumed that the basic developmental tasks in school children aged 9–13 could be operationalized as: building social relations, shaping one's self-image, developing a sense of self-efficacy and the ability to cope with difficulties. These competences are developed primarily in the family and school environment by performing various educational tasks (developing the ability to understand texts, solving tasks in different school subjects, working in groups, developing one's own interests), and learning to cope independently in everyday life situations (taking responsibility for doing homework, making decisions about the choice of clothing, food, leisure time activities, and building interpersonal relations with adults and peers). From the educational point of view, not only is the effect of the activity important, but above all, the process of reaching the goal: the way in which the student copes with difficulties, how they use the opportunities to build interpersonal relations, and the extent to which performing the activity strengthens their sense of competence. In this context, the competences acquired in the process of education and upbringing have been defined by the authors as transferable resources: they can be used in various areas of the individual's activity.

The TROS-KA battery is recommended for surveying students aged 9–13, and for students with mild intellectual disabilities, provided that the subjects exhibit reading comprehension skills required from third grade students. The authors also recommend adapting the study session time to students' individual needs and providing additional explanations of the stories, if necessary. The battery consists in the following tests:

- T scale: coping with difficulties (18 diagnostic situations, scores: 0–72 pts);
- R scale: relations with others (18 diagnostic situations, scores: 0–72 pts);
- O Scale: self-image (20 diagnostic situations, scoring: 0–80 pts);
- SO Scale: self-efficacy (20 diagnostic situations, scoring: 0–80 pts);

- KA Scale: affect control (18 diagnostic situations, scoring: 0–72 pts).

This scale is used to assess emotional and social competences of the subject in a 270-degree model, i.e. it is filled in by students themselves (KA), by their class teacher (KA(W)) and by their parent (KA(R)).

TROS-KA assumes the use of behavioral samples in research, understood as solving problems close to the subject’s experience. This makes it easier to use the instrument in a group of people with MID. The researcher can also be more certain the results are adequate than they would be with the use of self-descriptive questionnaires, in which the proportion of random data is particularly high. Each item on the scale takes the form of a story accompanied by an illustration, to keep the subject’s attention by anchoring diagnostic questions in a common narrative. The student’s task is to determine to what extent the described behavior is *similar* — *slightly similar* — *dissimilar* to their own behavior in a given situation (an example item is shown in Figure 1).

1. Po raz kolejny w tym tygodniu nie udało ci się uzyskać dobrej oceny ze sprawdzianu.

a. Myślę o sobie, że jestem do niczego.

niepodobne trochę podobne bardzo podobne

b. Ta ocena pokazuje mi, że czegoś mam się jeszcze nauczyć.

niepodobne trochę podobne bardzo podobne

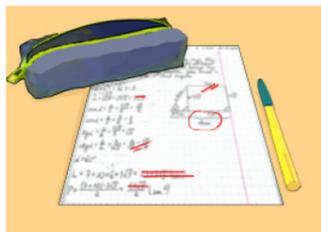


Figure 1. Sample question in the TROS-KA battery

In Figure 1:

1. For the second time this week you didn't get a good grade in a test.

a. I think that I'm good for nothing.

It is not like me – it is partially like me – it is very much like me

b. This grade shows that I need to learn more.

It is not like me – it is partially like me – it is very much like me

The TROS-KA battery underwent a rigorous standardization and normalization process in a group of 1229 students aged 9–13. As a result, the level of reliability, theoretical accuracy and external relevance of the instrument was determined, and standards for girls and boys aged 9–11 and 12–13 were developed (Domagała-Zyśk, Knopik, Oszwa, 2017). It was also found that the form of the questionnaire involves students emotionally, it has a positive impact on the processes of attention, and it helps students understand the tasks better and

does not require the respondents to use self-knowledge in a declarative form to the same extent as it is in the case of standard self-descriptive tests.

Test procedure

Research was carried out by teachers, pedagogues and special pedagogy students, previously trained in the field of research with the use of the TROS-KA battery. The course of each study was described in a research protocol. Observations were collected in three areas: 1) cognitive aspects (subjects' understanding of the research procedure, in which they are asked to imagine specific situations, understanding the rules of giving answers: defining the extent to which the described behaviors are *similar* — *slightly similar* — *dissimilar* to their behavior); 2) communication and language aspects (understanding instructions to the tasks, the scope of language difficulties: understanding concepts); 3) organizational aspects (duration of the session, students' attention, and motivation to perform tasks).

The research employed the model of functional diagnosis — apart from the analysis of research results, the students and their parents were offered the possibility of receiving support designed on the basis of post-diagnostic materials collected in the form of four methodological guides (cf. Domagała-Zyśk et al., 2017 a, b, c, d). The support was given for at least 5 months and focused on the areas identified as the most deficient for a given person. After this period, the KA test was carried out again to determine the effectiveness of the support.

Results

Respondents

The authors of the text are familiar with research in which research instruments designed specifically for children with intellectual disabilities are used (cf. Kruk-Lasocka J., Bartosik B., Jakubowska, A. 2017). Such instruments are necessary in research with people with moderate, severe or profound disabilities. The aim of the present article is to describe the level of emotional and social competences of students with MID aged 9–13 using the TROS-KA test battery (Domagała-Zyśk, Knopik, Oszwa, 2017). The test battery was prepared and standardized for a specific age group (9–13 years) and it would be illegal to use it for older respondents. Moreover, from the very beginning, the authors working on this article wanted to describe the possible difficulties that arise in connection with the functioning of people with ID within the so-called borderline group — emotional difficulties are one of the examples. The main aim of

the article was not to compare in detail the structure and level of emotional and social competences of people in the intellectual norm and people with ID, but to describe the emotional and social functioning of people with ID using the TROS-KA scales.

A total of 71 respondents took part in the study, including 34 people with MID (students of mainstream schools), and 37 people in the intellectual norm. The respondents were 9 to 13 years old, following the recommendations in the TROS-KA battery manual. The average age in both groups was almost identical, in the group with ID: $M=11.05$; in the group in the intellectual norm: $M=11.10$). Gender differences were also similar in both groups, in the group with ID: $G=15, B=19$; in the group in the intellectual norm: $G=17, B=20$).

Level of development of emotional and social competences in students with mild intellectual disability

Results suggest that the level of emotional and social competence in students with MID (taking into account the standards developed for the entire population of 9–11 and 12–13 year-olds) is low (Table 1). The highest score was obtained on the scale of self-image ($M=45.50$), while the lowest, on the assessment of emotional and social competences made by the class teacher ($M=33.18$).

Table 1. Results of students with MID

scale	Mean	minimum	maximum	standard deviation
KA test	41.12	20.00	61.00	9.67
KA retest	46.48	32.00	59.00	8.03
T	40.76	26.00	58.00	8.39
R	41.00	22.00	61.00	12.03
O	45.50	25.00	72.00	11.15
S	42.82	19.00	74.00	11.57
KA (W)	33.18	20.00	44.00	6.94
KA (R)	41.96	25.00	59.00	9.29

Source: Authors' research.

The results of students with ID and the results of students in the intellectual norm (Table 2 and Table 3) suggest that:

- students with ID achieved statistically significantly lower scores than students in the control group (p calculated using Mann-Whitney U test on each scale < 0.001);

- assessing the behavior of students with ID using the KA scale, there is a greater difference between the self-assessment of students (KA), and the assessment of the parent (KA(R)) compared to the assessment of the class teacher (KA(W)) than in the case of students in the control group;
- the variation in scores in the group of students with ID is much greater than in the group of students in the intellectual norm (the highest standard deviation in the group of students with ID refers to the scale of relations with others); the analysis of the minimum and maximum scores obtained by the respondents suggests that in the group of students with ID there were respondents who obtained quite high results and those who obtained very low results;
- the effectiveness of the support provided to the respondents in the sphere of emotional and social competences (as measured by the increase in emotional and social competences using the KA scale in the test-retest model) is significant in both groups; the statistical significance of differences between the KA test results before and after support as measured by the Wilcoxon test for both groups is 0.001; the Z value for the group with ID = 3.96, and for the control group Z=5.30); the increase was higher for students with ID (the difference is 5.36 compared to 3.09 in the control group).

Table 2. Results of students in the intellectual norm

scale	mean	minimum	Maximum	standard deviation
KA test	59.05	50.00	69.00	5.92
KA retest	62.14	54.00	70.00	4.75
T	58.65	46.00	67.00	7.24
R	54.38	49.00	65.00	5.07
O	65.46	59.00	71.00	4.05
S	66.05	56.00	71.00	5.71
KA (W)	55.92	48.00	62.00	5.40
KA (R)	58.78	49.00	64.00	5.50

Source: Authors' research.

Table 3. Statistical significance of differences between the groups (students with MID and students in the intellectual norm)

scale	Z	p
KA test	-6.35	<0.001
KA retest	-5.67	<0.001
T	-6.43	<0.001
R	-4.52	<0.001
O	-6.19	<0.001
S	-6.41	<0.001
KA (W)	-5.85	<0.001
KA (R)	-6.12	<0.001

Source: Authors' research.

Implementation of the test procedure using TROS-KA package by people with a mild intellectual disability

The conducted research provided numerical data indicating the need to support emotional and social development of students with ID. It also verified to what extent the TROS-KA battery meets the criteria of universal design as a diagnostic instrument, and to what extent it is possible to use it without a full adaptation to meet the needs of a specific group of students with SEN.

The understanding of the test procedure was inspected first. The analysis of test protocols shows that in most cases, after a single presentation of the test procedure, students with MID had difficulties in understanding it. They asked for repetitions and additional explanations. It is likely that they had not met with such a research form before. After receiving additional guidance, they undertook the test and acted according to the procedure. They commented on many of the presented situations, giving additional explanations, e.g. about the competitions in which they took part (art, music, sports), about their interests, taking care of animals, and about difficult school situations (e.g. comforting a colleague, conflict with their class teacher, a lost match, being an object of ridicule). Such additional statements, to which the student should be encouraged by the moderator, constitute additional diagnostic material that allows the researcher to better understand the student. It can also be used for more adequate preparation of post-diagnostic activities.

Moreover, the research suggests that the respondents understood most of the stories, which means that the stories referred to events and situations students knew from their everyday experience. It was difficult for them to under-

stand situations that were not part of their everyday experience such as: a stay at a camping site, organizing charity events, and performing daily activities on their own, such as preparing a salad. A few respondents found it difficult to understand the story where the main hero cries after winning a prize. It was also difficult for them to understand situations that started with phrases, “*A colleague asks you...*” upon which the student would ask the moderator, “*But which colleague? What’s his name?*”, which points to their great need to be presented with very concrete tasks.

Most students understood the principle of responding to the presented stories (*similar — slightly similar — dissimilar*) after one presentation. In the course of the session, however, individuals reported difficulties in choosing one of the three options and required encouragement to choose the one that was closest to their beliefs. It seems that a certain stiffness of thinking presented by the respondents played an important role in this process. Most students understood the vocabulary used in the stories. However, it was difficult for them to understand terms such as: *no smoking, there are more such books in the library, stage-fright, charity action, camping, spacecraft model, a fan, support, to spot, be stuck in a traffic jam, making amends, disappointment, student interest club, count on someone, lie to the teacher, waste paper*. Foreseeing such situations, the authors of the TROS-KA battery supplemented the instrument with a glossary collecting words and phrases that could pose difficulties to students with language disorders.

Students usually read the stories on their own. In a few cases, after about half an hour, pupils signaled fatigue, the reading process slowed down, and the help of the moderator was needed. In a few cases, students signaled that they did not know how to read (did not want to?) and the stories were read by the moderator. This is acceptable with the TROS-KA battery and is recommended for students with severe reading difficulties.

The time taken to complete the study was also recorded. Most students completed the study within the time limit set for the scales. Completing one scale took about half an hour. If the session lasted longer, it was necessary to use short breaks, often combined with a reward for the completed work (a small snack, the possibility to boast about the favorite object to the moderator, or a pleasant conversation). The five scale study required the procedure to be divided into at least two parts, so that the student’s daily working time did not exceed one and a half hours — otherwise there was discouragement and a desire to complete the study quickly, but superficially.

The level of concentration on the study varied between participants, and it was usually similar — in the opinion of parents and teachers — to the level of concentration on other tasks. Students were eager to look at the illustrations attached to the stories and comment on them. In the opinion of moderators, the illustrations significantly increased the level of concentration of students with ID. Because of the observed differences in concentration levels the moderator needed to adapt the duration of the session to the student's abilities and use positive reinforcements to increase the respondent's concentration.

Interestingly, the overall level of motivation to participate in the research was high. Some pupils showed signs of nervousness as a result of finding themselves in a new situation. It was particularly unfavorable if teachers or parents had informed the students beforehand that they would participate in “a test”. At the beginning of the study various signs of stress were observed: sweating hands, clenching fists, fidgeting, and stuttering. In most cases anxiety disappeared after the respondent was acquainted with the form of the task. Getting to know the stories and reacting to them did not cause stress in the students. They also liked the illustrations attached to the test where they would recognize their friends, “*Oh, he is similar to Charles, my colleague*”.

Conclusion

Apart from the positive experience of inclusion and building relations in the environment closest to their place of residence, students with ID in mainstream schools also experience negative social situations such as: being ridiculed (Żyta, 2007), being alienated, and being convinced that they are worse than others (Sadownik, 2011). The conducted research shows that the development level of emotional and social competences in this group is much lower than in their peers in the so-called intellectual norm. This poses a serious threat to students with MID's further development, given the importance of these resources for developing a sense of competence. It is therefore necessary to highlight the importance of emotional and social training in the process of supporting people with ID. Fixation on the cognitive sphere resulting from the obligation to implement the core curriculum should not obscure an equally important area of life pragmatics.

The presented research suggests that after introducing the, most often minor, adjustments, it is possible to use the TROS-KA battery to assess the level of development of emotional and social competences in students with MID, as well as to analyze the effectiveness of the support provided to them (KA Scale).

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