

Journal of School Administration

Vol 12, No 1, Spring 2024

ISSN: 2538 - 4724



Effectiveness of Social Competence Intervention Program on Social Anxiety and School Connection

Dr. Mokhtar Weisani¹, Dr. Jamal Salimi^{2*}, & Dr. Parviz Ahmadi³

Abstract

INFO Article history:

ARTICLE

Received: 11/01/2024

Accepted: 25/03/2024

Available online: Spring 2024

Keyword:

social competence intervention program, link with school, social anxiety The present study was conducted in order to evaluate the effectiveness of the intervention program of social competence on social anxiety and the school bonding of the first year elementary school students of Sanandaj city. This research is semi-experimental with a pre-test-post-test-follow-up design and control group. The tool used in this research is the Spence Anxiety Questionnaire and the Link Questionnaire with the Brown and Evans School. From the mentioned society, 26 students of 7-9 years old with symptoms of social anxiety were assigned to two experimental groups (13 people) and control group (13 people) by simple random sampling method. Before starting the training process, both groups were pre-tested. After the completion of the intervention process, a post-test was conducted for both groups and after one month of the post-test, a follow-up test was conducted for both groups. The results of the covariance analysis showed that the social competence intervention program had a significant effect on reducing social anxiety and increasing students' school bonding (p<0.001). Therefore, it can be concluded that the intervention program of social competence has a good effect on bonding with school and reducing their social anxiety, so the use of this intervention program is recommended by teachers, psychiatrists, psychologists and counselors.

Weisani, M., Salimi, J., & Ahmadi, P(2024) Effectiveness of Social Competence Intervention Program on Social Anxiety and School Connection, Journal of School Administration, 12(1), 84 - 94.

1. Ph.D. in Psychology, Assistant Professor, Department of Educational Sciences, Farhangian University, Tehran, Iran *Corresponding Author: Email:m.weisani@gmail.com 2. PhD in Curriculum Studies, Associate Professor of Curriculum Planning, University of Kurdistan, Sanandaj, Iran

3. Ph.D. in TEFL, Assistant Professor, Department of Language and Linguistics, Farhangian University, Sanandaj, Iran

Introduction

The 21st century, the century of rapid and extensive cultural, social and economic changes and changes, and accordingly brings new expectations for educational systems and the family as the core of these changes. Therefore, the thinkers and thinkers of every society, in order to increase the productivity and efficiency of the two systems of family and education in the matter of education and upbringing of children, as the output of these two systems, try to identify, compile and train codified programs in the direction of growth. and have improved the educational, social and emotional status of children (Chiang et al., 2023).

Social anxiety is among the psychological problems and issues of children, which especially elementary school children are involved with. Experiencing anxiety in children can have negative effects on academic performance, communication, dating and even satisfaction with school and life. Because people with symptoms of social anxiety disorder are usually worried about any social situation in which they think they may have an embarrassing behavior or any situation in which they think they will be negatively evaluated by others. are and try to avoid them (Aneta, Agata, Andrzej and Paweł, 2021). In social situations, the anxiety of these people is so intense and pervasive that in the fifth edition of the statistical and diagnostic manual of mental disorders, it is named as social anxiety, because this disorder can lead to some serious and unpleasant problems such as depression. predict obsession and tendency to use psychotropic drugs (Toshi, Hirofumi and Yuki, 2023).

The prevalence rate of this disorder in the American society is reported to be about 7%, and its prevalence rate is higher in children and teenagers compared to adults and it is reported to be about 9%. Also, the prevalence of this disorder has been observed among girls more than boys (Samantha, Farah, Cody and Carrie, 2020). Children with social anxiety disorder suffer from fear and anxiety due to shyness and isolation in school and group situations, and as a result, these children have problems in interpersonal and intrapersonal situations. including the link with the school (Huang and Chung, 2013).

Charteris and Page (2022) have defined attachment to school as attachment, receiving respect from teachers, participation in school, positive emotional connection, commitment, and an efficient attitude toward school. According to Hirschi's social control perspective, when students are encouraged for positive engagement, their sense of attachment and bond with school increases. According to Whittaker et al. (2024), the importance of school bonding due to its relationship with positive and negative consequences in students' behavior and emotions has led to many researches in this field. For example, weak school bonding is associated with low academic progress, lack of continuous attendance at school, dropping out, destruction of school property, delinquent behavior, bullying and quarrels with teachers and classmates, and emotional and behavioral inconsistencies (Chandra, 2017).

Considering that the school bonding during childhood plays a very important role in normal development, academic progress and even normal personality development in adulthood, for this reason, from the point of view of most psychological approaches, special attention is paid to this aspect of development because The results of most of the research show that the weak school bonding is associated with academic failure and dropout (Jessica et al., 2024), risky behaviors (Jackson and Cunningham, 2015), drug use (Whittaker et al., 2024), child and adolescent conflicts with parents (Samantha et al., 2024). et al., 2020) and negative self-concept (Juyeon and Jiwon, 2019).

Various educational and therapeutic approaches have tried to help maladjusted and socially anxious students to improve their connection, motivation and attachment to school and educational situation, among which we can refer to the Social Competence Intervention Program (SCIP).) pointed out (Guli, Semrud-Clikeman, Lerner, and Britton, 2013). Dykstra and Bord (2013) defined social competence as an interaction between the environment and a set of biologically determined abilities or neurological function. Social difficulties that are frequently experienced by children with anxiety disorders, may be partially caused by neurological dysfunction. The context of social interaction is also important for understanding a child's social competence (Gaete, Araya and Montgomery, 2010).

According to Dirks and Melanie (2024), weakness in social competence or inability to perform effectively in interpersonal situations and social tasks are among the specific and defined characteristics for children with anxiety disorders. The key and fundamental component of social competence is social perception, which is defined as the ability to recognize and interpret the meaning and meaning of others' behavior.

The process of social perception can include three steps, i.e. the input of sensory cues, the combination of these cues, and the output of appropriate behavioral responses. Usually, children and adolescents with social and emotional disorders, such as students with social anxiety disorder, have problems in each of these stages (Semrud-Clikeman, Walkowiak, Wilkinson and Minne, 2010). In this regard, Chiang et al. (2023) believe that to increase the academic and emotional performance of children with social anxiety disorder through social competence training, it is possible to act in four ways: (a) cognitive skills training, including information storage and information processing and acquisition skills, decision-making ability, effective and ineffective beliefs, and document styles. (b) Behavioral skills training includes negotiation, role playing, boldness, conversational skills to initiate and continue social interactions. (c) Emotional skills training, which includes establishing positive relationships with others, building and expanding trust and mutual support relationships, and identifying and responding appropriately to emotional symptoms in social interactions. (d) Training of motivational skills, includes the valuable structure of the person, the level of moral development and the feeling of effectiveness and control and finally the feeling of self-efficacy of the person.

Whittaker et al. (2024) believe that major deficiencies in the ability of children with social anxiety to decode facial gestures, tone of voice, and interpretation of words have been found in various studies. Experimental researches have shown that while the lack of proper school bonding is related to problems of social activity, one of the basic variables underlying these problems is social skills and defects in social perception (Semrud-Clikeman. et al., 2010), which has been confirmed in various researches, for example, Guli et al. (2013) investigated the effectiveness of social competence training in students with social problems. The sample of this study consisted of 39 children (19 children with autism disorder, 11 children with attention deficit/hyperactivity disorder, and 9 children with nonverbal learning disability). The results showed that there is a significant difference between the post-test scores of cases with autism, hyperactivity and verbal learning disability in the experimental and control groups. Also, parents and children of the experimental group reported positive changes. Therefore, one of the important goals in the social competence treatment program is to train and strengthen the ability of students' social perception in educational environments. Therefore, in this research, the question of whether the social competence treatment program can have an effect on students' social anxiety and school bonding has been investigated.

Methodology

The method of this research is semi-experimental. The research plan is an extended pre-test, post-test and follow-up plan with a control group.

Statistical population, sample and sampling method: The statistical population of the present study includes all male students aged 7 to 9 years who were invited to the "Psychological Counseling and Services" center from February 04, 2023 to February 19, 2023. especially for children with behavioral and learning disorders" in Sanandaj city. from the mentioned community, according to the criteria for entering the research (age 7 to 9 years, diagnosis of social anxiety disorder, based on the results of the child's symptoms list - 4th edition, parent form, and interview based on the criteria of the diagnostic guide and Statistics of mental disorders, IQ higher than 90 in children's Raven test, with at least one parent being literate at the level of reading and writing and not taking psychoactive drugs, and exclusion criteria from the research (comorbid disorders such as obsessive-compulsive disorder) practical, selective mute disorder), 38 people were selected as a sample. After preparing a list of these 38 people, 26 people were selected randomly (by lottery) and randomly divided into two experimental groups (13 people) and the control group (13 people) were assigned. It should be noted that the questionnaires used in this research were completed by the parents of the students both in the screening stage and in the pre-test, post-test and follow-up stages.

Instrument

Spence Social Anxiety Inventory, parent form

This questionnaire was created by Spence in 2003 to evaluate anxiety symptoms in students in the general population. This 38-question questionnaire covers 6 areas of anxiety, including separation anxiety, generalized anxiety, social anxiety, panic attacks, fear of open spaces, phobias, and intellectual and practical obsessions in a 4-point Likert scale from zero (never) to 3 always) measures that the range of scores is between 0 and 114, where high scores indicate more anxiety and low scores indicate lack of anxiety. It should be noted that only 6 items related to social anxiety were used in this research. This questionnaire has been standardized by Jalali, Mahmoudi and Pourahmadi (2020) in accordance with the Iranian children's community, and its reliability coefficient has been reported as 0.89 and 0.67 for the whole scale and the social anxiety area using Cronbach's alpha method. In the present study, the reliability coefficient of social anxiety of this questionnaire was obtained using Cronbach's alpha method as 0.79.

School Bond Questionnaire (SBQ)

This questionnaire was created by Brown and Evans (2002), which has 16 questions and is scored based on a 4-point Likert scale from strongly disagree to strongly agree. The minimum score is 16 and the maximum score

is 64, and a higher score indicates more connection with the school. This questionnaire includes four sub-scales of commitment, ability, belonging and belief in rules. Brown and Evans (2002) reported the reliability coefficient of this scale using Cronbach's alpha method as 0.86. Also, the factor structure of this scale was confirmed by using the factor analysis method. In Collie et al.'s research (2024), Cronbach's alpha coefficients for the subscales of commitment, ability, belonging and belief in rules were 0.64, 0.78, 0.69 and 0.59, respectively, and the coefficients by Spearman's bisection method- Brown for these sub-scales were 0.65, 0.73, 0.67 and 0.60 respectively. Also, the validity of this scale was obtained through the correlation of each item with the total score between 0.48 and 0.63. In the present study, the overall reliability coefficient of the questionnaire using Cronbach's alpha method was obtained as 0.81. This coefficient was obtained for the subscales of commitment, power, belonging and belief in rules, respectively, 0.73, 0.69, 0.70 and 0.71.

Intervention sessions

The method of teaching social competence was developed by Guli et al. (2008). This method consists of 16 sessions of 45 minutes, which generally emphasizes on the emotional and emotional experiences of the children themselves, and this issue causes the growth and strengthening of their ability to understand others, which further leads to the goals of this method. It has been discussed separately.

Session	The main purpose of the session	Description of the session			
		Conducting pre-tests, introducing members, creating groups for			
Session 1	Getting to know the members, building	discussion and group activities, creating groups where members can			
56351011 1	trust and building relationships	easily express their feelings and express their personality traits with their			
		friends without any mask.			
		Discussing how to pay attention to the important parts of a conversation			
	What does active listening mean?	when interacting with others, practical practice of focusing attention and			
Session 2		controlling oneself both visually and aurally, how to take and give clues			
		to the other party during a conversation, increasing trust and cohesion			
		between members group.			
		Practical discussion and practice about emotions and how they affect our			
Session 3	Recognizing feelings and emotions	lives, examining the meaning of different emotional words and terms,			
		strengthening and developing the ability to visualize and mental imagery.			

Table 1. Summary of social competence intervention program sessions (Goli et al., 2008)

Session 4	Familiarity with body language	Discussion and practical exercise about how we can understand the emotions of others by receiving facial expressions, practical exercise of interpreting other people's emotions based on facial expressions and body language live and by showing Video movie.					
Session 5	Body awareness	Improving physical control and body awareness through creative movement practice, continuing to discuss strategies and exercises to enhance the ability to read facial cues and non-verbal expressions.					
Session 6	Recognizing the feelings of others	Discussing how others express their feelings through tone of voice, practice of saying similar sentences with different emotions and different sentences with the same emotions, practice of saying the same sentences with emphasis on different words.					
Session 7	Understanding others	Discussing what are the tools of a successful relationship in real life, understanding facial cues, tone of voice and body language at the same time, expressing and interpreting visual and auditory cues with each other in a group activity, engaging in the activity more complex ones such as impromptu speaking with one of the group members (peer).					
Session 8	Group participation and the role of group members	The experience of "playing a role" in the process of a performance, creating and producing an original idea by combining the ideas of other members in a collective activity, practicing decision-making in the group to choose an activity.					
Session 9	Recognizing interpersonal conflicts and problem-solving skills	Practical discussion and practice about situations where visual and auditory clues do not match each other or may be inconsistent with the context, development of strategies to face ambiguous and conflicting situations.					
Session 10	Acceptance of opposing opinions and criticism	Discussing the difference between fact and opinion, accepting others' viewpoints when they differ from ours, practical practice of discussing different viewpoints on various topics.					
Session 11	Giving feedback to others and reflecting feelings	Working as a group to complete a project, practicing using non-verbal cues to interact with your partner and helping each other to break these interactions down into smaller parts and steps, learning to master and giving feedback on any important non-verbal cues. consideration.					
Session 12	Self-exploration and attention awareness	The collective activity of filming a conversation that includes important and essential non-verbal content, watching a recorded video of the interaction of yourself and other group members and discussing what these videos can convey to others, practicing skills and getting feedback. of non-verbal communication in social interactions.					
Session 13	The role of self-confidence in interpersonal relationships	Discussing the factors that prevent starting an initial conversation, increasing self-confidence in initial conversation, practicing starting and continuing a conversation, strengthening and developing cognitive strategies to deal with negative self-talk when talking with others.					
Session 14	Correct interpretation and no hasty judgment and prejudice	Reframing interpretations of what might happen and what has happened in the past, then acting out when such situations arise using appropriate strategies and through impromptu labeling.					
Session 15	Review the skills they have learned so far	Reviewing the skills we have learned together, expressing memorable moments and events while working with peers, making positive predictions about the future by creating "friendly sculptures".					
Session 16	Final and post-exam celebration	Discussing the experiences of the group, giving positive feedback to peers and receiving positive feedback from them, conducting the post- test and determining the appropriate time and place for the follow-up test, organizing a party to meet each other and say goodbye.					

Findings

The covariance analysis method was used to analyze the research data, and the results of this analysis are mentioned below. The results of the descriptive indexes of scores of connections with school and social anxiety of the experimental and control groups in the pre-test, post-test and follow-up stages are presented in Table 2.

Table 2. Descriptive indices of the variables of school bonding and social anxiety in the experimenta	l and
control groups	

control groups								
aroun	variable	Sch	ool bonding	Social anxiety				
group	Statistical indicators	mean	standard deviation	mean	standard deviation			
	Pre-test	23.05	3.87	15.22	2.18			
Control group	Post test	22.66	3.17	16.10	2.51			
	Follow up	24.15	3.26	15.77	2.79			

89 🙇 Journal of School Administration

Vol 12, No 1, Spring 2024

Experimental group	Pre-test	24.03	3.65	15.50	2.76
	Post test	48.12	6.43	8.38	1.58
	Follow up	47.39	6.47	8.67	1.63

Since the statistical analysis of covariance depends on the realization of its underlying assumptions, therefore, in order to ensure that the data collected in this research meet the underlying assumptions of this type of analysis or not, to They were investigated. For this purpose, two main assumptions of covariance analysis, including homogeneity of variances and homogeneity of regression, were investigated, which are stated in order below.

 Table 3. The results of Levin's test regarding the homogeneity of variance of the research variables in the experimental and control groups

Dependent variable	df 1	df 1 df 2		significance level	
School bonding	2	23	0.27	0.74	
Social anxiety	2	23	1.06	.038	

As can be seen in Table 3, the F coefficient of Levin's test in the school bonding variable is equal to F = 0.27 and its significance level is equal to p = 0.74 and in the social anxiety variable is equal to .06. F = 1 and its significance level is equal to p = 0.38, so the hypothesis of homogeneity of variances is confirmed in both variables of school bonding and social anxiety.

Homogeneity of regression slopes

Another assumption of the covariance test is the homogeneity of the regression slopes. This means that the relationship between the dependent variable and the auxiliary random variable should be almost the same for all groups, that is, the regression lines should be almost parallel. In order to check the homogeneity of the regression slopes, the covariance test was used and the interaction between groups and pre-tests was used. In other words, if the interaction between the two variables of the group and the pre-tests is not significant, the data supports the hypothesis of homogeneity of the regression slopes. Table 4 shows the interaction between the group and the pre-tests of the research variable.

Table 4. Homogeneity of regression slopes for research variables

Interaction	sum of squares Df mean square		F	Sig	
school bonding \times group	171.32	2	85.66	11.45	0.12
Social anxiety × group	29.16	2	14.58	4.34	0.17

The results listed in Table 4 show that the F test of the interaction of both variables of school bonding and social anxiety with the group respectively (F = 11.45 and p = 0.12), (F = 4.34 and p = 0.17) p = 0) that due to the fact that none of these interactions were significant, therefore, the regression slopes of the two experimental groups and the control group do not

interact in the research variables, and the assumption of homogeneity of the regression slopes is confirmed. It can be

In this part, the results related to the research hypotheses are presented. At first, the general hypothesis of the research has been investigated using the method of multivariate covariance analysis. General hypothesis - Teaching social competence method can have an effect on students' social anxiety and school bonding .

In order to investigate the above hypothesis, a multivariate covariance analysis was performed between the social anxiety scores and school bonding after the test and follow-up of the experimental and control groups, the results of which are presented in Table 5:

Effect	Test	Value	F	df hypothesis	df error	Sig	Eta coefficient	Effect size
Group	Pillais Trace	0.922	20.94	2	23	0.001	0.461	1.000
	Wilks Lambda	0.078	61.77	2	23	0.001	0.720	1.000
	Hotelling's Trace	11.77	138.34	2	23	0.001	0.855	1.000
	Roy's Largest Root	11.77	288.47	2	23	0.001	0.922	1.000

 Table 5. Results of multivariate covariance analysis on post-test scores and follow-up of social anxiety and school bonding experimental group and control group with control of pre-tests

As can be seen in Table 5, there is a significant difference between the experimental groups and the control group in the post-test and follow-up stages in terms of at least one of the variables of social anxiety and school bonding (p = 0.001). Therefore, the first hypothesis of the research was confirmed. To determine these differences, one-way covariance analysis was performed on each of the variables of

social anxiety and school bonding. The results of this analysis are presented in Table 6.

Hypothesis 1- Teaching social competence method can have an effect on students' social anxiety. Hypothesis 2- Teaching social competence method can have an effect on students' school bonding.

Source	dependent variable	step	sum of squares	df	mean square	F	sig	Eta coefficient	Effect size
Group	social anxiety	Pre- test	1372.13	2	686.06	209.55	0.001	0.895	1.000
		Follow up	1096.36	2	548.18	136.94	0.001	0.848	1.000
	school bonding	Pre-test	3300.22	2	1650.11	238.63	0.001	0.907	1.000
		Follow up	3070.63	2	1535.31	201.65	0.001	0.892	1.000

Table 6. The results of one-way covariance analysis on the post-test scores and the follow-up of social anxiety and school bonding in the experimental groups and the control group with the control of the pre-tests.

The results presented in table 6 show that between the experimental group and the control group in the posttest phase in the variable of social anxiety (F = 209.55 and p = 0.001) and school bonding (F = 238.63 and p = 0.001) (p = 0.001) and in the follow-up phase, there is a significant difference in the social anxiety variable (F = 136.94 and p = 0.001) and school bonding (F = 201.65 and p = 0.001). Therefore, the hypotheses of the effect of teaching social competence method on social anxiety and school bonding are confirmed. The obtained results show the significant effect of the social competence method in reducing social anxiety and increasing school bonding in both post-test and follow-up stages.

Discussion and Conclusion

The first hypothesis: the findings show that social competence intervention program training in both the post-test and follow-up stages has caused a significant reduction in social anxiety, which is in agreement with the results obtained from the research of Guli and colleagues (2013), Aneta et al. (2021) and Toshie et al. (2023) are consistent.

Guli et al. (2013) investigated the effectiveness of social competence training in children with social problems. The sample of this study consisted of 39

children (19 children with social anxiety disorder, 11 children with attention deficit/hyperactivity disorder, and 9 children with separation anxiety disorder). The results showed that there is a significant difference between the post-test scores of social anxiety, hyperactivity and separation anxiety in the experimental and control groups. Also, parents and children of the experimental group reported positive changes.

In explaining the effect of the social competence intervention program on the reduction of students' social anxiety, it can be stated that the feeling of social competence and the possession of social skills are known as one of the most important achievements of childhood, and social skills are Cooperation, courage, self-control, and responsibility are visible learned behaviors that enable the child to effectively interact with others and avoid unreasonable social reactions such as social avoidance and avoidance. (Guli et al., 2013). On the other hand, the knowledge of non-verbal communication, which is the process of sending and receiving non-verbal messages through facial expressions, touching, codes, eye contact, gestures and body movements, body postures and tone of voice, which includes the expression of all signs and symptoms. Hearing, vision and touch are defined (Semrud-Clikeman, 2007). Therefore, the two main dimensions of social competence are: (a) social skills such as cooperation, responsibility and self-control and (b) knowledge of non-verbal communication. Based on the results of various researches, children with externalizing disorders, such as anxious, children, children with attention aggressive deficit/hyperactivity disorder, and children with autism spectrum disorders, often have poor social competence and social relationships, and are in a difficult situation. Interpersonal people usually feel socially incompetent and therefore show behaviors that lack a sense of responsibility, self-control, selfmonitoring, and empathy (Aneta et al., 2021).

Social competence training helps children with social anxiety disorder to become empowered in organizing and developing personal, environmental and social resources. In the social competence method, children learn that while trying to achieve individual goals, they must maintain positive and respectful relationships with others at all times and places; Because this method focuses on teaching the four main aspects of reducing impulsive behaviors, i.e. 1- Accurate social recognition, 2- Absence of maladaptive behaviors and instead forming adaptive behaviors, 3- Recognition of effective social behaviors, and 4- Creating and developing positive and constructive relationships with Others emphasize and focus (Dirks and Melanie, 2024).

Second hypothesis: The findings show that social competence teaching in both the post-test and followup stages has significantly increased the bond with the school, which is in agreement with the results of the study by Guli et al. 2013), Ramos et al. (2013) and Chartris and Page (2022) are consistent.

Charteris and Page (2022) discussed the role of social competence on school bonding, attachment, and academic involvement in first grade elementary school students. The results of this research showed that the feeling of social competence in the school environment can have a significant effect on children's interest and sense of responsibility towards academic assignments, as well as the sense of security and secure attachment of students in the school environment. In addition to this sense of social competence, the level of motivation and behavioral, cognitive and emotional involvement of students towards homework significantly increased in the experimental group compared to the control group.

In explaining this finding, it can be said that during social competence training, students get the opportunity to think about themselves and then share their opinions openly and transparently with each other. share Participating in these communication skills training sessions causes self-knowledge and self-awareness of students, and this self-knowledge is the basis for more individual and social participation in the educational environment, making more constructive decisions, having a more efficient academic program, changing feelings, attitudes or behavior. himself towards the school personnel, who will eventually flourish or realize his educational and educational capabilities, he will see receiving more respect from other students and being accepted by teachers (Schmidt and Stichter, 2012). Also, learning the skills of active listening and empathy in this program improves effective communication with other students, promotes human encounters with meaning, and facilitates the ways of satisfying one's own psychosocial needs, and ultimately leads to greater connection and attachment to school. to be In other words, they learn that they are important to others,

what a member says, everyone hears and his opinions count (Rasmussen and Levander, 2009). When a person experiences the pleasure of thinking and listening to others, he is no longer afraid of having an independent and individual opinion or entering into class group discussions. Therefore, these students, through group problem solving, learn how to solve their adjustment problems at school or sometimes at home, and they will try to Mobilize and coordinate all their intellectual power and individual ability in solving problems related to academic adjustment and a positive attitude to school (Whittaker et al., 2024).

At the end of this research, it is suggested that due to the wide application of the social competence method, especially for students with anxiety disorders, lack of communication and proper school bonding and aggressive students, future researches in the field of the effectiveness of the competence method social on autism spectrum disorders and non-verbal learning disabilities. Also, since the social competence method in this research has a great effect on improving the bond with the school and reducing the social anxiety of students, it is suggested that this social competence method be used in schools as a part of the activities and educational courses of the students. It should be taken into account so that many behavioral disorders of students can be corrected.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. Translated by Yahya Seyed Mohammadi (2013). Tehran: Rovan Publishing House. (in Persian).

Aneta, P., Agata, B., Andrzej, C., & Paweł, K. (2021). Social anxiety and social skills via problematic smartphone use for predicting somatic symptoms and academic performance at primary school. 173, p: 67-80.

Chandra, M. (2017). New epidemiological research on 'school bonding' and drug involvement. <u>Drug and Alcohol Dependence</u>, 171, p: 38-51.

Charteris, J., & Page, A. (2022). Social competence on School bonding, attachment, and engagement through remote learning: Fostering school connectedness. New Zealand Journal of Teachers' Work. 18(2), p: 91-108. Chiang, F. M., Yu, Y. T., Liu, M. H., Kuo, C. C., Hsieh, C. L., & Chen, K. L. (2023). A socialcompetence group intervention featuring didactic teaching and practice in play contexts for preschool children with autism spectrum disorders. <u>Research in</u> <u>Autism Spectrum Disorders</u>, 110; p: 68-81.

Collie, R. J., Martin, A. J., Renshaw, L., Davis, K. (2024). Students'perceived social-emotional competence: The role of autonomy-support and links with well-being, social-emotional skills, and behaviors. Learning and Instruction, 90, p: 67-80.

Dirks, A., & Melanie, A. (2024). Social competence. <u>Reference Module in Neuroscience and Biobehavioral</u> <u>Psychology</u>. 9; p: 26-41.

Dykstra, J., & Bord, A. (2013). Implementing social competence interventions for high school students with ASD: Feasibility in 3 pilot studies. The center on secondary education for students with autism spectrum disorders. Retrieved from http://csesa.fpg.unc.edu/

Gaete, J., Araya, R., & Montgomery, A. (2010). The association between school bonding and smoking amongst adolescents in chilean schools. <u>European</u> <u>Psychiatry</u>, 25(1), p: 187-199.

Guli, L. A., Wilkinson, A. D., & Semrud-Clikeman, M. (2008). Social competence intervention program (SCIP): A drama-based intervention for youth on the autism spectrum. Champaign, IL: Research Press.

Guli, L. A., Semrud-Clikeman, M., Lerner, M. D., & Britton, N. (2013). Social competence intervention program (SCIP): A pilot study of a creative drama program for youth with social difficulties. The Arts in Psychotherapy, 40(1), 37-44.

Huang, Y., Chung, C., Ou, H., Tzang, R., Huang, K., Liu, H., & Liu, S. (2013). Treatment effects of combining social skill training and parent training in Taiwanese children with attention deficit hyperactivity disorder. Journal of the Formosan Medical Association, 12(3), 53-72.

Jackson, S. L., & Cunningham, S. A. (2015). Social competence and obesity in elementary school. American Journal of Public Health, 105(1), 153-158.

Jalali, M., Mahmoodi, H., & Pourahmadi, E. (2020). Spence children's anxiety scale through parent report: Psychometric properties in a community sample of Iranian children. Journal of Research in Psychopathology, 1(2), p: 39-48.

Juyeon, O., & Jiwon, A. (2019). Symptoms, Emotional Aggression, School Adjustment, and Mobile Phone Dependency Among Adolescents with Allergic Diseases in South Korea. <u>Journal of Pediatric</u> <u>Nursing</u>,47, p: 24-29. <u>Ramos, R., Freire, C., Julvez, J., Fernandez, M. F.,</u> <u>Garcia-Esteban, R.,</u> ... & <u>Olea, N</u>. (2013). Association of ADHD symptoms and social competence with cognitive status in preschoolers. European Child Adolescence Psychiatry, 22(3), 153-164.

Rasmussen, K., & Levander, S. (2009). Untreated ADHD in adults: Are there sex differences in symptoms, comorbidity and impairment? Journal of Attention Disorders, 12(4), 353-360.

Samantha, C., Farah, M., Cody, W., & Carrie, W. M. (2020). Chapter 12 - School-based treatment for children and adolescents with social anxiety disorder. <u>Social Skills Across the Life Span</u>. 12, p: 237-254.

Schmidt, C., & Stichter, J. P. (2012). The use of peermediated interventions to promote the generalization of social competence for adolescence with highfunctioning autism and asperger's syndrome. Exceptionality, 20(3), 94-113.

Semrud-Clikeman, M. (2007). Social competence in children. Springer Science-Business Media, New York, USA.

Semrud-Clikeman, M., Walkowiak, J., Wilkinson, A., & Minne, E. P. (2010). Direct and indirect measures of social perception, behavior, and emotional functioning in children with Aspergers disorder, nonverbal learning disability, or ADHD. Journal of Abnormal Child Psychology, 38(7), 509-519.

Toshie, Y., Hirofumi, N., & Yuki, M. (2023). Relationship between resilience, anxiety, and social support resources among Japanese elementary school students. <u>Social Sciences & Humanities Open</u>. 7(1). P: 33-45.

Whittaker, E. J., Hofkens, T., Vitiello, E. V., & Pianta, C. R., DeCoster, J., & Ansari, A. (2024). Patterns of children's readiness at school entry and their association with kindergarten academic and socialemotional outcomes: Do classroom interactions matter? <u>Early Childhood Research Quarterly</u>, 66, p: 112-123.

Yang, J., & Anyon, Y. (2016). Race and risk behaviors: The mediating role of school bonding. Children and Youth Services Review, 69, p: 39-48.

Zhao, J., Sun, R., & Shangguan, M. (2024). Childhood psychological maltreatment and social anxiety in college students: The roles of parasympathetic nervous system activity and parent–child separation experience. <u>Child Abuse & Neglect</u>, 151, p: 123-13.

Name : Dr. Mokhtar Weisani Email : m.weisani@gamil.com Ph.D. in Psychology, Assistant Professor, Department of Educational Sciences, Farhangian University, Tehran, Iran

Name : Dr. Jamal Salimi Email: j.salimi@uok.ac.ir PhD in Curriculum Studies, Associate Professor of Curriculum Planning, University of Kurdistan, Sanandaj, Iran

Name : Dr. Parviz Ahmadi Email: p.ahmadi@cfu.ac.ir Ph.D. in TEFL, Assistant Professor, Department of Language and Linguistics, Farhangian University, Sanandaj, Iran





