1.0.0. Introduction

Social competence refers to the social, emotional, and cognitive skills and behaviors that children need for successful social adaptation. Social competence is an elusive concept, because the skills and behaviors required for healthy social development vary with the age of the child and with the demands of particular situation. Adolescents currently face more potentially negative experiences at younger ages than ever before, including drugs, suicide and violence (Holmes, 1995). Consequently, it is appropriate to identify the factors which protect adolescents from these negative experiences. Emerging theories of youth development such as resiliency, self-efficacy, and risk protective factors have stressed social competence as an important dimension of successful adolescent development. An understanding of the development, maintenance, and enhancement of social competence is useful in determining how to protect adolescents from negative influences and assist them in reaching their optimal potential. Socially competent adolescents have a sense of belonging, are valued, and are given opportunities to contribute to society (Gullotta, 2000), which to a large extent is made possible within the various social environments where adolescents live such as family, school, and community. Family variables such as parenting style and family communication patterns are found to be strongly influence adolescent’s social competence (Peterson & Leigh, 2001). The development of social competence is facilitated by strong social support, through supportive relationships and a supportive socio-cultural and physical environment; inhibitors of social competence include cultural and social barriers based upon factors such as race or ethnicity, gender, and socio-economic status (Bloom, 1999).

Thomas (2003) found that adolescents whose friends and parents support academic achievement perform better than adolescents who receive support from only one, or neither. Hence, both parents and friends are important for adolescents' development. Moreover, adolescents are less influenced by friends when they have close and involving relationships with their parents (Serafica and Harway, 2002). The ability of
friends to influence the behaviors and attitudes of adolescents is magnified when adolescents perceive that their parental relationship is negative or deficient in support and guidance (Cruise, Judge and Sheubrookd, 2007). Parenting styles can also affect peer influence. Authoritative parenting encourages adolescents to be less susceptible to peers influence specifically in domains in which peers are engaging in unacceptable behaviors, but more susceptible to peer influence in domains that are approved by adults (Serafica and Harway, 2002). Hence, parents can adjust their style of parenting to reflect these favorable outcomes. In addition to family interaction patterns and various aspects of the parent-child relationship, adolescent’s own thoughts, feelings, and attitudes may influence their social behavior. Research conducted by Ritchey (2000) revealed that many rejected children make impulsive, inaccurate, and incomplete judgments about how to behave in social situations and are lacking in social problem-solving skills.

Research in the area of learning disability (LD) in India began only recently (Ramaa, 2000). Students have experienced academic problems associated with LD for a long time, but those problems were ignored in the crowded classrooms (Karanth, 1998). The study of learning disability is gradually gaining momentum as more and more students are experiencing problems in academic and non-academic areas. Current literature indicates that 10-14 per cent of the 416 million children in India have LD (Krishnan, 2007; Krishnakumar, 1999; Mehta, 2003) making it the most widespread disability (Suresh & Sebastian, 2003; Tandon, 2007). It is estimated that India has five students with LD in every average-sized class (Thomas, Bhanutej, & John, 2003). Dyslexia is the most common and most carefully studied of the SpLDs [specific learning disabilities], affecting 80 per cent of all those identified as learning disabled (Karande, Sawant, Kulkarni, Galvankar, & Sholapurwala, 2005). According to a study conducted in South India, the incidence of dyscalculia was reported to encompass 6 per cent of all school-aged children (Ramaa & Gowramma, 2002). Along with LD, attention deficit hyperactivity disorder (ADHD) is also found to be prevalent (Crawford, 2007).
Compounding the issue of prevalence is limited awareness of LD among parents, teachers, and educational administrators, and the lack of teacher training in this area.

1.1.0. SOCIAL COMPETENCE AND LEARNING DISABLED ADOLESCENTS

In recent years, a lot of attention has been given to bringing awareness among parents and teachers (Shilpa, 2000). Like their peers, adolescents with learning disabilities are essential social beings; they learn to develop through their interaction with the social as well as the physical environment. Social competence is the ability to use the appropriate social skills in every aspect of life. For adolescents with learning disabilities, it is a difficult skill to master. These adolescents have trouble with communicating, following directions, listening, and completing a task, which can cause problems in the classroom and in adulthood. Children and adults must display appropriate social skills within the rules of their culture to maintain relationships that will help them to be independent and successful. Those who display inappropriate social behaviors are less appealing to their peers and have been found to have continual problems in life (Pavri & Luftig, 2000). Social competency is an area of concern for those who work with students who are learning disabled. Mellard (1992) analyzed that the majority of adolescents with a learning disability need more time than average to encode and produce information in various social and educational situations. Learning to successfully interact with others is one of the most important aspects of a child's development, with far-reaching implications. Although most adolescents acquire social skills, Osman (2011) suggests that adolescents with learning disabilities may have difficulty making and keeping friends also shown to interact less with their peers and to spend more leisure time alone, addicted to TV, computer games, and the internet. Haager & Vaughn (2003) reported that it is estimated that 35 to 75 percent of adolescents with learning disabilities have less interaction with their peers and much more engaged in TV or video games.

2.0.0. OPERATIONAL DEFINITIONS OF THE TERMS USED IN THE RESEARCH PROBLEM

The terms which need detailed contextual definitions are mentioned here:
2.1.0. Social Competence

In context of present study, the social competence is operationally defined as adolescent’s ability to establish and maintain high quality and mutually satisfying behaviors and to avoid negative treatment. It is social, emotional and cognitive (academic) skill, and behavior that individual needs for successful social adaptation. It includes the factors *viz.* pro-social attitude, social competition, social leadership, social tolerance, and social maturity.

2.2.0. Social Problem-Solving Skills

The term social problem-solving can be defined in present context as the self-directed cognitive behavioral process by which a person attempts to identify or discover effective or adaptive ways of coping with problematic situations encountered in the course of everyday living.

2.3.0. Conflict Resolution

*Schellenberg (1996)* broadly defined conflict resolution as gives systematic coverage to five main ways people may try to resolve their conflicts: coercion, negotiation, adjudication, mediation, and arbitration. The main theories of conflict, both classic and contemporary, are reviewed under four main categories: individual characteristics theories, social process theories, social structural theories, and formal theories.

2.4.0. Self-Control

In present study *self-control is* defined as the overriding or inhibiting of automatic, habitual, or innate behaviors, urges, emotions, or desires that would otherwise interfere with goal directed behavior.

2.5.0. Self-Efficacy

In present perspective the term Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through
four major processes. They include cognitive, motivational, affective and selection processes.

2.6.0. Learning Disabled Adolescents

The most commonly used definition, from the federal special education law, the Individuals with Disabilities Education Act (IDEA), uses the term Specific Learning Disability (SLD). According to the IDEA, SLD is “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.” (20 U.S.C. § 1401 (30)).

2.7.0. Non Learning Disabled Adolescents

In present study non learning disabled adolescent were defined as those adolescents who don’t suffer from one or more of the basic psychological processes involved in understanding or using spoken or written languages, reasoning or mathematical abilities.

3.0.0. OBJECTIVES OF THE STUDY

The main aim of the present research is to study that how Social problem-solving skills, Conflict resolution, Self-efficacy and Self-control all together as well as separately predict the Social competence in Learning Disabled adolescents. In order to achieve this aim, the researcher has laid down the objectives: (i) To study the Social problem-solving skills, Conflict resolution, Self-efficacy, Self-control and Social competence of Learning disabled (LD) and Non Learning disabled (NLD) adolescents. (ii) To study the independent effect of Social problem-solving skills, Conflict resolution, Self-efficacy and Self-control on Social competence of Learning disabled and Non Learning disabled
adolescents. (iii) To study the interactional effect of predictive variables \( \text{viz.} \) Social problem-solving skills, conflict resolution, self-efficacy and self-control on social competence of Learning disabled and Non Learning disabled adolescents. (iv) To examine inter-correlation among predictive variables \( \text{viz.} \) Social problem-solving skills, Conflict resolution, Self-efficacy, Self-control and criterion variable \( \text{viz.} \) Social competence of Learning disabled and Non Learning disabled adolescents. (v) To predict the contribution of predictive variables \( \text{viz.} \) Social problem-solving skills, Conflict resolution, Self-efficacy, Self-Control and criterion variable \( \text{viz.} \) Social competence of Learning disabled and Non Learning disabled adolescents.

4.0.0. HYPOTHESES OF THE STUDY

In order to achieve the above-mentioned objectives the researcher has formulated the null hypotheses: (i) There exists no significant difference between Learning disabled and Non Learning disabled adolescents in reference to Social Problem-Solving Skills, Conflict resolution, Self-efficacy, Self-control and Social Competence. (ii) There exists no significant effect of predictive variables Social Problem-Solving Skills, Conflict resolution, Self-efficacy and Self-control on Social Competence in Learning disabled and Non Learning disabled adolescents when treated independently. (iii) There exists no significant interactional effect of all predictive variables on Social competence of Learning disabled and Non Learning disabled adolescents. (iv) There exists no significant inter-correlation between predictive variables and on criterion variable in Learning disabled and Non Learning disabled adolescents. (v) There exists no significant contribution of predictive variables in prediction of criterion variable.

5.0.0. Review of Related Literature

the reviewed literature has focused on the following facts: In the studies, conducted in the area of social competence of LDs, the limited variables were taken into account and in the fast changing scenario, psycho-social factors had not been linked, that is why do not represent the social competence and its related aspects because the variables have been viewed in a very narrow sense while a multivariate correlational approach is
needed to have a kaleidoscopic view to understand the social competence of learning disabled adolescents. Hence the findings of those studies have restricted their scope of applications of highly complexes and diversified fields in the social life of learning disabled adolescents. It also can be visualized from the researches that the area of social competence has been investigated in different context and environment, various stages of growth and development of child risk behaviour and social competence promotion programmes. Similarly researches have been done regarding the role of self-perceptions, motivational orientations, adjustment, self-concept, social competence, fear and anxiety in learning disabled. Some researchers have worked to study the effect of different types of intervention programmes. Instructional material, models, individualized education programme prepared for learning academic competence and physical health etc., have also been examined in relation to problem-solving skills. Along with this strategies and models have developed regarding conflict resolution to enhance this ability. The present study has identified the problem of learning disabled adolescent’s social problem-solving skills, conflict resolution, self-efficacy and self-control for predicting social competence and it is hoped that the results will, certainly help in dealing with the learning disabled and non learning disabled adolescent’s social competence and its psycho-social variables.

6.0.0. Design of the Study

The design of the present study is set under the following heads:

6.1.0. Method of the Study

Method is a style of conducting a research work and determined by the nature of the problem. Keeping in view the nature of the problem the researcher has adopted Descriptive survey method.

6.2.0. Selection of the Sample

The selection of the sample has been done in four phases, which are given below:
PHASE I: Description of the Population and its Elements

The present study was confined to the adolescents of the age group 14 to 16 years and appearing IX and X grade studying in schools affiliated to CBSE and ICSE Board of education. In order to see the impact of predictor variables viz. Social Problem-Solving Skills, Conflict Resolution, Self-Efficacy and Self-Control on Social Competence in Learning disabled and Non learning disabled adolescents, the researcher selected the students of Agra City. After scrutinizing the list of the schools, the researcher selected 16 institutions on the ground of willingness, cooperation and availability of large number of students at one place. The total number of students available in 16 institutions was 4,654 the data has included all the sections of IX and X grades of these institutions.

PHASE II: Sample Selection

Stepwise procedure for the selection of sample is given below:

Step (i): Randomization of the Subjects

The researcher selected the sample by systematic random sampling technique. In which researcher selected 1500 subjects from the population of 4,654 of 16 institutions. For this, the researcher took up the name list of students from the concerned teachers and chose the subjects by taking every 5th name from the list. In this stage, the sample consisted 1500 students.

Step (ii): Identification of Learning Disabled and Non Learning Disabled Adolescents

The present research aims to study the effect of predictors (Social Problem-Solving Skills, Conflict Resolution, Self-Efficacy and Self-Control) of Social Competence in Learning disabled and Non learning disabled adolescents. Thus the researcher administered self-constructed Learning Disability Identification Scale (LDIS) to identify the learning disabled and non learning disabled adolescents. The scale was Five point rating and has the criteria of ‘Never’, ‘Negligible’, ‘Sometimes’, ‘Mostly’ and ‘Always’ for which the ratings are 0,1,2,3,and 4 respectively. The students who scored
with and above 198 (≥ 66x3), considered as learning disabled and those students who scored below 66 (≤ 66x1) considered as non learning disabled adolescents and the reason was behind it that the criteria of the scale ‘Never’ and ‘Negligible’ almost show the absence of the symptom while ‘Mostly’ and ‘Always’ telling the higher order of learning disability. Remaining students who scored between 66-198 have not been considered at all in the study because they formed the group of learning disabled adolescents representing average level of disability on this scale. Only those students were selected in the sample who had perfect learning disability and non learning disability.

**PHASE III: Final Sample**

There were found 113 learning disabled students from the selected institutions but 100 LD were taken for further study. As such in equal cell distribution of LDs and NLDs finally 200 students were selected for the final sample (100 Learning disabled and 100 Non learning disabled adolescents).

6.3.0. **Selection of the Tool for Measuring Self-Efficacy**

The researcher has selected General Self-Efficacy Scale for the present study. The detailed profile of the scale is given below:

<table>
<thead>
<tr>
<th>Tool</th>
<th>General Self-Efficacy Scale (GSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Matthias Jerusalem &amp; Ralf Schwarzer</td>
</tr>
<tr>
<td>Nature</td>
<td>Verbal</td>
</tr>
<tr>
<td>Group/Individual</td>
<td>Both</td>
</tr>
<tr>
<td>Age Range</td>
<td>General adult population, including adolescents</td>
</tr>
<tr>
<td>Structure</td>
<td>Scale has 10 items which measures self-efficacy</td>
</tr>
<tr>
<td>Duration</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Reliability</td>
<td>Cronbach’s alphas ranged from .76 to .90</td>
</tr>
<tr>
<td>Validity</td>
<td>Criterion-related validity</td>
</tr>
</tbody>
</table>

General Self-Efficacy Scale (GSES) (Jerusalem & Schwarzer, 1993) was given preference in the present study for measuring the self-efficacy of Learning disabled and Non learning disabled adolescents because: (i) It was a standardized test of international repute covering sample from 25 countries including India. Its manual confirms that it is suitable on a group of high school students in the age group of 12 -17 years. (ii) It has been used widely by the researchers such as Kumar and Lal (2006), Prasad (2010),

6.4.0. Construction of the Tools Related to the Study

The researcher constructed the tools related to the variables of the present study in the absence of standardized tool. These tools are: (i) Learning Disability Identification Scale; (ii) Social Competence Scale; (iii) Social Problem-Solving Skills Questionnaire; (iv) Conflict Resolution Questionnaire; (v) Self-Control Scale.

The Summary of the tools are presented in the table given below:

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Tools Basics</th>
<th>Learning Disability Identification Scale</th>
<th>Social Competence Scale</th>
<th>Social Problem-Solving skills Questionnaire</th>
<th>Conflict Resolution Questionnaire</th>
<th>Self-Control Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Author</td>
<td>Self-Constructed</td>
<td>Self-Constructed</td>
<td>Self-Constructed</td>
<td>Self-Constructed</td>
<td>Self-Constructed</td>
</tr>
<tr>
<td>2.</td>
<td>Nature</td>
<td>Verbal</td>
<td>Verbal</td>
<td>Verbal</td>
<td>Verbal</td>
<td>Verbal</td>
</tr>
<tr>
<td>3.</td>
<td>Group/Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
</tr>
<tr>
<td>4.</td>
<td>Age Range</td>
<td>14-16 years</td>
<td>14-16 years</td>
<td>14-16 years</td>
<td>14-16 years</td>
<td>14-16 years</td>
</tr>
<tr>
<td>5.</td>
<td>Type of Tool</td>
<td>Five-Point Rating Scale</td>
<td>Five-Point Rating Scale</td>
<td>Five-Point Rating Scale</td>
<td>Five-Point Rating Scale</td>
<td>Seven-Point Rating Scale</td>
</tr>
<tr>
<td>6.</td>
<td>No. of Dimensions</td>
<td>9 Dimensions</td>
<td>2 Dimensions</td>
<td>4 Dimensions</td>
<td>10 Dimensions</td>
<td>4 Dimensions</td>
</tr>
<tr>
<td>7.</td>
<td>No. of Items</td>
<td>a) First draft</td>
<td>90 Items</td>
<td>100 Items</td>
<td>80 Items</td>
<td>100 Items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Second Draft</td>
<td>76 Items</td>
<td>60 Items</td>
<td>48 Items</td>
<td>67 Items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Final Draft</td>
<td>66 Items</td>
<td>50 Items</td>
<td>40 Items</td>
<td>42 Items</td>
</tr>
<tr>
<td>8.</td>
<td>Nature of the Items</td>
<td>a) Positive Items</td>
<td>66 Items</td>
<td>40 Items</td>
<td>20 Items</td>
<td>28 Items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Negative Items</td>
<td>0 Items</td>
<td>10 Items</td>
<td>0 Items</td>
<td>12 Items</td>
</tr>
<tr>
<td>9.</td>
<td>Reliability</td>
<td>a) Test-Retest</td>
<td>0.76</td>
<td>0.87</td>
<td>0.76</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Cronbach's alpha</td>
<td>0.77</td>
<td>0.81</td>
<td>0.70</td>
<td>0.71</td>
</tr>
</tbody>
</table>
| 7.0.0. Findings of the Study

The findings of the present research are The findings of the present study reveal that (i) the scores of all independent variables under study are normally distributed in the universe with slight skewness and kurtosis. The predictor variables which are significantly determining the social competence are social problem-solving skills, self-efficacy, self-control and conflict resolution; (ii) The overall model explains about 50-
59 per cent variance by four predictive variables in determining the social competence significantly. Self-efficacy and Self-control explain maximum variation, being the first and second predictors of social competence have the greatest bearing upon social competence of learning disabled and non learning disabled adolescents; (iii) Self-Control and self-efficacy are the only two predictors, which are directly contributing in determining the social competence; (iv) The exogenous variable which was obtained is conflict resolution.

8.0.0. Conclusion

The scores of all independent variables under study are normally distributed in the universe with slight skewness and kurtosis. The predictor variables which are significantly determining the social competence are social problem-solving skills, self-efficacy, self-control and conflict resolution.

The overall model explains about 50-59 per cent variance by four predictive variables in determining the social competence significantly. Self-efficacy and Self-control explain maximum variation, being the first and second predictors of social competence have the greatest bearing upon social competence of learning disabled and non learning disabled adolescents.

Self-Control and self-efficacy are the only two predictors, which are directly contributing in determining the social competence. The exogenous variable which was obtained is conflict resolution.

The primary variables that discriminates highly socially competent and low socially competent maximally are self-efficacy, and self-control. It is inferred that, though all the above mentioned three predictors are highly discriminate the two groups of social competence, but self-efficacy and self-control found most prominent. Their position in the groups were interchangeable like self-control which was having highest beta value in learning disabled adolescents found having second highest beta value in non learning disabled adolescents. Same as self-control, self-efficacy was found first predictor in the group of non learning disabled adolescents while in learning disabled adolescents it was
found second predictor. The subsequent predictors, which discriminate the two groups i.e. highly competent and low competent in socially, subjects are conflict resolution and Social problem-solving skills.

The results of this study indicate that psychosocial qualities and social skills are equally important for being socially competent. Either they are learning disabled adolescents or non learning disabled adolescents. Social and psychosocial factors have been related to positive adaptive outcomes, psychological well-being and school, home and peer adjustment among adolescents. The quality of the interpersonal interaction with the peers and other significant people at school and home are extremely important for positive adolescent adaptive outcomes. Social skills and psychosocial qualities are very closely related, yet they are different too.

While emotional factors (Self-Efficacy and Self-Control) may be seen as the ability to manage one’s emotions and inner strengths for positive relationships, the social competence goes beyond the one-person psychology to two-person psychology. All emotions are generally welled up in either direct or indirect social contexts and hence all emotions are social in nature.

Conflict resolution skills are skills that everybody needs, including people who would never think of pulling out a gun or punching somebody. These are skills that can help every young person relate better to others thereby leading to a more productive and happy life. Teaching adolescents conflict resolutions skills can affect society as well. Democracy depends on people working well together and respecting differences and respecting people of different cultures. If we’re going to have a democratic society, conflict resolution has to be a part of everyone’s education. Most conflict resolution programs teach skills relevant to negotiation and peer mediation. Raider (1995) suggests that for conflict resolution programs to be effective, three areas must be addressed: knowledge, skills, and attitude. Long-term benefits of conflict resolution training are more likely with both behavioral and attitudinal changes. A comprehensive approach to teaching conflict resolution skills includes education, training and the
opportunity to practice what is learned in real world situations (Van Slyck et al., 1996).

Conflict resolution should be included as a regular part of the school programs and curricula.