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Review Article

Social Competence as a Predictor of Social Skills and Well-Being in Adolescents

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Abstract:
Social competence represents a critical developmental asset during adolescence, functioning as both an outcome and predictor of adaptive functioning. This review discusses theory and research on whether and how social competence may affect adolescents' development of social skills as well as their psychological functioning. Based on developmental, social learning, and positive youth development theoretical frameworks, we synthesise literature that suggests that social competence is robustly linked to peer acceptance, emotional regulation skills, academic success and mental health outcomes. Prior mechanisms are identified for social competence to operate through social information processing, interpersonal effectiveness and resilience. Results showed that socially competent adolescents have better social skills, higher self-esteem, lower levels of internalising and externalising problems and greater satisfaction with life. Family environment, peer networks, and cultural influences are considered moderators of these associations. The implications for prevention and intervention programs focusing on adolescent social development are discussed, as well as future research directions.

Keywords: social competence, adolescence, social skills, well-being, peer relationships, mental health

Introduction:

Adolescence is a key period of maturation, which involves considerable biological, psychological, and social change. It is at this stage of life that people face increasingly complex social relationships and strive to establish personal identity and autonomy. The ability to effectively negotiate social relationships and to form resilient support scripts is seen as a basic developmental competency that has important implications for the adaptation and well-being of adolescents (Rose-Krasnor, 1997). Empirical investigations consistently find that adolescent social competence predicts an array of outcomes such as academic achievement, mental health and life satisfaction long-term (Hubbard & Coie, 1994). A child's social competence assumes added importance during adolescence, at least in part because peer relationships gain such central significance for development. Youth also spend significantly more time with peers compared to that spent with family members, and peer acceptance becomes a dominating source for self-assessment and emotional support at this stage of life (Brown & Larson, 2009). Thus, early appearing social competence problems can lead to cumulative negative effects on adjustment, engagement in school and behaviour. Reciprocally, strong social competence also functions as a protective mechanism by acting as a shield and helping to foster resilience in the context of growing up (Masten & Coatsworth, 1998). The present reviews the theoretical and research bases of the associations between social competence, social skills, and well-being among adolescents. More specifically, it investigates the role of social competence as a predictor of social efficacy, emotional well-being and general life satisfaction in adolescence. An investigation of these relations has significant implications for prevention and intervention programs initiated to facilitate positive youth development.

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Conceptualising Social Competence

Social competence is a multidimensional construct including the cognitive, behavioural and affect components that people have developed to achieve not only their own aims in interactions but also to maintain positive relations (Waters & Sroufe, 1983). Rose-Krasnor (1997) offered a seminal model for understanding social competence as success in interaction, with a hierarchical ordering from higher-level theoretical constructs to lower-level behavioural indicators. Theoretically, social competence denotes effective adjustment to the social milieu. At the index level, it is evidenced as peer acceptance, relationship quality, and performance in social skills. The elements of social competence are awareness of others, prosocial orientation, affect regulation and interpersonal problem solving (Cavell, 1990). Social perception Social awareness means being able to accurately perceive and decipher the clues in our environment (i.e. perceptiveness) and understanding another's perspective (Lalot, 2000). Prosocial orientation concerns about others' welfare and drive to establish positive interactions. Emotion regulation refers to the capacity to adaptively modify an emotional response as a function of the social environment. Interpersonal problem-solving encompasses formulating and executing effective responses to social problems.

The development of social competence becomes more complex during adolescence as thinking dispositions allow for more advanced role-taking, abstract reasoning about relationships, and awareness of an expanded range of societal norms (Selman, 1980). They also become better at negotiating multiple peer contexts, handling conflicts constructively and balancing competing social demands. These emerging capacities underlie the development of positive peer relations and make a substantial contribution to mental health.

Social Competence and Social Skills Development

Social competence is a good predictor of the development and enhancement of social skills involving children's substance use during adolescence. Studies have found that adolescents who demonstrate greater levels of social competency also show a higher level of social skills, problem-solving skills, and friendship building and maintenance (Spence, 2003). Such individuals tend to show better skills in initiating dialogues, assert strongly opinionated but polite expressions when expressing statements and relate empathically to their peers' emotional needs. Longitudinal evidence indicates that social competence during early adolescence is predictive of the development of peer relationships in both mid and late adolescence. Burt, Obradović, Long & Masten (2008) discovered that childhood social competence predicted later social skills and peer acceptance even after correction for initial levels of social skills. This indicates that social competence reflects not only the current state of social skills but also the presence of underlying capacities to support ongoing development and adaptation to social environments.

The link between social competence and social skills can be explained through multiple pathways. Socially competent adolescents are first exposed to more positive reinforcement by peers, leading to skill practice and improvement (Ladd, 1999). Second, these individuals possess more advanced social information-processing skills that facilitate learning from social experiences (Crick & Dodge, 1994). Third, social efficacy supports self-beliefs about the ability to interact with others and exert the necessary effort in demanding tasks, enabling skill development (Bandura, 1997).

Social Competence and Psychological Well-Being

A great deal of evidence exists for the predictive value of social competence for a range of facets of adolescent well-being. Social competence is a consistent negative correlate of internalising problems such as depression, anxiety, and loneliness (La Greca & Harrison, 2005). Those adolescents who are socially competent have more resources to cope with stress, to obtain social support and to sustain positive self-esteem. These abilities protect and/or confer psychological resilience against emotional distress. Self-esteem is a critical mediating factor between social competence and well-being. Socially skilled adolescents generally report higher levels of peer acceptance and better friendships that are also powerful predictors of positive self-evaluation (Harter, 1999). During adolescence, peer acceptance is a fundamental way to meet these critical human needs for validation and inclusion, both of which deeply shape psychological well-being. Empirical studies suggested that peer rejection and social isolation were predictive of depression and other mental health problems, whereas positive peer relationships contributed to emotional adjustment (Rubin, Bukowski, & Parker, 2006). Social competence also predicts less externalizing difficulties and behavioural problems.

The likelihood of aggression, delinquency, and substance use among youth who are low in social competency is high (Dishion & Patterson, 2006). These may act antisocially to achieve peer status, or associate with troublesome peer groups because they have been dismissed by prosocial peers. In contrast, those adolescents who have good social skills are better able to resist peer pressure and even develop associations with prosocial peers.

The more recent research is not limited to deficit outcomes but also explores positive well-being indicators. Indeed, research suggests that social competence is a robust predictor of life satisfaction, positive affect and flourishing in adolescence (Oberle, Schonert-Reichl, & Thomson, 2010). Socially skilled adolescents express higher levels of friendship and school satisfaction, as well as life satisfaction more generally. They

are more engaged in prosocial (either contributing to others or the community) actions and also participate more in community activities, which would be related to personal satisfaction as well as positive development of youth.

Mechanisms Linking Social Competence to Outcomes

Several theoretical frameworks help elucidate the processes by which social competency shapes adolescent development. Social information processing theory suggests social competence is characteristic of individual differences in the manner that adolescents encode, interpret, and react to cues from their social world (Crick & Dodge, 1994). Socially competent adolescents have more accurate social perception, better behavioural responding and are more adaptive in evaluating outcomes. All of the benefits of processing enable fantastic social interaction in all places. Attachment theory can also offer more understanding about the factors that underlie and result from social competence. Supportive relationships with caregivers in early life help to generate internal working models of rewarding and safe relationships that facilitate the development of social competence (Bowlby, 1969). Such precursor relationship constructs guide emotion regulation abilities, empathy development, and the formation of interpersonal trust that are later transferred to peer relations in adolescence. Research shows that secure attachment predicts social competence, which predicts well-being (Schneider, Atkinson & Tardif, 2001).

Self-determination theory (SDT) provides a motivational framework for understanding the link between social competence and well-being. Under this theory, people have basic psychological needs for autonomy, competence and relatedness (Ryan & Deci, 2000). Social competence fulfils the need for relatedness in that it provides positive peer relationships and is instrumental in feelings of competency as well. In this environment of needs, psychological well-being grows. Social competence is one route, therefore, through which individuals satisfy needs and achieve well-being.

Contextual Influences on Social Competence

Social competence is constructed and manifested in several environments, which influence its structure and consequences. The family context is one major influence, with parents'(including parenting practices and parent– child relationship quality) and family functioning factors being associated with social competence of adolescents (Parke & Ladd, 1992). Authoritative parenting, defined by warmth coupled with firm structure, consistently predicts greater positive socioemotional competence. Parents are role models for social behaviour and a source of socialisation experience; they also set the stage for developing social skills outside the home, and coach their children directly to become socially competent through instruction and feedback. It is also peer contexts that greatly shape the emergence of social competence. Peer group norms, features of the friendship network, and elements of the broader peer culture influence which behaviours are rewarded or discouraged (Brown, 1990). Adolescents need to negotiate various peer contexts (e.g., friendships, romantic relationships, and large mixed-sex groups), which demand a somewhat different set of skills. Social competence is influenced and shaped by peer experiences, just as those experiences are a reflection of it.

A significant other influence on social competence is the cultural context. Variability exists between cultures in relation to values, norms and expectations of how we should behave in a social sense (Chen & French, 2008). What is considered socially competent behavior in individualistic and collectivistic cultures may not be the same. For instance, assertiveness and self-promotion may be favoured in Western culture but suppressed in East Asian cultures; modesty and group harmony are encouraged. Consideration of cultural variation is essential when conceptualising and assessing social competence in varying populations. School context also shapes the development of social competence. School climate and teacher-student relationships, as well as opportunities for peer interactions that are structured, all have an impact on social competence (Wentzel, 1991). Institution whereby cooperative learning, peer interaction, and Positive Behavioral Support would enhance social competence should merit. Alternatively, exclusionary discipline practices or competitive peer ecosystems at schools may compromise vulnerable adolescents' social competence.

Implications for Intervention

The recognition of social competence as a primary predictor of adolescent outcomes has led to the development of widespread interest in interventions aimed at this domain. One potentially promising approach is that of social-emotional learning programs that offer structured instruction in such key social skills as social awareness, relationship skills, responsible decision making, and self-management (Durlak et al., 2011). Meta-analytic findings suggest that when well-implemented, SES programs lead to sizable gains in social competence, academic performance and mental health.

Effective prevention programs often include multiple intervention strategies, such as skill instruction and guided practice, feedback on performance, and generalisation to other tasks or settings that will facilitate generalized effects of the intervention (Bierman & Powers, 2009). There is evidence that programs are more effective when they involve families and are integrated across school and community settings. However, programs that begin in childhood and extend into adolescence have better long-term effects than brief or time-limited interventions.

Preventive initiatives focusing on vulnerable youth have also been found to be promising. Interventions that locate and treat adolescents with these deficits beforehand can help thwart more serious adjustment problems from forming (Conduct Problems Prevention Research Group, 2010). Early detection and intervention are critical, especially since there is evidence that social competence problems are relatively stable and predictive of a host of negative sequelae across development.

Future Scope of Study

Despite the significant advances in knowledge about social competence and its correlates, several important issues remain for investigation. First, we need research on how social competence develops and operates in the digital world. Scarcely any adolescent does not use some type of social media, and new forms of social competence are needed in such settings. It is an important research task to examine the association between traditional social competence and online social effectiveness. Second, greater conceptual clarity in the study of how social competence relates to other dimensions of individual differences such as temperament, cognitive abilities and physical characteristics, is also needed. This work could provide insights into new treatment strategies that are less caste or level of functioning-specific and more personalised according to the specific strengths and weaknesses of individuals. Further exploration of cultural differences in social competence and correlates is called for to inform culturally sensitive theory and intervention. Third, longitudinal studies using more advanced analytic techniques are needed to better inform bidirectional and transactional processes connecting social competence, social skills, and well-being. Although previous research has identified predictive links among these constructs, the evidence of reciprocal influences or cascading processes over development is less clear. A knowledge of these dynamic processes would improve theoretical models for ideal timing and targets for intervention.

CONCLUSION

Social skills comprise one of the most salient developmental assets in adolescence and are considered to be a key determinant of adjustment and well-being. This synthesis of research has produced evidence that social competence is a powerful predictor of the development of social skills and various domains of psychological health. Socially skilled adolescents exhibit higher interpersonal competence, have more satisfactory peer relations, and are better adjusted emotionally and in terms of well-being. These benefits are effected via a variety of mechanisms such as increased social information processing, fulfilment of basic psychological needs, and acquisition of positive social experiences. Understanding social competence as a powerful predictor of adolescent functioning has critical practical implications. Social competence development should be a focus for schools, families and communities as they work to establish such environments and experiences. Evidence-based social-emotional learning programs and directed interventions can be successful in enhancing social competence and preventing resultant difficulties. While continuing research informs our understanding of social competence in varied contexts and with different populations, intervention efforts may be further refined and improved as a way to support positive youth development.

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