Social and Emotional Competence and At-Risk Children's Well-Being: The Roles of Personal and Interpersonal Agency for Children with ADHD, Emotional and Behavioral Disorder, Learning Disability, and Developmental Disability

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Abstract Social and emotional competence has attracted significant and increasing theoretical and research attention. Drawing on Bandura's social-cognitive theory, social and emotional competence is defined in terms of children's personal agency (competence beliefs, perceived control) and interpersonal agency (peer relationships, teacher–student relationships, parent/carer–child relationships, social support). Personal agency and interpersonal agency are desirable ends in themselves and also an important means to other desirable ends (e.g., academic achievement, health and well-being). A bulk of research has investigated social and emotional competence among "mainstream" populations. Relatively less systemic attention has been directed to "at-risk" children. This chapter explores the role and relevance of personal and interpersonal agency in at-risk children's academic, personal, and social well-being. For each of four at-risk groups—children with attention-deficit/hyperactivity disorder (ADHD), emotional and behavioral disorder, learning disability, and developmental disability—the chapter identifies personal and interpersonal agency factors that are critical to well-being. The theory and research described in the chapter clearly show that social and emotional competence, by way

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of personal and interpersonal agency, plays a fundamental role in at-risk children's well-being outcomes. Following from this, directions for practice are discussed.

Keywords Social and emotional competence · Social and emotional learning · Social-cognitive theory · Attention-deficit/hyperactivity disorder (ADHD) · Emotional and behavioral disorder · Learning disability · Developmental disability

Social and emotional learning is based on practices aimed at promoting individuals' social and emotional competence (Weissberg et al. 2015). Social and emotional learning promotes social and emotional competence by way of positive environments that foster safety, care, and mental health (Weissberg et al. 2015). In turn, social and emotional competence leads to positive academic, personal, and social well-being outcomes (e.g., Brock et al. 2008; Tarbetsky et al. 2017 this volume). This chapter explores key social and emotional competencies as relevant to at-risk children. Drawing on social-cognitive theory (Bandura 2001), social and emotional competence is defined in terms of children's personal agency (competence beliefs, perceived control) and interpersonal agency (peer relationships, teacher–student relationships, parent/carer–child relationships, social support). A good deal of research has investigated social and emotional competence among "mainstream" populations. Less attention has been directed to "at-risk" children. The term "at-risk" has wide connotations and can traverse difficulties associated with socioeconomic status through academic, mental, and physical health status. In this chapter, the term is operationalized under an educational/academic umbrella by way of the authors' respective areas of research specialization: attention-deficit/hyperactivity disorder (ADHD; Martin), emotional and behavioral disorder (O'Neill), learning disability (Cumming), and developmental disability (Strnadová).

1   Social-Cognitive Theory and Social and Emotional Competence

Under social-cognitive theory, human agency is defined in terms of key personal attributes and salient socio-structural influences (Bandura 2001). These personal and interpersonal factors are centrally relevant to agentic thought, behavior, and emotion (Bandura 1997, 2001). Personal agency refers to factors central to achieving desirable ends for oneself (Smith et al. 2000). Two such personal agency factors are competence beliefs and perceived control (Bandura 2001; Smith et al. 2000). Interpersonal agency refers to one's interactions with others and the role of these interactions in bringing about desirable ends (Smith et al. 2000). Thus, for example, as relevant to academic well-being, relational support from teachers, peers, and parents is critical (Martin and Dowson 2009; Wentzel 2010).

With respect to social and emotional competence, the Collaborative for Social, Academic, and Emotional Learning (CASEL 2013) outlines five core social and emotional competencies: self-awareness, self-management, relationship skills, social awareness, and responsible decision making. It is the former three that have particular relevance to social-cognitive theory. According to CASEL (2013; see also Weissberg et al. 2015), self-awareness is concerned with confidence and knowing one's strengths. It is thus relevant to social-cognitive theory's competence beliefs. Self-management is concerned with regulation of thought, emotion, and behavior. It is thus relevant to social-cognitive theory's control dimension. Relationship skills are concerned with establishing and maintaining high-quality relationships through effectively communicating, listening, cooperating, and helping. It is thus representative of social-cognitive theory's interpersonal agency dimension.

Importantly, educational practitioners play an important role in promoting children's personal agency (competence beliefs, perceived control) and interpersonal agency (relationships). For example, teachers instruct and model these social and emotional competencies and provide opportunities for children to practice and apply them (Bandura 2001; Weissberg et al. 2015). In addition, these social and emotional competencies impact many well-being outcomes in the forms of achievement, motivation, school enjoyment, mental health, and life satisfaction (e.g., Bandura 2001; Durlak et al. 2011, 2015; Humphrey 2013; Martin and Dowson 2009; Rhoades et al. 2011).

2 A Closer Look at Personal and Interpersonal Agency

Conceptual and operational congruencies across social-cognitive theory and the CASEL framework suggest three factors relevant to children's personal and interpersonal agency: competence beliefs, perceived control, and interpersonal relationships. Each of these is defined and explained in turn.

2.1 Competence Beliefs

Competence beliefs encompass self-efficacy, self-concept, and self-esteem (Marsh 2007; Marsh et al. 2016; Martin 2007, 2009). Self-efficacy refers to a belief in one's capacity to accomplish a given task (Bandura 2001; Law et al. 2012; Schunk and Miller 2002). Thus, it tends to be task and activity specific. Self-concept refers to conceptions of one's ability and capacity in a given domain (e.g., in mathematics or in one's social life). Self-esteem refers to more global appraisals of self (Marsh 2007; Marsh et al. 2016). Competence beliefs impact the tasks children choose to undertake, the functions required to perform those tasks, and the willingness and capacity to persist to task completion (Bandura 2001).

2.2   Perceived Control

Perceived control encompasses factors such as personal control, locus of control, autonomy, self-directedness, and the like (Skinner 1996). As relevant to personal agency, this chapter focuses on perceived control as reflecting a child's belief that he/she knows how to influence outcomes in his/her life (see also Bandura and Wood 1989; Connell 1985; Martin 2007, 2009). This notion of control is based on the premise that individuals are inherently motivated to control their own actions and their environment (Bandura 2001). It also encompasses a capacity to direct personal resources to actions that enhance and maintain one's capacity for control (Schindler and Tomasik 2010).

2.3   Interpersonal Relationships

According to Bandura, "people do not live their lives in isolation. Many of the things they seek are achievable only through socially interdependent effort" (2001, p. 13). Interpersonal relatedness is reflected in an individual's care for and acceptance of others and feeling cared for and accepted by others (Deci and Ryan 2012; Martin and Dowson 2009). Alongside social-cognitive theory, the "need to belong" hypothesis proposes that "human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships" (Baumeister and Leary 1995, p. 497). The fulfillment of this need creates a basis for academic, social, and emotional development (De Leon 2000; Gutman et al. 2002; Pianta et al. 2012). These effects traverse support from the teacher (Martin and Dowson 2009) and also peers and parents (Bempechat and Shernoff 2012; Furrer and Skinner 2003; Liem and Martin 2011; Mansour and Martin 2009; Martin et al. 2007, 2009; Pomerantz and Moorman 2010).

2.4   At-Risk Children, Social and Emotional Competence, and Personal and Interpersonal Agency

As noted above, a great deal of theory and research has addressed social and emotional competence among "mainstream" or "regular" populations, with less attention directed to "at-risk" children. This chapter explores the role and relevance of personal and interpersonal agency for each of four at-risk groups: children with ADHD, emotional and behavioral disorder, learning disability, or developmental disability.

2.5 Attention-Deficit/Hyperactivity Disorder (ADHD)

2.5.1 What Is ADHD?

ADHD is defined as "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (American Psychiatric Association 2013, p. 59). It is estimated that about 3–5% of children are diagnosed with ADHD and about three times as many males as females (Purdie et al. 2002). At least 70% of cases persist into adolescence and adulthood (Barkley 2006; Purdie et al. 2002). Seminal psychological models of ADHD tend to emphasize impairments with self-regulation and executive functioning (e.g., Barkley 2006). Consistent with these models, children with ADHD tend to have difficulties with planning, organizing, task switching, problem solving, impulse control or inhibition, working memory, and other executive functions (Barkley 2006; Pennington and Ozonoff 1996).

Problematic outcomes experienced by children with ADHD are well documented (see Barkley 2006). For example, the executive functions impaired by ADHD are critical for children to successfully navigate the demands in their academic life (Pennington and Ozonoff 1996). Not surprisingly, then, children with ADHD are deemed to be an academically at-risk population (Burns and Martin 2014; Martin 2013; Martin and Burns 2014): They have increased risk of grade retention, poorer academic achievement, and higher levels of disruptive classroom behavior and school exclusion (Barkley 2006; Biederman et al. 2004; Martin 2014b). It is important to identify factors and processes that may reduce these negative academic outcomes. We propose social-cognitive theory and its personal and interpersonal agency factors (by way of competence beliefs, perceived control, and interpersonal relationships) as a potentially effective means to do so (see also Martin et al. 2017).

2.5.2 Impacts on Personal and Interpersonal Agency

With respect to competence beliefs, researchers have found that children with ADHD may perceive themselves and their capacities in more negative terms than children without ADHD. For example, Dumas and Pelletier (1999) found that children with ADHD reported lower levels of perceived scholastic competence. Similarly, Tabassam and Grainger (2002) found children with ADHD were lower in self-efficacy when compared with non-ADHD peers. With regard to control, it is noteworthy that research has identified diminished self-control as a feature of ADHD (e.g., Barkley 2006). Moreover, because of the self-regulatory difficulties experienced as a result of executive function impairments, other control-relevant processes and outcomes are affected for children with ADHD. For example, self-directedness, autonomy, and a sense of internal locus can be adversely impacted by the condition (Martin 2012a). In fact, the positive effects of medication on outcomes for children with ADHD have been attributed in part to the medication's positive impacts on

self-regulation and control (Frankel et al. 1999). Interpersonal relationships are also negatively impacted by ADHD. It is not uncommon for children with ADHD to experience interpersonal difficulties with teachers, peers, and parents/carers (e.g., Kendall 2000; Krueger and Kendall 2001). In turn, these can lead to a cycle of problematic interactions that are not conducive to optimal academic and personal development (Martin 2012a).

2.5.3   Impacts of Personal and Interpersonal Agency on Well-Being Outcomes

The research reported above shows that children with ADHD experience negative competence beliefs, reduced control, and poor interpersonal relationships. Without question, these are undesirable ends in themselves. However, to the extent that these factors are also significantly associated with well-being outcomes, then children with ADHD are placed at even greater disadvantage. We therefore ask: what is the impact of personal and interpersonal agency on well-being outcomes for children with ADHD?

Lamentably, there is little research investigating this issue. Recently, these factors were investigated with regard to their impacts on academic achievement. Harnessing social-cognitive theory, Martin et al. (2017) examined the influence of personal agency (self-efficacy and perceived control) and interpersonal agency (teacher–student relationships) on the literacy and numeracy achievement of children with ADHD (and their non-ADHD peers). A total of 164 children with ADHD from 20 "mainstream" schools were studied, alongside 4658 of their non-ADHD peers in the same schools and year levels. Findings showed that high self-efficacy and positive interpersonal relationships were consistently associated with higher academic achievement—with the positive effects significantly stronger for children with ADHD than for children without ADHD. Interestingly, the effect of perceived control was not so substantial, with the effect sizes on achievement for children with ADHD being about the same as effect sizes for children without ADHD.

There is also some research exploring the effects of factors that are implicated in competence beliefs, perceived control, and the like. Two recent investigations are relevant here—both focusing on children with ADHD. One examined the effects of academic buoyancy (capacity to bounce back from academic setback; Martin et al. 2010; Martin and Marsh 2008, 2009—see also Tarbetsky et al. 2017 this volume). The other examined the effects of personal best (PB) goals (striving to exceed one's own previous best efforts or performance; Martin 2006; Martin and Liem 2010). With regard to the effects of academic buoyancy, Martin (2014a) found that academic buoyancy had a positive impact on achievement, participation, aspirations, and enjoyment for children with ADHD. With regard to PB goals, Martin (2012b) found a positive relationship between PB goals and the motivation, engagement, and achievement of children with ADHD.

Taken together, these investigations show that there are personal and interpersonal agency factors that are significantly and positively associated with the well-being of children with ADHD, especially their academic well-being. However, because children with ADHD are also lower than their non-ADHD peers on these very factors, they are poorly placed to attain and achieve at optimal levels. Educational practice and intervention must therefore strive to improve the personal and interpersonal agency of children with ADHD. Some potential practical directions are discussed further below.

2.6 Emotional and Behavioral Disorder (EBD)

2.6.1 What Is EBD?

As an overarching diagnosable condition, EBD is not formally identified within the DSM-V (American Psychiatric Association 2013). The DSM-V does, however, include conditions such as conduct disorder and oppositional defiance disorder. A definition for EBD was provided by the Individuals with Disabilities Education Act (US Department of Education, 2004, CFR §300.8), that describes it as "a condition exhibiting one or more of the following characteristics to a marked degree, over a relatively extended period of time, and that adversely affects a child's educational performance:

(a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(c) Inappropriate types of behavior or feelings under normal circumstances.
(d) A general pervasive mood of unhappiness or depression.
(e) A tendency to develop physical symptoms or fears associated with personal or school problems".

Clearly, then, there can be significant variability in how this disorder is named and defined depending on context and organizational perspectives (Kauffman 2015). Despite the variability in nomenclature, some state educational authorities in Australia continue to use this terminology when designating scores of segregated schools and semi-segregated units for students exhibiting emotional and behavioral issues (e.g., New South Wales Department of Education). Additionally, variability can extend to whether students with EBD are educated in "mainstream" or "regular" schools or whether systems and/or departments have designated schools for students with EBD. To note is the work of Graham and Sweller (2010) which showed that places for students with EBD rose dramatically in Australia from 1997 to 2007, suggesting they may start off in the "mainstream", but move into a segregated setting for a good part of their education.

Behaviors associated with the disorder are numerous and can be internalizing (e.g., anxiety) or externalizing (e.g., poor behavior). The prevalence of EBD in the school population is low. Kauffman (2015) estimates the prevalence at 0.8%; however, he asserted that this is likely an underestimate. Bullis and Cheney (1999) put the prevalence higher at 2–4% of the school population. Children with EBD often have comorbid diagnoses of ADHD, learning disabilities (LD), and cognitive impairments (Hallahan et al. 2015). Alongside these "internal" comorbidities, there are also external and/or exacerbating factors such as dysfunctional family backgrounds (Kauffman and Landrum 2013).

Problems with skills and dispositions needed for academic success (e.g., self-management, persistence) are greatly impacted in children with EBD (Margerison 1996). They are often disengaged, producing little work or academic gain (Siperstein et al. 2011). Providing the required intensive academic interventions for these children can be difficult for educators due to aggressive and disruptive behaviors, coupled with low academic motivation (Sutherland et al. 2008). Socially, the above issues can also impact the development of peer, teacher, and family relationships (Kauffman and Landrum 2013). This group of children experiences some of the worst life outcomes in terms of school completion rates (Kauffman 2015), high levels of unemployment, and increased involvement with the law (Wagner and Newman 2015).

2.6.2 Impacts on Personal and Interpersonal Agency

It is a reality that due to their challenging behaviors, children with EBD are more likely to be educated in segregated settings than children with other disabilities (Graham and Sweller 2010). Interestingly, for some children with EBD, segregated settings may positively influence personal agency factors such as competence beliefs. For example, Fulk et al. (1998) found that children with EBD educated in segregated settings had a more positive view of school, displayed less work avoidance, and felt less alienated than counterparts educated in regular settings. Fulk et al. proposed that this was due to students receiving more intensive support in segregated settings and a lack of higher performing peers with whom they may unfavorably compare themselves. However, in later school years, researchers find a decline in self-concept for older adolescents with EBD educated in special education settings (Montague et al. 2008). They suggested that this might be related to the realization that they would not receive a high school diploma, limiting post-school options. Self-determination and self-advocacy skills can also be adversely affected for children with EBD (Carter et al. 2010; Morrison Cavendish 2006). Importantly, these skills are needed to improve their locus of control, sense of autonomy, independence, and self-regulation (Montague et al. 2008).

In broader terms, Sacks and Kern (2008) reported that children with EBD had significantly lower quality of life scores in all domains (general, self, relationships, and environment) than their peers without EBD. Prior to this, Lund (1986) found that children with EBD had significantly lower self-esteem than their peers without

disabilities. Leary et al. (1995) theorized that low self-esteem was a consequence of peer rejection, leading to maladaptive behaviors such as aggression and delinquency, in an effort to become accepted. In sum, it is evident that children with EBD demonstrate somewhat negative profiles with respect to personal and interpersonal agency; however, this may be moderated by their developmental stage and the environment within which they are educated.

2.6.3 Impacts of Personal and Interpersonal Agency on Well-Being Outcomes

Problems with self-regulation of emotions and the resultant externalizing behaviors can have direct effects on the peer relationships and well-being of children with EBD (Lynn et al. 2013). The results from early studies showed that children with EBD were rated significantly lower on sociometric measures of social acceptance than their peers without EBD (Sabornie 1987; Sabornie and Kauffman 1985). Children with EBD often associate with others with similar behavioral attributes in what Farmer and Hollowell (1994) referred to as social synchrony. Such affiliations can exacerbate negative behaviors such as truancy, lead to gang membership, and criminal activities (Bagwell et al. 2001). In turn, these can lead to adverse life outcomes.

Relationships with adults are also affected by the behaviors exhibited by this population. Teachers of children with EBD have reported having low self-efficacy (Jones and Chronis-Tuscano 2008), which in turn affects how they interact with and teach these children (Poulou and Norwich 2002). This then further negatively impacts the development of supportive teacher–student relationships (Mihalas et al. 2009). Likewise, parents of children with EBD report that their children's mental health issues impact theirs and the family's day-to-day lives (Sawyer et al. 2002), with families reporting high levels of strain (Taylor-Richardson et al. 2006). This strain adversely impacts parent–child relationships, further reducing children's self-esteem and increasing maladaptive behaviors. Taken together, the problematic personal and interpersonal agency status experienced by children with EBD has negative implications for other well-being outcomes in their lives.

2.7 Learning Disability (LD)

2.7.1 What Is LD?

The term LD originated in the USA and is a mostly medical approach to defining and thinking about learning problems. The USA defines specific learning disability under the Individuals with Disabilities Education Improvement Act (US Department of Education 2004, Sec. 300.8 (10)) as:

a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural or economic disadvantage.

Australia does not officially recognize learning disabilities as a specific category of disability. The term learning difficulties is commonly used in schools, and the *Disability Standards for Education 2005* applies to students with learning disabilities as described in the overall definition of disability: "…disability, in relation to a person, means: … (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour" (Commonwealth of Australia 2006, p. 8).

Other countries, such as Canada, use a more educational conceptualization of these learning challenges. The Learning Disabilities Association of Canada (2015) defines them as:

…a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.

The latter definition is more useful from an educational standpoint, as it describes the characteristics that are likely to impact children's academic and social functioning, and hence, will be used here. Not every child with LD exhibits all characteristics of the disability. And while the majority of children with LD have difficulties in learning, many also experience impairment in the areas of self-regulation and executive functioning, which may negatively impact their self-determination skills, along with their interpersonal relationships (Cortiella and Horowitz 2014).

Children with LD experience significantly poorer academic outcomes than their typically developing peers. Cortiella and Horowitz (2014) reported that up to 26% of secondary school children with LD earn average to above average scores in reading and mathematics, compared with 50% of children with no identified disability, while up to 23% earn very below average scores, compared to 2% of children in the general population. Children with LD typically earn lower grades and fail more courses than their general population counterparts, and half of all secondary children with LD have experienced serious disciplinary actions such as suspension or expulsion. These children also have higher dropout rates and lower rates of graduation. Learning disabilities persist into adulthood, and although some people with LD experience positive adult outcomes, many others experience employment difficulties, poor engagement with the community, and limited social lives (Johnson 1995).

2.7.2 Impacts on Personal and Interpersonal Agency

With respect to personal and interpersonal agency, it has long been recognized that children with LD typically demonstrate difficulties related to their disability. This is not due to low cognitive/intellectual ability; in fact, children with LD typically demonstrate a significant discrepancy between their achievement (that is typically low) and their cognitive/intellectual ability (that is higher) in one or more areas of: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, and mathematics reasoning (Vaughn and Fuchs 2003). Although the cognitive discrepancy method of defining LD has been debated, there is relatively greater agreement these discrepancies are characteristics of these students. Hence, although these characteristics are not intended to define LD, understanding them is important for more fully understanding LD and potentially for benchmarking progress as interventions are applied (e.g., Callinan et al. 2013).

Following these significant learning challenges, it is not uncommon for these children to experience lower levels of academic self-efficacy and general self-esteem than their peers with no identified disability (Klassen and Lynch 2007). Interestingly, however, for some children with LD it can also be the case that a lack of metacognitive skills may cause them to be overconfident in their ability to complete specific tasks. This can cause them to underprepare for tests and other assignments, which in turn, negatively impacts their academic performance (Klassen 2008; Klassen and Lynch 2007).

In terms of interpersonal agency, children with LD have demonstrated difficulties with peer relationships and social functioning. It has been estimated that up to 80% of children with LD are rejected by typically achieving peers (Kavale and Forness 1996), leading to higher rates of social isolation. Estell et al. (2008) studied social integration of children with LD in inclusive classrooms and found that these children were viewed as lower in social status by their friends. To compound these problems, children with LD are often aware of their difficulties with peer and adult relationships, as they self-report deficits in social competence (Kavale and Forness 1996). This social isolation and lack of social skills further contribute to feelings of inadequacy and poor self-concept.

2.7.3 Impacts of Personal and Interpersonal Agency on Well-Being Outcomes

Given that children with LD experience deficits in personal and interpersonal agency (especially in peer and adult relationships, self-concept, and self-determination), it is particularly problematic that these very factors impact academic and other outcomes for these children (Goldberg et al. 2003; Lackaye and Margalit 2006; Madaus 2006a, b; Zheng et al. 2012). Indeed, Zheng et al. (2012) conducted a study that provided an empirical explanation of how self-determination and self-concept affected the academic achievement of adolescents with LD. They

found as the level of the children's self-determination increased, so did their self-concept. They also found a significant relationship between self-determination and academic achievement. Their findings suggest that in addition to teaching academics, curricula should include concepts and activities that strengthen children's self-determination skills.

Beyond school, Field et al. (2003) assert that strong self-determination skills are significant predictors of success for young adults with LD who are accessing tertiary education. After interviewing children with LD in post-secondary environments, they identified that self-determination, along with environmental factors and personality characteristics, is crucial to the success of this population in tertiary education settings. The young adults interviewed felt that self-determined role models, instruction in self-determination (along with opportunities to make choices), and positive communication and relationships were instrumental to their success in achieving their goals at this level of education. Taken together, the research summarized here underscores the importance of personal and interpersonal agency for the academic and personal success of individuals with LD.

2.8   Developmental Disability

2.8.1   What Is Developmental Disability?

The term developmental disability is commonly used as an umbrella reference for intellectual disability (ID) and for some researchers and practitioners, autism spectrum disorder (ASD) (Ashman and Elkins 2009). The present chapter focuses on intellectual disability, but where appropriate will also consider research relevant to ASD that speaks to broader developmental needs also pertinent to children with ID. Intellectual disability (ID; according to DSM-V intellectual developmental disorder, formerly mental retardation; in UK also referred to as learning disabilities) is a condition "with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains" (American Psychiatric Association 2013, p. 33). Academic skills under the conceptual domain include abstract thinking, problem solving, judgment in novel situations, as well as reading and numerical reasoning. The social domain includes skills such as: empathy, friendship abilities, and interpersonal communication skills. The practical domain comprises skills like money management and self-management of behavior (American Psychiatric Association 2013). People with ID vary widely in terms of their individual abilities and support needs. The prevalence of ID is generally estimated at 1% of the population (American Psychiatric Association 2013; see also the American Association on Intellectual and Developmental Disabilities 2016).

2.8.2   Impacts on Personal and Interpersonal Agency

When it comes to personal agency factors among children with developmental disability, research in areas such as competence beliefs and perceived control is scarce or inconclusive. For example, Žic and Igrić (2001) found that the social self-concept of children with ID was lower than their matched peers. On the other hand, Begley's (1999) study of children with Down syndrome and Huck et al. (2010) study of children with ID reported somewhat more positive self-concept for this population of children, as compared to their counterparts without a disability. There also seems to be a link between gender and self-concept such that females with ID report a more positive self-concept than males (Begley 1999). With respect to perceived control, researchers in the field of developmental disability have examined self-determination skills among these children. Essential self-determination skills include self-efficacy, self-advocacy, self-awareness, and decision making (Wehmeyer 1996). Developing these skills in children with developmental disability is crucial, given the established link between these children's level of self-determination and their well-being outcomes in adulthood (Zhang et al. 2005).

The interpersonal agency of children with developmental disability has been examined in regard to relationships with parents, teachers, and peers. Children with developmental disability commonly experience loneliness and social rejection (Jones and Frederickson 2010; Lasgaard et al. 2010; Locke et al. 2010), and there is also a high rate of bullying reported for this population (Cappadocia et al. 2012). Teachers tend to have poorer relationships with children with developmental disability, often due to teachers' difficulties in understanding the children's challenging behaviors (Blacher et al. 2014). In order to assist children with developmental disability to cultivate social skills necessary for successful initiation and maintaining of friendships, social skills training needs to be provided. There are a number of evidence-based practices in the area of social skills development, such as video-modeling and self-management (Odom et al. 2010).

2.8.3   Impacts of Personal and Interpersonal Agency on Well-Being Outcomes

As noted above, the impact of interpersonal relationships on the well-being of children with developmental disability is clear. Further, given the strong link between well-being and academic outcomes (Noble and McGrath 2014), children with developmental disability struggle academically and this further entrenches their lower sense of efficacy and well-being. Danker et al. (2016) thus recommend that schools provide programs and resources to support children with developmental disability in order to enhance their well-being. They also identify an urgent need to provide teacher professional learning, along with awareness programs for peers, which would promote interpersonal agency and allow for better understanding and acceptance of children's diversity. Other work has demonstrated the positive results of interventions promoting self-determination for children with

developmental disability (e.g., Carrington et al. 2014; Shogren et al. 2012). Notwithstanding these promising results, there is a need for more research into the impact of personal and interpersonal agency on well-being outcomes for children with developmental disability. To note are some positive Australian-based initiatives in this direction (Dossetor et al. 2011).

3 Personal Agency, Interpersonal Agency, and Implications for Practice

Having identified the role and relevance of competence beliefs, perceived control, and interpersonal relationships (personal and interpersonal agency) in the well-being outcomes of at-risk children, there is now the critical question of how practitioners (teachers, counselors, psychologists etc.) might target and enhance these factors in children's development. Here we identify successful approaches identified in the literature and which offer direction for practice going forward.

3.1 Enhancing Competence Beliefs

There are many opportunities for practitioners to build children's competence beliefs. These include addressing children's negative thinking about themselves and their capacities (Martin 2010), adjusting lessons and tasks to better ensure children can experience success (Martin and Burns 2014), and "chunking" tasks and activities into manageable components to enhance completion (Martin and Burns 2014). It can also be helpful to individualize learning activities to suit learner needs (Schunk and Miller 2002) and improve children's goal-setting skills (Locke and Latham 2002; Martin 2012b) to build competence, and thus, heighten competence beliefs. Because at-risk children are more likely to experience academic adversity (Martin 2014b), it is important to also boost their academic buoyancy and academic resilience as threats to self-efficacy arise (see also Tarbetsky et al. 2017 this volume). Morales (2000) has suggested teaching individuals how to better recognize challenges when they emerge, seek out protective factors that have been identified to them (e.g., a supportive teacher, a counselor, a helpful peer), implement these protective factors to address the challenge, and sustain or refine the use of these protective factors as future challenge or setback arise. Universal Design for Learning (UDL) is a widely accepted and recommended framework for structuring instruction in a way that is accessible for all children through the use of multiple means of representation, engagement, and expression (CAST 2011). This framework is recommended for all children but is particularly effective with the at-risk groups described here from primary school to tertiary education settings (Field et al. 2003).

3.2 Promoting Perceived Control

A sense of control can be promoted in a number of ways. When practitioners draw a clear link between a child's effort (which is controllable) and his/her outcomes, this child is more likely to see his/her own role in development (Martin et al. 2015). It is also important that parents and educators give children appropriate levels of responsibility for their own behaviors and attitudes (Goodman and Burton 2010). For example, identifying how the child's effort and positive attitude contributed to a positive academic outcome (e.g., a pleasing result) promotes the child's sense of control over future academic outcomes. Providing multiple opportunities to respond and achieve in class is also important for children at academic risk (Sutherland et al. 2008). Feedback is another means of enhancing children's perceived control. For example, providing structured, timely, consistent, and task-based feedback on a child's academic work makes it clear how they can improve, thus boosting their sense of control (Hattie 2009, 2012). Autonomy-supportive environments also promote a sense of control. Autonomy support refers to the emotional and behavioral support provided by adults that nurtures and supports children's volition and sense of ownership in their development (e.g., Reeve 2009; Reeve et al. 2004; Reeve and Jang 2006; Tarbetsky et al. 2017 this volume). Autonomy-supportive practices typically involve scaffolded tasks and guided and supported choices as these tasks are conducted (e.g., Deci and Ryan 2012; Reeve 2009; Smith et al. 2015). Providing children with opportunities to make choices is an effective way to promote student autonomy and their sense of control (Zheng et al. 2012).

3.3 Improving and Sustaining Interpersonal Relationships

There are numerous ways to improve and sustain children's interpersonal relationships. One approach involves social skills training that explicitly teaches children how to interact positively with others and how to be more aware of social cues that help them get along with others (e.g., Hoza et al. 2000; Odom et al. 2010). As noted earlier, there are numerous evidence-based practices in the area of social skills development, such as video-modeling and self-management (Odom et al. 2010). Although generalization of skills from the training setting to other settings has been identified as a challenge, Peterson et al. (2006) found that teaching the skills in a variety of environments, and instruction in these skills significantly facilitates their generalization. Research has also identified the importance of educators and parents/caregivers being patient, tolerant and having a sense of humor, as well as prior experience working with or developing greater knowledge about at-risk children (Sherman et al. 2008). Martin and Dowson (2009) have suggested "connective instruction" as another means to improving relational support in the learning context. This involves educators connecting to children via three key channels: interpersonal (e.g., taking an interest in and getting to know

students), substantive (e.g., relevant and stimulating subject matter), and pedagogical (e.g., clear, structured, and direct communication).

4 Conclusion

Drawing on social-cognitive theory, this chapter has considered social and emotional competence in terms of children's personal agency (competence beliefs, perceived control) and interpersonal agency (peer relationships, teacher–student relationships, parent/caregiver–child relationships, social support). Whereas most theory and research has investigated these social and emotional competencies among "mainstream" children, there has been less attention given to "at-risk" children. For children with ADHD, emotional and behavioral disorder, learning disability or developmental disability, we identified personal and interpersonal agency factors important to optimize well-being. We also identified successful practices that can promote at-risk children's personal and interpersonal agency. In so doing, practitioners are better able to assist these children's journey through childhood and beyond.

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