

Level and Influencing Factors of Social Skills of Chinese Children with Intellectual Disabilities

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Abstract: Objective: To investigate the social skills of children with intellectual disabilities (ID) from Shandong and Guangdong provinces in China and to analyze the factors affecting social skills to provide evidence for interventions to improve the social skills of children with ID. Methods: In this study, the Social Responsiveness Scale-Short Form was used as the survey instrument, with parents of children with ID aged 6-18 years as participants. A total of 692 valid samples were collected. Descriptive statistics were used to examine the level of social skills of children with ID and stepwise regression analysis was used to identify factors affecting social skills. Results: The mean score of social skills of children with ID was 2.64, with a median score of 2.67. Children with ID have moderate to low levels of social skills. There were significant differences in social skills related to the child's language, the child's behavior problem, the mother's education, the father's education, and the family's monthly income, but no significant differences in social skills in the child's gender and child's age. Children's behavior problems and language level can predict the social skills of children with ID.

Keywords: Children with intellectual disabilities, social skills, parents, level, factors.

1. INTRODUCTION

Intellectual disability (ID) is a disorder characterized by significant limitations in intellectual functioning and adaptive behavior that originates in the developmental period (Schalock, Luckasson, & Tassé, 2021). Individuals with ID require lifelong supports to varying degrees in the areas of education, independent living, access to health care, employment, and community participation and inclusion (McKenzie, et al., 2016). Social skills are an ability children possess to adapt to social life and engage in social interactions. Lower intellectual performance can lead to lower acquisition of social skills (Dučić, Gligorović, & Kaljača, 2018). Deficits in social skills are a key feature of ID, and, in fact, the presence of social skills impairments and associated deficits in adaptive behavior is a defining characteristic of ID (Schalock et al., 2021).

Individuals with ID, who have deficits in social skills, may have difficulty perceiving social signals correctly in personal interactions, making them vulnerable to manipulation by others (Giménez et al., 2017). They may have difficulty controlling their emotions or not know how to respond appropriately to the needs of others (Smogorzewska, Szumski, & Grygiel, 2018). This can lead to social isolation, feelings of helplessness, low self-concept, and social withdrawal, affecting their social participation in settings such as home and school (Carr & O'Reilly, 2016). Despite deficits in intellectual functioning and adaptive behavior, children with ID can learn to be more effective and proactive in their social engagement (Wehmeyer, Lee, & Shogren, 2016). Therefore, acquiring appropriate social skills is critical for individuals with ID to function effectively and participate actively in the family, school, and community (Sigafoos et al., 2017).

For children with ID, social skills are critical to their adjustment in school and in the community. A lack of social skills can affect their self-esteem and social life. Focusing on the social skills of children with ID plays an important role in improving their social integration. However, there is currently limited systematic understanding of the overall level and influencing factors of social skills of Chinese children with ID. In this cross-sectional study, we collected relevant

information from 692 participants through a questionnaire survey to investigate the current status of social skills of Chinese children with ID. We employed methods such as single factor analysis and multiple linear regression analysis to investigate the influencing factors, with the aim of providing evidence for the development of targeted family supportive interventions and management programs to help children with ID better adapt to the social environment and improve their quality of life.

2. METHODS

Quantitative research methods are applied in the current research. Survey methods were applied for the collection of the data.

2.1. Participants

Convenience sampling was employed to select parents of children with ID from special schools in Shandong and Guangzhou provinces in China. Paper and online questionnaires were used for the survey. The inclusion criteria for this study were parents of children aged 6-18 years with a certificate of intellectual disability. Participants were informed that participation in the study was voluntary and anonymous and that the study adhered to all ethical guidelines. After obtaining parental consent, the questionnaires were examined, and 692 valid questionnaires were retrieved by deleting those with too many missing items, obvious response patterns, and short response times. The statistical characteristics of the participants in this study are shown in Table 1.

Table 1. Frequency Analysis of Participant

Demographic	Categories	Number (N)	Proportion (%)
Child's Gender	boy	341	49.3
	girl	351	50.7
Child's Age	6-9	190	27.5
	9-12	232	33.5
	12-15	167	24.1
	15-18	103	14.9
Child's Language	no language	61	8.8
	imitative language	182	26.3
	active language	327	47.3
	is equal to the children of the same age	122	17.6
Child's Behavior Problem	no	85	12.3
	mild	287	41.5
	moderate	281	40.6
	severe	39	5.6
Mother's Education	junior high school and below	132	19.1
	high school	158	22.8
	college	194	28.0
	undergraduate	166	24.0
	postgraduate	42	6.1
Father's Education	junior high school and below	117	16.9
	high school	140	20.2
	college	191	27.6
	undergraduate	186	26.9
	postgraduate	58	8.4
Family Monthly Income (RMB)	≤3000	100	14.5
	3001-6000	354	51.2
	6001-10000	146	21.1
	> 10,000	92	13.3

The number of boys (49.3%) and girls (50.7%) with ID is almost equal. The percentage of children with ID aged 9-12 years (33.5%) is higher than in other age groups, while the percentage of children aged 15-18 years is the lowest (14.9%). The number of intellectually disabled children with active language is the highest (47.3%), while the percentage of children without language is the lowest (8.8%). The number of intellectually disabled children with mild behavior disorders (41.5%) is similar to the number of children with moderate behavior disorders (40.6%), while the percentage of

children with severe behavior disorders is the lowest (5.6%). Regarding the mother's education, the number of individuals with high school education (22.8%), college education (28%), and undergraduate degree (24%) is roughly equal, while the number of individuals with postgraduate degree is the least. The distribution of the father's education is similar to that of the mother's education. More than half of the families (51.2%) have a monthly income of 3001-6000.

2.2 Instrument

2.2.1. Demographic Variable

In this study, information on the demographic variables of the parents and children with ID is collected through a personal information section. Participants are also required to tick one of the following options: Child's gender, Child's age, Child's language, Child's behavioral problems, Mother's education, Father's education, and Monthly family income.

2.2.2 Social Responsiveness Scale-Short Form

The Social Responsiveness Scale was developed by Constantino and Gruber (2012) to measure the social competence of children aged 4–18 years. The Social Responsiveness Scale-Short Form (SRS-SF) is a simplified 18-item version of the SRS, developed to reduce the burden on the study population and improve test feasibility (Román et al., 2013). The SRS-SF includes three subscales: social cognition, social communication, and autistic mannerisms. A four-point scale is used, with one representing never and four representing always. The higher the score, the worse the social skills.

2.2.3 Data Analysis

Statistical Package for Social Sciences 22 (SPSS 22) was used for all statistical analyzes. First, the means and standard deviations of social skills were calculated for each demographic variable. Significant differences between social skills relative to demographic variables were analyzed using the independent samples t-test or one-way test ANOVA. Second, linear regression analysis was performed to examine the predicted factors in the social skills model, using the demographic variables that were significantly different in the previous step as predictor variables.

3. RESULTS

3.1 Level of Children's Social Skills

The data were analyzed descriptively to determine the level of social skills of children with ID. The analysis is presented in Table 2. The mean of the social skills total scale was 2.64 (2.5 is the theoretical mean), indicating that the social skills of children with ID was below the average level of normal population. The medium values disclosed that the average score of 50% of the total observations in social skills was greater than 2.67. The percentile values disclosed that the score of 25% of the total observations was lower than 2.39 and of 25% greater than 2.89 on social skill.

Regarding the three dimensions, the mean and median scores for three dimensions were greater than 2.5. Social communication was slightly higher (mean=2.69), followed by autistic mannerisms (mean=2.62) and social cognition (mean=2.57). The medium values disclosed that the average score of 50% of the total observations was greater than 2.60 for social cognition, greater than 2.75 for social communication and greater 2.60 for autistic mannerisms. Compared to the previous two dimensions, a higher standard deviation (0.52) and variance (0.27) were observed for autistic mannerisms. The data on this last dimension of the construct also had a relatively wide range (3.0) and extreme minimum and maximum values (1.0-4.0).

Table 2. Descriptive Analysis of Social Skills

		Social Skill Total Scale	Social Cognition	Social Communication	Autistic Mannerism
Mean		2.64	2.57	2.69	2.62
Median		2.67	2.60	2.75	2.60
S.D.		0.39	0.40	0.43	0.52
Variance		0.15	0.16	0.19	0.27
Range		2.45	2.60	2.50	3.00
Min		1.44	1.40	1.38	1.00
Max		3.89	4.00	3.88	4.00
Percentile	25	2.39	2.40	2.38	2.40
	50	2.67	2.60	2.75	2.60
	75	2.89	2.80	3.00	3.00

Scores were divided into intervals of 1.0-1.99, 2.0-2.99, and 3.0-4.0, and the percentages of scores of social skills and the three dimensions in each interval are shown in Table 3. For social skills, the percentage of medium (2.0-2.99) is the highest (76.3%), followed by 3.0-4.0 (17.3%) and 1.0-1.99 (6.4%). The distribution of score intervals for the three dimensions was similar to that of the total score for social skills. Autistic mannerism in the interval 3.0-4.0 (30.5%) was significantly higher than social communication (27.7%) and social cognition (19.4%). Autistic mannerism in the interval 1.0-1.99 (10%) was also significantly higher than social cognition (6.2%) and social communication (4.2%). This indicates that the autistic mannerisms dimension has a stronger dichotomy of scores than the other dimensions.

Table 3. Level of Social Skill

Scores	Level of Frequency	Social Skill	Social Cognition	Social Communication	Autistic Mannerism
1.0-1.99	seldom	6.4%	6.2%	4.2%	10%
2.0-2.99	often	76.3%	74.4%	68.1%	59.5%
3.0-4.0	always	17.3%	19.4%	27.7%	30.5%

Table 4 shows the comparative differences between items to highlight the most and least contributing factors. Obviously, "Has difficulty relating to peers" (mean = 2.83) was the highest scoring item, followed by "Has difficulty keeping up with the flow of normal interaction with other children" (mean = 2.81) and "Gives unusual or illogical reasons for doing things" (mean = 2.79). The lowest scores were "Has a restricted (or unusually narrow) range of interests" (mean = 2.51), "Talks to people with an unusual tone of voice" (mean = 2.30), and "concentrates too much on parts of things rather than seeing the whole picture" (mean = 2.02).

Table 4. High and Low Scoring Items of Social Skill

Item	Mean	S.D.
10	2.83	0.70
9	2.81	0.70
18	2.79	0.74
11	2.51	0.78
15	2.30	0.86
16	2.02	0.86

3.2 Comparative Analysis of Social Skills by Demographic Variables

To test whether there are differences between social skills and demographic variables, independent samples t-tests or one-way tests (ANOVA) were conducted. The results are presented in Table 5. There were no significant differences in social skills according to the child's gender and age.

Regarding the child's language, children without language had the highest social skills scores (2.95 ± 0.42), followed by children with imitative language (2.78 ± 0.32) and children with active language (2.66 ± 0.32). Children with normal language had the lowest social skills scores (2.20 ± 0.30) and had the best social skills. F test revealed that there were significant differences in social skills among children with ID at different levels of language development ($F=103.60$, $p<0.001$). The better the language skills of children with ID were, the stronger their social skills were.

Regarding the children's behavior problems, children with severe behavior problems had the highest social skills scores (3.06 ± 0.33), followed by children with moderate behavior problems (2.77 ± 0.29) and children with mild behavior problems (2.59 ± 0.36). Children without behavior problems had the lowest social skills scores (2.15 ± 0.28) and had the best social skills. The F-test showed that there were significant differences in social skills between children with ID with different behavior problems ($F=105.85$, $p<0.001$). The more severe the behavioral problems of the children with ID were, the worse their social skills were.

Regarding mothers' education, children whose mothers had a high school degree had the highest social skills scores (2.70 ± 0.37), followed by children whose mothers had an undergraduate degree (2.67 ± 0.37) and children whose mothers had a college degree (2.66 ± 0.33). Children whose mothers had postgraduate degrees had the lowest social skills scores (2.37 ± 0.40) and had the best social skills. The F-test showed that there were significant differences in social skills among children with ID whose mothers had different levels of education ($F=8.15$, $p<0.001$).

Regarding fathers' education, children whose fathers had a college degree had the highest social skills scores (2.69 ± 0.36), followed by children whose fathers had a high school degree (2.67 ± 0.38) and children whose fathers had an undergraduate degree (2.65 ± 0.35). Children whose fathers had a postgraduate degree had the lowest social skills scores (2.43 ± 0.42) and had the best social skills. The F-test showed that there were significant differences in social skills among children with ID whose fathers had different levels of education ($F=5.90$, $p<0.001$).

Regarding family monthly income, children from families with monthly income of 3001-6000 (2.67 ± 0.36) and children from families with monthly income of 6001-10000 (2.67 ± 0.37) had the higher social skills scores, followed by children from families with monthly income less than 3000 (2.59 ± 0.46). Children from families with a monthly income of more than 10,000 had the lowest social skills scores (2.48 ± 0.41) and had the best social skills. The F-test showed that there were significant differences in social skills between children with ID from different monthly family incomes ($F=6.87$, $p<0.001$).

Table 5. Comparison of Social Skills with Different Characteristics (n=692)

Demographic	Categories	Score	t/F	p
Child's Gender	boy	2.64±0.41	0.024	0.981
	girl	2.64±0.37		
Child's Age	6-9	2.61±0.40	1.42	0.24
	9-12	2.64±0.37		
	12-15	2.62±0.41		
	15-18	2.71±0.39		
Child's Language	no language	2.95±0.42	103.60***	<0.001
	Imitative language	2.78±0.32		
	active language	2.66±0.32		
	is equal to the children of same age	2.20±0.30		
Child's Behavior Problem	no	2.15±0.28	105.85***	<0.001
	mild	2.59±0.36		
	moderate	2.77±0.29		
	severe	3.06±0.33		
Mother's Education	junior high school and below	2.56±0.47	8.15***	<0.001
	high school	2.70±0.37		
	college	2.66±0.33		
	undergraduate	2.67±0.37		
	postgraduate	2.37±0.40		
Father's Education	junior high school and below	2.58±0.46	5.90***	<0.001
	high school	2.67±0.38		
	college	2.69±0.36		
	undergraduate	2.65±0.35		
	postgraduate	2.43±0.42		
Family Monthly Income (RMB)	≤3000	2.59±0.46	6.87***	<0.001
	3001-6000	2.67±0.36		
	6001-10000	2.67±0.37		
	>10,000	2.48±0.41		

*** $p < 0.001$.

3.3 Regression Analysis of Social Skills of Children with ID

A linear regression model (stepwise regression) was constructed. The social skills of children with ID were the dependent variables, and the variables that showed significant differences in social skills scores in the one-way ANOVA were the independent variables. The regression results are shown in Table 6. Child behavior problems and language level were included in the final model of the regression analysis. Model fit was significant ($F=210.731$, $P<0.001$) with an adjusted R^2 of 0.378. The child's behavior problems can negatively predict the social skills of children with ID ($\beta = 0.390$), and the child's language level may positively predict the social skills of children with ID ($\beta = -0.329$). The combination of child's behavior problems and language level can explain 37.8% of the variance in social skills of children with ID.

Table 6. Linear Regression of Demographic Variables on Social Skill

Predictive Variables	Partial regression Coefficient (B)	Standard Error	Standardization regression coefficient (β)	t
Constant	2.577	0.073	-	35.511***
Child's Behavior Problem	0.197	0.017	0.390	11.500***
Child's Language	-0.151	0.016	-0.329	-9.687***
F	210.731***			
R ²	0.380			
adjust R ²	0.378			

Note: *** $P < 0.001$. The higher the score on the SRS-SF scale, the worse the social skill. Therefore, the regression coefficients of the variables with social skills are actually opposite. For example, $B = -0.151$, indicating that the regression coefficient of the child's language level on social skills is 0.151, which is a positive effect and not a negative effect.

4. DISCUSSION

In this study, we surveyed 692 parents of Chinese children with ID and found that the level of social skills of children with ID was moderately low, lower than the level measured by Li and Zheng (2020) for preschool children in Guangdong Province of China, and also lower than the level measured by Maleki et al. (2019) for preschool children in an urban area of Iran. The lower level of social skills in children with ID compared to typically developed children was confirmed.

This study showed that several factors affect the social skills of children with ID, and this article focuses on the analysis and discussion of the factors that enter the regression equation.

A statistically significant difference ($P < 0.001$) was found in the average social skills scores between different language groups of children with ID. As the language level increases, the level of social skills of children with ID also increases, and those with a similar language level to their peers have the highest level of social skills. Children's language level can positively predict the social skills of children with ID ($\beta = -0.329$). Language is one of the most important factors in the development of children's social skills. Through language communication, children can express their feelings and thoughts, understand others' intentions and needs, and establish effective communication and interaction. Language behavior is the behavior most closely related to intelligence, and as intellectual abilities decline, the range and complexity of language behavior also declines. This can affect the development of social skills individuals with ID in several ways (Lecavalier & Butter, 2010).

Because language plays a critical role in social interaction, children with language difficulties are particularly at risk for social failure. Difficulty using language to organize, process, and connect thoughts in sentences leads to impaired social communication (Caplan, 2019). Craig and Washington (1993) examined the ability of children with language impairments to participate in sustained dyadic interactions. These children had greater difficulty engaging in sustained interactions than their linguistically or age-matched peers. This work suggests that children with delayed language development engage in fewer social interactions with peers than typically developed children. Difficulty engaging in interaction or an unresponsive conversational style may weaken the conversational engagement of children with delayed language development.

There is a close relationship between language problems and social skills in children with ID. Children with ID may have a variety of language problems, including comprehension, expression, and communication issues. These problems can lead to difficulties in social interaction, such as difficulty understanding others' intentions, expressing their own feelings and needs, and participating in social games and activities. These difficulties can lead to social isolation and anxiety, which can interfere with the development of their social skills. On the other hand, the lack of necessary social skills can also affect the language development of children with ID. For example, if they cannot understand social situations or interact effectively with others, they may miss many opportunities for language learning. When children with ID behave inappropriately in social situations or are rejected, social exclusion may reduce their exposure to language and limit opportunities to practice and improve their conversational skills, which in turn affects their language development. Therefore, language problems and social difficulties may affect each other in children with ID.

In this study, statistically significant differences ($P < 0.001$) in mean social skills scores were found between different groups of children with behavior problems ID. Child behavior problems may negatively predict social skills in children with ID ($\beta = 0.390$). As the severity of behavior problems increases, the social skills of children with ID worsen. It is known that individuals with ID In this study, statistically significant differences ($P < 0.001$) in the mean social skills scores among different behavior problem groups of children with ID. Child's behavior problems can negatively predict social skills of children with ID ($\beta = 0.390$). As the severity of behavior problems increases, the social skills of children with ID worse. It is known that individuals with ID have a high incidence of behavior problems in all age groups, and they are more likely to encounter these problems than typically developed peers (Lecavalier & Butter, 2010). The presence of challenging behaviors in individuals with ID is well documented as a predisposing factor for social impairments (Matson, Minshawi, Gonzalez, & Mayville, 2006). Researchers suggest that deficits in social skills are related to the functional features of many behavior problems (Carr & Durand, 1985). In other words, for some individuals with ID, their communication and social skills are so poor that they behave aggressively to obtain reinforcement or to escape unpleasant situations.

Benson et al. (1985) found that depression in adults with mild ID was associated with poor social skills and low levels of support. Duncan et al. (1999) reported a relationship between social skills and aggressive and self-injurious behaviors in adults with severe ID. Individuals who exhibit these behaviors have a limited range of social behaviors compared to individuals who do not exhibit these behaviors. Matson, Fodstad, and Rivet (2009) examined the relationship between social skills and problem behaviors in adults with ID and autism. For participants with ID only, the largest effect sizes were found between general negative social skills and aggression/destruction and total problems. Regression analyzes for participants with ID only showed that social behaviors were significant predictors of aggression/destruction and overall behavior problems. Positive nonverbal, generally positive, and generally negative social behaviors significantly contributed to the prediction of aggression/destruction and overall behavior problems.

There is a close relationship between behavior problems and social skills of children. On the one hand, behavior problems may have a negative impact on children's social skills. For example, children's aggressive behavior may cause peers to avoid them, making it more difficult for the children to build positive relationships with others and thus impairing the development of their social skills. On the other hand, poor social skills can lead to more behavioral problems in children, For example, a child's aggressive behavior may cause peers to avoid them, making it difficult for the child to establish positive relationships with others, and thus affecting the development of their social skills. On the other hand, poor social skills can lead to more behavior problems in children, as the lack of necessary social skills makes it difficult for them to deal effectively with various social situations, leading to behavior problems.

5. CONCLUSION

1. Children with ID have moderate to low social skills. In three dimensions, social cognition is better than autistic mannerism, and the level of social communication was the worst.
2. There were significant differences in social skills related to the child's language, the child's behavior problem, the mother's education, the father's education, and the family's monthly income, but no significant differences in social skills related to the child's gender and the child's age.
3. Among demographic variables, children's behavior problems and language level can predict social skills of children with ID. These two variables can explain 37.8% of the variance in social skills of children with ID.

REFERENCES

- [1] Benson, B. A., Reiss, S., Smith, D. C., & Laman, D. S. (1985). Psychosocial correlates of depression in mentally retarded adults: II. Poor social skills. *American Journal on Mental Deficiency*, 89, 657–659.
- [2] Caplan, R. (2019). Epilepsy, language, and social skills. *Brain and Language*, 193, 18-30.
- [3] Carr, A., & O'Reilly, G. (2016). Lifespan development and the family lifecycle. In *The handbook of intellectual disability and clinical psychology practice* (pp. 45-78). Routledge.
- [4] Carr, E. G., & Durand, M. V. (1985). Reducing behavior problems through functional communication training. *Journal of Applied Behavior Analysis*, 18, 111–126.

- [5] Craig, H. K., & Washington, J. A. (1993). The access behaviors of children with specific language impairment. *Journal of Speech and Hearing Research*, 36, 322-337.
- [6] Dučić, B., Gligorović, M., & Kaljača, S. (2018). Relation between working memory and self-regulation capacities and the level of social skills acquisition in people with moderate intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 31(2), 296-307.
- [7] Duncan, D., Matson, J. L., Bamburg, J. W., Cherry, K. E., & Buckley, T. (1999). The relationship of self-injurious behavior and aggression to social skills in persons with severe and profound learning disability. *Research in Developmental Disabilities*, 20, 441-448.
- [8] Giménez García, C., Gil Llario, M. D., Ruiz Palomino, E., & Díaz Rodríguez, I. M. (2017). Abuso sexual y discapacidad intelectual: cómo identifican y valoran la experiencia las personas con discapacidad intelectual y los profesionales que les atienden. *International Journal of Developmental and Educational Psychology* 4(1):129-136.
- [9] Lecavalier, L., & Butter, E. M. (2010). Assessment of social skills and intellectual disability. *Practitioner's guide to empirically based measures of social skills*, 179-192.
- [10] Li, Y., & Zheng, Y. (2020). A Longitudinal Study of 4-5 Years Old Children's Social Skills Development. *Journal of Shaanxi Xueqian Normal University*, 36(1), 34-40.
- [11] Maleki, M., Mardani, A., Mitra Chehrzad, M., Dianatinasab, M., & Vaismoradi, M. (2019). Social skills in children at home and in preschool. *Behavioral Sciences*, 9(7), 74.
- [12] Matson, J. L., Fodstad, J. C., & Rivet, T. T. (2009). The relationship of social skills and problem behaviors in adults with intellectual disability and autism or PDD-NOS. *Research in Autism Spectrum Disorders*, 3(1), 258-268.
- [13] McKenzie, K., Milton, M., Smith, G., & Ouellette-Kuntz, H. (2016). Systematic review of the prevalence and incidence of intellectual disabilities: current trends and issues. *Current Developmental Disorders Reports*, 3(2), 104-115.
- [14] Schalock, R. L., Luckasson, R., & Tassé, M. J. (2021). An overview of intellectual disability: Definition, diagnosis, classification, and systems of supports. *American journal on intellectual and developmental disabilities*, 126(6), 439-442.
- [15] Sigafos, J., Lancioni, G. E., Singh, N. N., & O'Reilly, M. F. (2017). Intellectual disability and social skills. *Handbook of social behavior and skills in children*, 249-271.
- [16] Smogorzewska, J., Szumski, G., & Grygiel, P. (2018). Same or different? Theory of mind among children with and without disabilities. *Plos one*, 13(10), 1-20.
- [17] Wehmeyer, M. L., Lee, S. H., & Shogren, K. A. (2016). Educating children with intellectual disability. *The handbook of intellectual disability and clinical psychology practice*, 497-533.