

## SOCIAL-EMOTIONAL COMPETENCE OF STUDENTS WITH HEARING LOSS IN HUE CITY

**Mai Thi Thanh Thuy**

*Hue University of Education, Hue University, Vietnam*

*Author corresponding: Mai Thi Thanh Thuy - Email: [maithithanhthuy@dhsphue.edu.vn](mailto:maithithanhthuy@dhsphue.edu.vn)*

Article History: Received on 6<sup>th</sup> August 2021; Revised on 11<sup>th</sup> September 2021; Published on 18<sup>th</sup> December 2021

**Abstract:** Children with hearing loss are at risk of having difficulties in developing social-emotional competences compared to their peers. In Vietnam, so far, there has been no research on the social-emotional competence of hearing-impaired children. This paper aims to evaluate the reliability of the DASSE mini scale in using it to assess the social-emotional competence of children with hearing loss. This study used SPSS.20 software to evaluate the reliability and exploratory factor analysis (EFA) of the scale. A cross-sectional study on assessing social-emotional competence with the DASSE mini scale was conducted on 50 hearing-impaired students aged 6-12 years with varying degrees of impairment. The results of the evaluation of predictive validity show that the scale has high reliability and has good and suitable predictive value: Cronbach's Alpha = 0.928, KMO = 0.869 ( $> 0.05$ ), sig. = 0.000 (sig Bartlett's Test  $< 0.05$ ). The average score of the DASSE mini scale is: Mean =16.67. There are 56% of the students with social-emotional competence scores in the range of "Typical scores" and 44% with scores of "Need for instruction". There was no significant difference between male and female students in the study ( $t_{(50)} = .377$ ,  $p > .05$ ), but the results showed a negative correlation between one's degree of hearing loss and their social-emotional competence ( $r = -.549$ , sig  $< .005$ ).

**Key words:** social-emotional competence; student; hearing loss; reality; Hue city.

### 1. Introduction

Social-emotional competence is a set of abilities that help people know how to deal with themselves, others, relationships, and to function effectively. It provides the foundation for how people feel about themselves and how they experience with others. Good social-emotional development is a key to helping individuals lead a happy and successful life (Calderon & Greenberg, 2011; Dowling, 2014; Umberson & Montez, 2010). Social-emotional development is the process of acquiring a set of interrelated skills that promote cognitive and emotional management, compassion for others, positive social spirit, responsible and effective decision making

(Denham & Weissberg, 2004; M. T. Greenberg et al., 2003). Researches in the 21<sup>st</sup> century have focused on social-emotional development for a wide range of students of different ages. Social-emotional competencies are associated with greater well-being and better school performance, whereas not acquiring these critical skills can lead to a variety of personal, social, academic, and economic difficulties (Durlak et al., 2011; Guerra & Bradshaw, 2008). According to some studies (Domitrovich et al., 2017; Durlak et al., 2011; Guerra & Bradshaw, 2008), these competencies are important and they influence an individual's current and future relationships and academic success. Other studies also showed that: Individuals who master social-emotional competencies will have better health and academic performance, higher levels of work completion, and will be more successful in their careers and become successful adults. From 6 to 12 years old, they have many changes in psychology and physical attributes, relationships, communication environment, and when

---

**Cite this article as:** Mai, T. T. T. (2021). Social - emotional competence of students with hearing loss in Hue city. *UED Journal of Social Sciences, Humanities and Education*, 11(2), 44-52.  
<https://doi.org/10.47393/jshe.v11i2.1003>

they prepare to enter puberty. Therefore, paying attention to and supporting the development of children's social-emotional competence in this period is very necessary.

### 1.1. Children with hearing loss

According to the Individuals with Disabilities Education Act (IDEA), children with hearing loss are those with varying degrees of hearing loss (complete or partial loss of hearing) which leads to difficulty in hearing, perception of sound, including language sounds, and therefore limits the ability to communicate verbally and affects the cognitive process of children. Children with hearing loss between 25dB-90dB are considered to be hearing-impaired, and children with hearing loss above 90dB are called deaf (Moore, 1996). The degree of hearing loss is most usually expressed by the reference to the individual's thresholds of detection (hearing thresholds) across different frequencies as evidenced by the pure tone audiogram. These may be averaged to give a single number which is associated with one of these four descriptors (HSE, 2011): Mild ( $\leq 40$  dB HL), Moderate (41 to 70 dB HL); Severe (71 to 95 dB HL); Profound ( $> 95$  dB HL).

### 1.2. Social-emotional competence

Social-emotional competence (SEC) is a set of abilities that help people know how to behave with themselves, with others, with relationships, and to function effectively. The term social-emotional competence is best known in the definition of social-emotional competence education by CASEL (Collaborative for Academic, Social and Emotional Learning). According to CASEL, "Social-emotional competence education is the process of acquiring and effectively applying the necessary knowledge and skills to understand and control emotions, identify and accomplish goals and abilities. ability to empathize with people, establish and maintain positive relationships, make responsible informed decisions". Tom (2012), social-emotional competence is understood as the ability to possess social and emotional skills, intelligence and behavior necessary for an individual to adapt and succeed in society. Sharing the same opinion, Stavsky (2015), in a study on social-emotional competence in adolescents, mentioned: "Social-emotional competence has become a recognized term for refer to the basic skills, attitudes, and behaviors that facilitate the development of intrapersonal

and interpersonal skills, promote student engagement, and set the stage for later success."

### 1.3. Social-emotional development

Social-emotional development (SED) can be described as the acquisition of skills to express and manage emotions, as well as to engage in relationships. The development of social skills impacts the complexity of a child's play, verbal productions, empathy, and reasoning (Greenspan, 2004). SED involves the acquisition of skills to express and manage emotions, including how to navigate personal relationships and how to explore emotions in different environments (Briggs et al., 2014). Part of SED also involves exploring how emotional information is processed in social situations. SED has been extensively studied and used to predict a variety of problems including mental health, aggression, academic achievement, and even job performance (Denham et al., 1991; Tremblay, 2000).

### 1.4. Children with hearing loss and social-emotional competence

Due to their disability, children with hearing loss are at risk of having difficulties in social-emotional development such as: recognizing and managing emotions, formulating and implementing positive goals, establishing and maintaining positive relationships, making responsible decisions, and handling interpersonal situations constructively. Up to 20%-50% of children with hearing impairment have psychosocial difficulties (Dammeyer, 2010). Children with hearing impairment frequently show their social-emotional development decreased by one standard deviation or more from the average in the parents' evaluation standards (Moeller et al., 2007). On average, 20% of children with hearing loss may face challenges concerning social-emotional development (Hintermair, 2007; Van Eldik et al., 2004). Young children with hearing loss have more problems with emotional regulation, social competence, and more difficulties than their peers (Wiefferink et al., 2012). According to the studies of Raver (2002) and Hampton & Fantuzzo (2003), some children with hearing impairment have been identified as being at risk of social-emotional problems, and these problems affect their academic success.

## 2. Participants and method

### 2.1. Study design

After successfully translating the DASSE mini scale, we built a questionnaire consisting of two components: basic information about the students and 8 items from the DASSE scale. The scale was used to assess 53 students with hearing impairment. During the survey and evaluation process, we excluded 3 results that were not consistent with the research objectives. Based on the data collected from 50 responses, we analyzed the validity and reliability of the scale using Cronbach's Alpha score and exploratory factor analysis (EFA) Vietnamese version. Finally, we analyzed and evaluated the reality of the participants' social-emotional development. While studying the status of the children's social-emotional competence, we used the interview method with their teachers to collect more necessary information.

### 2.2. Procedure

In this study, we use a brief version of the Devereux Student Strengths Assessment (DESSA) scale (LeBuffe et al., 2008). The DESSA-mini is a behavioral rating scale that assesses social-emotional competencies for children from kindergarten to 8<sup>th</sup> grade. The assessment is based entirely on strengths and does not assess risk factors or problematic behaviors.

The DESSA-mini is a brief, 8-item version of the full DESSA scale that provides a snapshot of a student's social-emotional competence. The DESSA-mini was designed to be used for universal screening of social-emotional competence as well as ongoing progress monitoring. The DESSA-mini takes 8 to 10 minutes to be administered and can be completed by parents or caregivers, teachers, OST program staff, staff at child-serving organizations, and other important adults in the child's life (J. A. Naglieri et al., 2013). To complete the behavior rating scale, the rater reads the stem: "During the past four weeks, how often did the child..." and then rates each item on a 5-point Likert scale ranging from 0 to 4 (*Never* = 0, *Rarely* = 1, *Occasionally* = 2, *Frequently* = 3, *Very Frequently* = 4). Items are summed to Raw Scores and are then converted to T-scores (M = 50, SD = 10), with T-scores of 60 and above indicating "*Strengths*", T-scores between 41 and 59 representing "*Typical scores*", and T-scores of 40 and below "*Need for instruction*". The DESSA was designed to guide social-emotional instruction and measure outcomes in routine practice (Simmons et al., 2016).

### 2.3. Data analysis

This study used SPSS software version 2.0 to analyze the data. The analytical methods included descriptive statistical analysis, reliability analysis and exploratory factor analysis (EFA) of the scale. To examine the validity of the Vietnamese version of the Devereux Student Strengths Assessment scale, the following analytical statistics were used: First, Cronbach's Alpha was employed to evaluate the reliability of the scale; second, exploratory factor analysis (EFA) was used to evaluate the KMO (Kaiser-Meyer-Olkin) coefficient of the scale to consider the appropriateness of the factor analysis; third, we used the DASSE mini scale to assess the level of social-emotional capacity development of children with hearing loss.

### 2.4. Characteristics of participants

The participants in this study include 50 children with hearing loss aged 6-12 years old who are studying in inclusive education and integration education classes in primary schools in Hue city. The mean age of the participants is Mean = 9.63. The ratio of male and female students is almost equal in the study. All the students participated with the consent of their parents, school administrations and teachers. The teachers and parents were always supportive in the process of student assessments. The characteristics of the sample is presented in Table 1.

**Table 1.** Characteristics of the sample  
(N = 50)

|                        |                       | N (%)     |
|------------------------|-----------------------|-----------|
| Gender                 | Male                  | 26 (58.0) |
|                        | Female                | 24 (42.0) |
| Class                  | Class 1               | 26 (52.0) |
|                        | Class 2               | 12 (24.0) |
|                        | Class 3               | 6 (12.0)  |
|                        | Class 4               | 4 (8.0)   |
|                        | Class 5               | 5 (10.0)  |
| Forms of education     | Inclusive education   | 6 (12.0)  |
|                        | Integration education | 44 (88.0) |
| Degree of hearing loss | Mild                  | 7 (14.0)  |
|                        | Moderate              | 11 (22.0) |
|                        | Severe                | 10 (20.0) |
| Equipment aids         | Profound              | 22 (44.0) |
|                        | Hearing aids          | 45 (90.0) |
|                        | Cochlear implants     | 2 (4.0)   |

### 3. Results and discussion

#### 3.1. Reliability statistics

The results of reliability assessment and exploratory factor analysis (EFA) of the scale using SPSS.20 software are presented as follows. Cronbach's Alpha score was .928, which indicated very good reliability. This result is similar to that found in the study of Naglieri et al. (2011). In other words, the DESSA-mini had high internal reliability, with a total social-emotional alpha coefficient higher than .90. If the Cronbach's Alpha coefficient is from .80 to nearly 1.00, the scale is very good (Hoang & Chu, 2008). The Total Correlation of the item met the requirements: item 1 (.772); item 2 (.750); item 3 (.770); item (.810); item (.577); item 6 (.799); item 7 (.715); item 8 (.865). Table 2 shows Corrected Item-Total Correlation of the DASSE-mini.

**Table 2.** Corrected Item-Total Correlation of DASSE mini scale

| Item   | Corrected Item-Total Correlation |
|--|----------------------------------|
| Accept responsibility for what she/he did?     | .772                             |
| Do something nice for somebody?                | .750                             |
| Speak about positive things?                   | .770                             |
| Pay attention?                                 | .810                             |
| Contribute to group efforts?                   | .577                             |
| Perform the steps of a task in order?          | .799                             |
| Show care when doing a project or school work? | .715                             |
| Follow the advice of a trusted adult?          | .865                             |

#### 3.2. Exploratory factor analysis (EFA)

Based on the results of the item analysis, the remaining 8 items were used in exploratory factor analysis to test the structural validity of the scale.

**Table 3.** KMO and Bartlett's Test

|  |                    |         |
|--|--------------------|---------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | .869               |         |
| Bartlett's Test of Sphericity                    | Approx. Chi-Square | 297.326 |
|  | df                 | 28      |
|  | Sig.               | .000    |

Table 3 shows the Kaiser-Meyer-Olkin (KMO) coefficient of the DASSE mini scale:  $KMO = .869$ . Kaiser (1974) reported that  $.80 \leq KMO < .90$  meant good data for factor analysis. Furthermore, in the Bartlett test, the chi-squared value was 297,326 with  $p < .001$ . Thus, the required value is  $0.5 \leq KMO \leq 1$  and the Bartlett test has sig statistical: Sig. = .000 (sig Bartlett's Test < .05), which revealed that the observed variables were correlated with each other in the factor. Total Variance Explained of the scale:  $67,330 \geq 50,000\%$ , which showed that the EFA model was suitable.

#### 3.3. Social-emotional competence of students with hearing loss

Table 4 shows the results of the raw score sum and T-score of 50 children with hearing loss assessed by the DASSE mini scale.

**Table 4.** Raw score sum and T-scores

| Raw score sum | T-Score | n (%)           |
|---------------|---------|-----------------|
| 5             | 28      | 1 (2.0)         |
| 8             | 31      | 3 (6.0)         |
| 9             | 32      | 3 (6.0)         |
| 10            | 33      | 2 (4.0)         |
| 11            | 34      | 3 (6.0)         |
| 12            | 36      | 2 (4.0)         |
| 13            | 37      | 3 (6.0)         |
| 14            | 38      | 1 (2.0)         |
| 15            | 39      | 4 (8.0)         |
| 16            | 41      | 3 (6.0)         |
| 17            | 42      | 1 (2.0)         |
| 18            | 43      | 4 (8.0)         |
| 19            | 45      | 1 (2.0)         |
| 20            | 46      | 2 (4.0)         |
| 21            | 48      | 3 (6.0)         |
| 22            | 49      | 7 (14.0)        |
| 23            | 51      | 1 (2.0)         |
| 24            | 53      | 3 (6.0)         |
| 27            | 59      | 1 (2.0)         |
| 28            | 61      | 1 (2.0)         |
| 29            | 63      | 1 (2.0)         |
| <b>N</b>      |         | <b>50 (100)</b> |

The results of Table 4 showed that the total DASSE-mini scores of 50 children with hearing loss ranged 5-29 points, compared with the T-scores ranging 28 - 63 points. The average score DASSE-mini of 50 students was Mean = 16.67. This average score is close to the "Need for instruction" zone in terms of social-emotional competence. Overall, the raw score sum of 50 students with hearing loss ranged from "Need for instruction" to "Typical scores" in

which, 9 students had raw score sum  $\leq 10$ , a very low score. The teacher shared "The children have a lot of difficulties in communication and learning activities" and "the way to use and maintain the hearing aids is not reasonable, many devices are damaged, the battery is out or not suitable. appropriate to the child's current hearing". These may be the reasons why children with hearing loss have many communication challenges, delayed language development and limited social-emotional abilities (Eisenberg et al., 2007). If the hearing environment is poor or student is unable to adequately perceive auditory cues, minimal interaction may occur between the hearing-impaired children and his or her peers (Antia & Kreimeyer, 1996). Moeller et al. (2007) study also showed that the social-emotional competence scores of children with hearing loss frequently decreased by one standard deviation or more from the average.

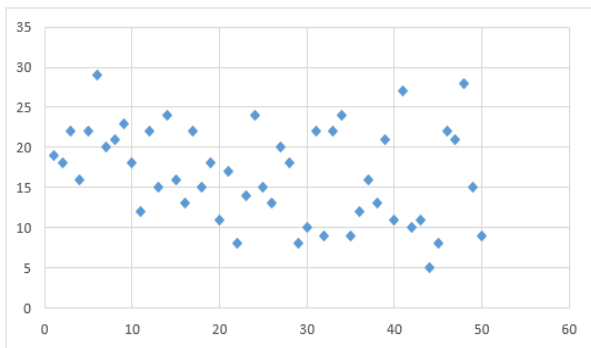


Figure 1. Allotment of raw score sum (N = 50)

Figure 1 showed that 56% of the students had social-emotional competence scores in the "Typical scores" zone and 44% in the "Need for instruction" zone (of which 12 boys accounted for 54.5% and 10 girls for 45.5%); no student had a total score in the "Strengths" zone. The assessment results showed no significant difference between male and female students in terms of social-emotional development ( $t_{(50)} = .377, p > .05$ ). The results achieved in this study are similar to those in previous studies by Dammeyer, J. (2010), that is, up to 20-50% of children with hearing loss had psychosocial problems, and by Van Eldik et al. (2004), which found there were 41% of children with hearing loss showing emotional/behavioral problems between the ages of 4-18 years old.

### 3.4. Correlation between the degree of hearing loss and age with social-emotional competence

Table 5 shows the correlation between the degree of hearing loss and age to the development of social-emotional competence (SEC) of 50 children with hearing loss.

Table 5. Correlations

|        |                     | AGE  | SEC     | DEGREE  |
|--------|---------------------|------|---------|---------|
| AGE    | Pearson Correlation | 1    | .058    | .085    |
|        | Sig. (2-tailed)     |      | .691    | .557    |
| SEC    | Pearson Correlation | .058 | 1       | -.549** |
|        | Sig. (2-tailed)     | .691 |         | .000    |
| DEGREE | Pearson Correlation | .085 | -.549** | 1       |

The research results showed that the AGE of children had no linear relationship with social-emotional competence (SEC) with sig = .691 (sig > 0.05), which meant these two factors were independent of each other. This result is not consistent with previous research by Wiefferink et al. (2012). The degree of hearing loss had a linear relationship with social-emotional competence with sig = 0.000 (sig < .005) and  $r = -.549^{**}$ . The results also showed that this pair of variables has a linear correlation at the 99% confidence level (corresponding to the significance level 1% = 0.01). The adjusted R Square of the DEGREE to social emotional capacity was 28.7%. However, the normalized regression coefficient Beta of the degree of hearing loss was  $\beta = -.549$ , VIF = 1.000 (Table 6). The coefficient  $\beta$  showed that the degree of hearing loss had an inverse effect on the development of social-emotional competence of children with hearing loss: The more severe the degree of hearing loss, the lower the score of social-emotional competence development, and vice versa. This result is consistent with the previous studies by Sininger et al. (2010), Tharpe(2008), and Vohr et al. (2012). Hearing loss can negatively affect a child's ability to communicate with others, thereby impacting the quality of their interactions in social work. If the listening environment is poor or if the children cannot recognize an auditory signal, the level of interaction between deaf children and their peers is limited (Antia & Kreimeyer, 1996).

Table 6. Coefficientsa

| Model        | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. | Collinearity Statistics |       |
|--------------|-----------------------------|------------|---------------------------|--------|------|-------------------------|-------|
|              | B                           | Std. Error | Beta                      |        |      | Tolerance               | VIF   |
| 1 (Constant) | 25.303                      | 2.006      |                           | 12.612 | .000 |                         |       |
| DEGREE       | -2.906                      | .639       | -.549                     | -4.548 | .000 | 1.000                   | 1.000 |

a. Dependent Variable: SEC

#### 4. Conclusion

The DASSE-mini is a rating scale available in English and Spanish and widely used in these two countries. Previous studies have shown that this scale has high internal reliability, with high Cronbach's Alpha and a very good total correlation. In this study, the brief Vietnamese version of the Devereux Student Strengths Assessment scale consists of 8 items. The results showed that the DASSE mini scale had good validity and reliability, therefore it can be an effective measurement and evaluation tool of social - emotional competence. The results of the DASSE-mini assessment of 50 students with hearing loss were: The average score SD = 16.67, and the social-emotional competence scores were in the "Typical scores" zone and "Need for instruction" zone. The results also showed that there was no significant difference between male and female students in terms of social-emotional development. However, there was an inverse relationship between the degree of hearing loss and social-emotional competence.

This study enriches the measurement tools of social-emotional competence in Vietnam and the obtained results are applicable to subsequent research. However, like other studies, the current study still has some limitations: the participants are city students, most of whom are supported with hearing aids, and the research sample is small (n = 50). Therefore, future studies should be continued and be conducted longitudinally, on many different study samples to ensure better evaluation results.

#### References

- Antia, S. D., & Kreimeyer, K. H. (1996). Social interaction and acceptance of deaf or hard-of-hearing children and their peers: A comparison of social-skills and familiarity-based interventions. *Volta Review*, 98(4), 157-180.
- Briggs, R. D., Silver, E. J., Krug, L. M., Mason, Z. S., Schrag, R. D. A., Chinitz, S., & Racine, A. D. (2014). Healthy Steps as a moderator: The impact of maternal trauma on child social-emotional development. *Clinical Practice in Pediatric Psychology*, 2(2), 166–175. <https://doi.org/10.1037/cpp0000060>
- Calderon, R., & Greenberg, M. (2011). Social and emotional development of deaf children: Family, school, and program effects. In M. Marschark & P. Spencer, *The Oxford handbook of deaf studies, language, and education* (pp. 177-189). Oxford University Press.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2014). *2015 CASEL guide: Effective social and emotional learning programs-Preschool and elementary school edition*.
- Cummings, E. M., Iannotti, R. J., & Zahn-Waxler, C. (1989). Aggression between peers in early childhood: Individual continuity and developmental change. *Child Development*, 60(4), 887–895. <https://doi.org/10.1111/j.1467-8624.1989.tb03521.x>
- Dammeyer, J. (2010). Psychosocial development in a Danish population of children with cochlear implants and deaf and hard-of-hearing children. *Journal of Deaf Studies and Deaf Education*, 15(1), 50–58. <https://doi.org/10.1093/deafed/enp024>
- Denham, S. A. (2006). Social-Emotional Competence as Support for School Readiness: What Is It and How Do We Assess It? *Early Education and Development*, 17(1), 57-89. [https://doi.org/10.1207/s15566935eed1701\\_4](https://doi.org/10.1207/s15566935eed1701_4)



- Denham, S. A., & Weissberg, R. P. (2004). Social-emotional learning in early childhood: What we know and where to go from here. In E. Chesebrough, T. P. King, T. P. Gullotta, & M. Bloom, *A blueprint for the promotion of prosocial behavior in early childhood* (pp. 13-50). Kluwer/Academic Publishers.
- Denham, S. A., Zahn-Waxler, C., Cummings, E. M., & Iannotti, R. J. (1991). Social competence in young children's peer relations: Patterns of development and change. *Child Psychiatry and Human Development*, 22(1), 29-44. <https://doi.org/10.1007/BF00706057>
- Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-Emotional Competence: An Essential Factor for Promoting Positive Adjustment and Reducing Risk in School Children. *Child Development*, 88(2), 408-416. <https://doi.org/10.1111/cdev.12739>
- Dowling, M. (2014). *Young Children's Personal, Social and Emotional Development* (Fourth edition). SAGE Publications Ltd.
- Durlak, J. A., & Weissberg, R. P. (2011). Promoting social and emotional development is an essential part of students' education. *Human Development*, 54(1), 1-3. <https://doi.org/10.1159/000324337>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *The American Journal of Orthopsychiatry*, 77(4), 534-542. <https://doi.org/10.1037/0002-9432.77.4.534>
- Greenberg, M. T., & Kusche, C. A. (1997). *Improving children's emotion regulation and social competence: The effects of the PATHS curriculum*. The Society for Research in Child Development, Washington, DC.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *The American Psychologist*, 58(6-7), 466-474. <https://doi.org/10.1037/0003-066x.58.6-7.466>
- Greenberg, P., & Kusche, C. (1998). Preventive intervention for school-age deaf children: The PATHS curriculum. *Journal of Deaf Studies and Deaf Education*, 3(1), 49-63. <https://doi.org/10.1093/oxfordjournals.deafed.a014340>
- Greenspan, S. I. (2004). *Greenspan Social-Emotional Growth Chart Manual*. PsychCorp.
- Guerra, N. G., & Bradshaw, C. P. (2008). Linking the prevention of problem behaviors and positive youth development: Core competencies for positive youth development and risk prevention. *New Directions for Child and Adolescent Development*, 2008(122), 1-17. <https://doi.org/10.1002/cd.225>
- Hampton, V. R., & Fantuzzo, J. W. (2003). The Validity of the Penn Interactive Peer Play Scale with Urban, Low-Income Kindergarten Children. *School Psychology Review*, 32(1), 77-91. <https://doi.org/10.1080/02796015.2003.12086184>
- Health Service Executive. (2011). *National Audiology Review*. <https://www.hse.ie/eng/services/publications/corporate/audiologyreview.pdf>
- Hintermair, M. (2007). Prevalence of socioemotional problems in deaf and hard of hearing children in Germany. *American Annals of the Deaf*, 152(3), 320-330. <https://doi.org/10.1353/aad.2007.0028>
- Hoang, N., & Chu, N. M. N. (2008). *Phan tich du lieu nghien cuu voi SPSS Tap 2*. NXB Hong Duc.
- Hoang, N., & Chu, N. M. N. (2008). *Data Analysis with SPSS Book 2*. Hong Duc Publishing House.
- Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39(1), 31-36. <https://doi.org/10.1007/BF02291575>
- LeBuffe, P., Shapiro, V. B., & Naglieri, J. A. (2008). *DESSA Devereux Student Strengths Assessment: A Measure of Social-Emotional Competencies of Children in Kindergarten Through Eighth Grade*. Kaplan Press.

- Moeller, M. P., Tomblin, J. B., Yoshinaga-Itano, C., Connor, C. M., & Jerger, S. (2007). Current state of knowledge: Language and literacy of children with hearing impairment. *Ear and Hearing*, 28(6), 740-753. <https://doi.org/10.1097/AUD.0b013e318157f07f>
- Moores, D. F. (1996). *Educating the deaf: Psychology, principles, and practices* (4th ed). Houghton Mifflin.
- Naglieri, J. A., LeBuffe, P. A., & Shapiro, V. B. (2013). Assessment of Social-Emotional Competencies Related to Resilience. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of Resilience in Children* (pp. 261–272). Springer US. [https://doi.org/10.1007/978-1-4614-3661-4\\_15](https://doi.org/10.1007/978-1-4614-3661-4_15)
- Naglieri, J., Lebuffe, P., & Shapiro, V. (2011). *The Devereux Student Strengths Assessment-Mini (DESSA-Mini) Assessment, Technical Manual, and User's Guide*. Apperson.
- Raver, C. C. (2002). Emotions Matter: Making the Case for the Role of Young Children's Emotional Development for Early School Readiness. *Social Policy Report*, 16(3), 1-20. <https://doi.org/10.1002/j.2379-3988.2002.tb00041.x>
- Raver, C. C., & Knitzer, J. (2002). Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children. *National Center for Children in Poverty, Columbia University*. <https://doi.org/10.7916/D82V2QVX>
- Simmons, C. A., Shapiro, V. B., Accomazzo, S., & Manthey, T. J. (2016). Strengths-Based Social Work: A Meta-Theory to Guide Social Work Research and Practice. In N. Coady & P. Lehmann, *Theoretical perspectives for direct social work practice* (pp. 131-154). Springer Publishing Company. <https://escholarship.org/uc/item/7bn5d1w1>
- Sininger, Y. S., Grimes, A., & Christensen, E. (2010). Auditory Development in Early Amplified Children: Factors Influencing Auditory-Based Communication Outcomes in Children with Hearing Loss. *Ear & Hearing*, 31(2), 166-185. <https://doi.org/10.1097/AUD.0b013e3181c8e7b6>
- Stavsky, S. (2015). *Measuring Social and Emotional Learning with the Survey of Academic and Youth Outcomes (SAYO)*. National Institute on Out-of-School Time.
- Tharpe, A. M. (2008). Unilateral and Mild Bilateral Hearing Loss in Children: Past and Current Perspectives. *Trends in Amplification*, 12(1), 7-15. <https://doi.org/10.1177/1084713807304668>
- Tom, K. M. (2012). *Measurement of Teachers' Social-Emotional Competence: Development of the Social-Emotional Competence Teacher Rating Scale* [Doctor of Philosophy, University of Oregon]. <https://scholarsbank.uoregon.edu/xmlui/handle/1794/12351>
- Tremblay, R. E. (2000). The development of aggressive behaviour during childhood: What have we learned in the past century? *International Journal of Behavioral Development*, 24(2), 129-141. <https://doi.org/10.1080/016502500383232>
- Umberson, D., & Montez, J. K. (2010). Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health and Social Behavior*, 51(Suppl), S54-S66. <https://doi.org/10.1177/0022146510383501>
- Van Eldik, T., Treffers, P. D., Veerman, J. W., & Verhulst, F. C. (2004). Mental health problems of deaf Dutch children as indicated by parents' responses to the child behavior checklist. *American Annals of the Deaf*, 148(5), 390-395. <https://doi.org/10.1353/aad.2004.0002>
- Vohr, B., Topol, D., Girard, N., St. Pierre, L., Watson, V., & Tucker, R. (2012). Language outcomes and service provision of preschool children with congenital hearing loss. *Early Human Development*, 88(7), 493-498. <https://doi.org/10.1016/j.earlhumdev.2011.12.007>
- WHO. (2021). *Deafness and hearing loss*. <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>
- Wiefferink, C. H., Rieffe, C., Ketelaar, L., & Frijns, J. H. M. (2012). Predicting social functioning in children with a cochlear implant and in normal-hearing children: The role of emotion regulation. *International Journal of Pediatric Otorhinolaryngology*, 76(6), 883-889. <https://doi.org/10.1016/j.ijporl.2012.02.065>



## NĂNG LỰC CẢM XÚC - XÃ HỘI CỦA HỌC SINH KHIẾM THÍNH TẠI THÀNH PHỐ HUẾ

**Mai Thị Thanh Thủy**

*Trường Đại học Sư phạm, Đại học Huế, Việt Nam*

*Tác giả liên hệ: Mai Thị Thanh Thủy - Email: [maithithanhthuy@dhsphue.edu.vn](mailto:maithithanhthuy@dhsphue.edu.vn)*

*Ngày nhận bài: 06-8-2021; Ngày nhận bài sửa: 10-9-2021; Ngày duyệt đăng: 18-12-2021*

**Tóm tắt:** Do những hạn chế khuyết tật mang lại, trẻ khiếm thính có nguy cơ gặp nhiều khó khăn trong việc phát triển các năng lực cảm xúc - xã hội so với các bạn cùng trang lứa. Ở Việt Nam, cho đến nay vẫn chưa có nghiên cứu nào về năng lực cảm xúc - xã hội của trẻ khiếm thính. Bài báo này nhằm đánh giá độ tin cậy của thang đo DASSE - mini và sử dụng thang đo để đánh giá năng lực cảm xúc - xã hội của trẻ khiếm thính. Nghiên cứu này sử dụng phần mềm SPSS.20 để đánh giá độ tin cậy và phân tích nhân tố khám phá (EFA) của thang đo DASSE - mini. Một nghiên cứu cắt ngang về đánh giá năng lực cảm xúc - xã hội bằng thang điểm DASSE - mini được thực hiện trên 50 học sinh khiếm thính từ 6-12 tuổi với các mức độ khiếm thính khác nhau. Các kết quả đánh giá tính hợp lệ của của các dự báo cho thấy thang đo có độ tin cậy cao và có ý nghĩa dự báo tốt, phù hợp.: Cronbach's Alpha = 0,928, KMO = 0,869 (> 0,05), sig. = 0,000 (sig Bartlett's Test <0,05). Điểm trung bình DASSE - mini của 50 học sinh khiếm thính: M = 16,67. Có 56% học sinh có điểm năng lực cảm xúc xã hội trong "*Điểm tiêu biểu*" và 44% học sinh có điểm năng lực cảm xúc xã hội trong "*Cần hướng dẫn*". Không có sự khác biệt đáng kể giữa học sinh nam và học sinh nữ trong kết quả nghiên cứu ( $t_{(50)} = 0.377, p > 0.05$ ), có mối tương quan nghịch giữa mức độ khiếm thính và năng lực cảm xúc - xã hội ( $r = -0.549, sig < 0.005$ ).

**Từ khóa:** năng lực cảm xúc - xã hội; học sinh; khiếm thính; thực trạng; thành phố Huế.