Social Skills Intervention for High-Functioning School-Aged Children and Adolescents with Autism Spectrum Disorder

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What Does the Research Say?

- Different Types of Social Skills Interventions
- School-Based Interventions
- Social Skills Groups
  - Outcomes
  - Goals
  - Strategies
Types of Social Skills Interventions

- Social Stories
- Cognitive Behavioral Therapy
- Parent/Family-Mediated Interventions
- Peer-Mediated Interventions
- Activity-based/Collateral Skills
- Manualized Instructional Programs
- Non-manualized Instructional Programs

Schreiber, 2011
Types of Social Skills Interventions

• Social Stories
  – Expose children to stories depicting everyday social situations
  – Improves social understanding, increases prosocial behavior

• Cognitive Behavioral Therapy
  – Helps children analyze/organize their thinking, identify the cause-effect relationship of events, problem-solve, reduce stress. Social skills are taught, practiced, and reinforced
  – Increases facial expression recognition, problem solving, engagement, conversation skills
Types of Social Skills Interventions

• Parent/Family-Mediated Interventions
  – Generalize behavioral therapy to the home setting by training parents/family members to teach social skills
  – Increases playdate invitations, positive affect of child and peer during play

• Peer-Mediated Interventions
  – Teach social skills by training peers to help children with ASD learn social skills
  – Increases social behavior, social interactions, reciprocal interactions, on-topic verbalizations, getting someone’s attention, initiating/maintaining a conversation
Types of Social Skills Interventions

- **Activity-Based/Collateral Skills**
  - Use natural interest in activities to help build social competence
  - Train children in skills related to social behaviors (e.g., play, academic responses) to increase their social interactions.
  - Increases social competency, social interaction
Types of Group Social Skills Interventions

• Manualized Instructional Programs
  – Structured group programs that include teaching, modeling, practicing, and reinforcing a range of social skills
  – Increases social initiation, reciprocal communication, social competence, generalization to home setting, and time spent in social situations

• Non-manualized Instructional Programs
  – Loosely structured group programs that may include instruction, discussion, role play, application of social skills
  – Increases social competency, self-esteem
School-Based Social Skills Interventions

**Types of interventions:**
- Collateral Skills
- Peer-mediated
- Child-specific

**Location**
- Classroom
- Pullout

**Format**
- Group
- Individual

**Minimally Effective (why?)**
- Types and format equally effective for all ages
- Classroom better than pullout

Bellini, Peters, Benner, & Hope, 2007
Outcomes of Social Skills Group Interventions

• Improvement in specific targeted skills (Lopata et al., 2010)

• Improvement in autism specific social deficits
  – Social awareness
  – Social cognition
  – Social communication
  – Social motivation
  – Autistic mannerisms

• Reduces withdrawal behaviors
Outcomes of Social Skills Group Interventions

- Improvement in Theory of Mind Skills (Ozonoff & Miller, 1995)
  - e.g., perceiving desires, intentions, beliefs, emotions of self/others

- Greeting and play skills (Barry et al., 2003)

- Increases frequency of positive social behavior (Yang et al., 2003)

- Increases Knowledge of social skills (Webb et al., 2004)

- Improves Facial recognition and problem solving (Soloman et al., 2004)
Challenges associated with Social Skills Groups

• Many challenges in providing social skills group instruction
  – Generalizability of skills
  – Interest and motivation of participants
  – Variability of needs / strengths
  – Complexity / fluidity of targeted skills
Goals of Social Skills Group Interventions

(White, Koenig, & Scahill, 2007)

• Increase social motivation
• Increase social initiation
• Improve appropriate social responding
• Reduce interfering behaviors
• Promote skill generalization
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<th><strong>Goals</strong></th>
<th><strong>Examples of Strategies</strong></th>
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<td>Increase social motivation</td>
<td>• Develop nurturing/fun environment</td>
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<td>• Start with simple skills</td>
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<td></td>
<td>• Intersperse new skills with previously mastered skills</td>
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<tr>
<td>Increase social initiation</td>
<td>• Make clear/concrete social rules</td>
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<td></td>
<td>• Teach social “scripts”</td>
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<tr>
<td>Improve appropriate social</td>
<td>• Teach social response “scripts”</td>
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<td>responding</td>
<td>• Reinforce response attempts</td>
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<td>• Use modeling/role-play</td>
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<td>Reduce interfering behaviors</td>
<td>• Make teaching structures predictable</td>
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<td>• Reinforce positive behaviors</td>
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<td>• Review appropriate/inappropriate behaviors</td>
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<td>Promote skill generalization</td>
<td>• Involve peers/parents</td>
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<td>• Opportunities to practice skills in natural setting</td>
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<td>Skillstreaming</td>
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<td>(Goldstein et al., 1997; Lopata et., al., 2010)</td>
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<td><strong>Teaching</strong></td>
<td>Target a skill</td>
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<td><strong>Modeling</strong></td>
<td>Demonstrate</td>
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<td><strong>Role-playing</strong></td>
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<td><strong>Performance Feedback</strong></td>
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<td><strong>Behavioral Techniques</strong></td>
<td>Reinforcement, Response-cost</td>
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Group Treatment at CARD – Meaningful Activities that Enhance Social Skills (MATES)
  – Meets 90 minutes each week for 12-16 weeks
  – Includes 4 children
    • Ages 6-9/10-12
    • At least average language skills and cognitive skills
  – Includes 2 group leaders
    • licensed mental health clinician (psychologist or social worker)
    • therapeutic assistant
MATES

• Skills taught
  – Good sportsmanship
  – Compromising
  – Personal Space and Listening skills
  – Managing frustration
  – Conversation skills

• Manuals utilized
  – Social Skills Training for Children and Adolescents with Asperger Syndrome and Social-Communication Problems by Jed Baker
  – Think Social! A Social Thinking Curriculum for School-Age Students by Michelle Garcia Winner
MATES (continued)

• Group Format
  – Homework review (10 minutes)
  – Skill Time (30 minutes)
    • Instruction of Skill
    • Role plays
  – Snack Time (15 minutes)
  – Game Time (30 minutes)
  – Pick a prize (5 minutes)
  – Discussion with Parents – provide handouts, answer questions, review homework for next week (5-10 minutes)
MATES (continued)

• Behavioral Component
  – Reward System
    • Each child earns a token for the following:
      – Bringing homework from previous week
      – Following rules during Skill Time
      – Following rules during Snack Time
      – Following rules during Game Time
      – Being a Good Participant
    • Each group member needs to earn 4 out of 5 tokens to choose a prize
Teaching Skills

• Conversation Skills
  – Conversational Responses (McAfee, 2002)
    • Answer yes/no questions
    • Answer simple questions with a 1- or 2-word reply
    • Respond to a statement with a statement
    • Answer open-ended questions
    • Respond to a statement with a question*
    • Respond to a question with a brief statement and a reciprocal question
    • Respond to a statement with a statement followed by a question

* Asking other people questions is a very difficult skill for children with ASD
• Starting Conversations
  – PATHS (McAfee, 2002)
    • Prepare ahead
    • Ask yourself what you are going to say and how you are going to say it
    • Time it right
    • Hello
    • Signals – nonverbal signals
Starting Conversations

• Prepare Ahead
  – “Fact files”
    • Write facts about people on index cards to organize information
  – “People files” (Garcia Winner, 2008)

Person’s Name
3 Facts:

________________
________________
________________

Me
3 Facts:

________________
________________
________________
Starting Conversations (continued)

• Initiating conversation topics (Garcia Winner, 2008)
  – Remembering shared events
  – Seasonal topics
  – News events
  – Enjoyable personal experiences
  – Things we forget about other people

• Questions to start conversations (Baker, 2003)
  – Present
  – Past
  – Future
  – Person’s Interests
Starting Conversations (continued)

• Time it right
  – Ensure person is not busy or in a hurry

• Hello
  – Choose appropriate greeting (formal vs. informal)

• Signals
  – Appropriate nonverbal signals
    • Smile (unless topic is sad or serious)
    • Orient body toward other person
    • Friendly tone of voice
    • Eye contact
Maintaining and Ending Conversations

• Maintaining Conversations
  – Conversational responses (McAfee, 2002)
  – Ask questions
  – Provide relevant comments

• Ending conversations (Garcia Winner, 2008)
  – Nonverbal signal that you need to leave (e.g., look at watch, look away from the group, start to turn body away)
  – Wait for a brief pause and make an exit comment (e.g., “I have to go but I’ll see you later.”)
Practicing Social Skills

• “Bait the Skill” (Baker, 2003)
  – Do something requiring the child to practice the skill and prompt as necessary
    • Examples
      – Asking questions
        » Making a comment that would typically result in a follow-up question being asked
      – Interrupting appropriately
        » Give child all but one material needed for a task and start a conversation with someone else so that the child needs to interrupt
    – Give feedback
Developmental Changes in Adolescence

- Identity Formation
- Shift from Family to Peer Group
- Shift to Heterosexual Peer Group / Interest in Romantic Relationships
- Increased Focus on Independence / Adulthood
- Increased Risk of Depression and Anxiety!!
Vasa et al. (2011) found that 41% of adolescents with ASD also had an anxiety disorder (compared to 9% of adolescents in TD population).

- Adolescents were group with highest prevalence (26% of 6-11 year olds had anxiety disorder).

Avoidance is primary feature of anxiety disorders.

The focus of adolescent social skills groups often must be reconnecting the adolescent with social world.
Social Skills Groups and Anxiety

Groups offer opportunities for exposure to fears

Also offer positive social feedback
Executive Functioning and Adaptive Skills Deficits

• Executive Functioning refers to “group of mental processes that enable physical, cognitive, and emotional self-control” (Lezak, 1995)
  – Includes processes like inhibition, mental flexibility, planning

• Adaptive Skills are the social, conceptual, and practical skills necessary for daily living

• Both are common areas of deficit for people with ASD and are critical to social competence
Connections - CARD adolescent social skills group for ages 15-17 years; Targets teens with average or above cognitive / language functioning; Run by a clinical psychologist and a social worker

Two Overarching Goals
1. Addressing anxiety/avoidance
2. Target executive functioning / adaptive behavior skills necessary for social functioning
Components of **Connections**

- Blend skill building and activity based group work
- Include group interactions in community settings
- Focus on supporting group members’ increasing autonomy and on giving skills needed to complete social tasks of early adulthood
- Use “task analysis” strategies to look at components involved in facilitating social interactions (e.g., identify the “who, what, when, where, and how” of a social event)
- Includes parent training
Connections utilizes community based activities as means to:

- Address anxiety
- Teach executive functioning / adaptive skills
- Improve generalizability
- Increase motivation
Connections also features parent support/training that focuses on helping the to adopt a new role in their teen’s life.

**PARENTS’ ROLE**

- Recognize Changes in Feedback Style / Goals for Child
- Work with and Celebrate Desire for Increased Autonomy
- Require Teen’s Participation in Social Activities
- Practice Social / Daily Living Skills Early and Often
- Utilize Interests / Strengths Whenever Possible
PARENTS’ ROLE

Require Your Adolescent To:
   Talk on phone
   Interact with Store Personnel
   Order/Pay in Restaurants
   Plan (at least part) of a Day
   Ask for Help
   **Text, Use E-mail and Facebook!!**
Mazurek et al. (2011) found that 60% of adolescents with ASD are “high users” of TV compared to only 28% of typically developing teens (with similar patterns for video game use).

However, **64% of teens with ASD never use e-mail, chat rooms, or social media** (two times higher than teens with language or learning disabilities).
Social Skills Resources

• “Think Social!” (and other texts and workbooks) by Michelle Garcia Winner
• “Navigating the Social World” by Jeanette McAfee (2002)
• “Girls Growing Up on the Autism Spectrum: What parents and professionals should know about the pre-teen and teenage years” by Shana Nichols (2008)
• http://thegraycenter.org
• www.socialthinking.com