SOCIAL SKILLS & PEER RELATIONSHIP DEVELOPMENT:

AN EVIDENCE-BASED PERSPECTIVE ON INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH ASD

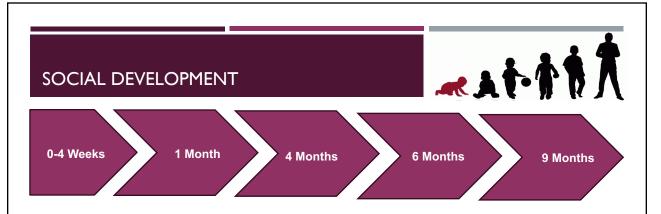


BRCASD Spring 2019

WHY

- ASD is characterized by significant impairment in social interaction and communication.
- Social impairment does not improve with time.
- Rather, social impairment often increases over time due to increasing social demands and complexity of interactions.
- Individuals with ASD may be aware of their social difficulties, causing psychological distress
- Social impairment is predictive of being bullied
- Social skills are important for post-school outcomes:
 - Leisure activities
 - Postsecondary education
 - Employment
 - Friendships/Relationships
 - Independent living

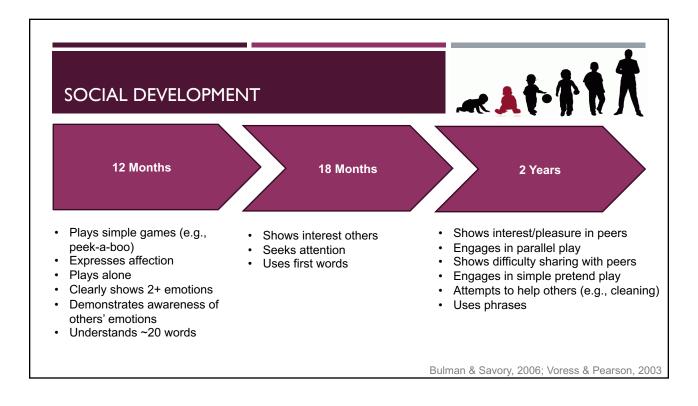
APA, 2013; Howlin, 2014; Laugeson & Ellinsen, 2014; Picci & Scherf, 2015; Sofronoff et al., 2011

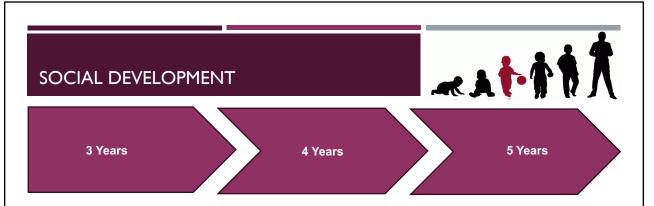


- · Imitates facial expressions
- Cries for basic needs (e.g., hunger)
- · Gazes at caregivers
- · Social smiling
- Simple interactions with caregiver (e.g., smile, vocalizations)
- · Directed eye contact

- · Shows interest others
- · Differentially interacts with familiar individuals
- · Seeks attention
- · Recognizes familiar vs. unfamiliar individuals
- Communicative vocalizations
- · Imitates vocalizations
- Demonstrates joint attention

Bulman & Savory, 2006; Voress & Pearson, 2003

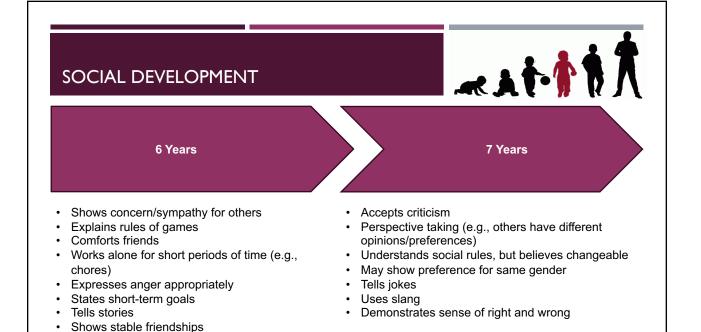




- · Prefers certain "friends"
- Simple reciprocal play with peers
- Comforts others
- Asks for help
- · Separates from caregivers
- · Engages simple conversation
- Demonstrates cooperation and competition
- Takes turns
- Shares with peers
- Uses complex speech
- Plays group games
- Appropriately seeks attention
- Wants to be liked by others
- Develops fears
- · Prefers to play with others
- · Talks about his/her own feelings
- · Has best friend

Bulman & Savory, 2006; Voress & Pearson, 2003

Bulman & Savory, 2006; Voress & Pearson, 2003



SOCIAL DEVELOPMENT

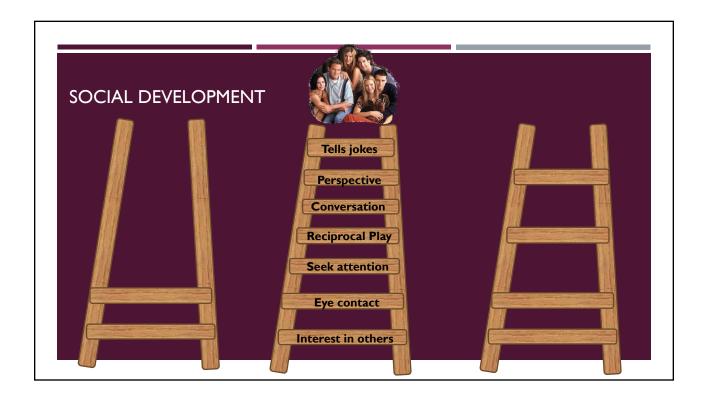
8-12 Years

13-18 Years

- · Effectively lies to others
- · Places strong importance on friendships
- Demonstrates concern what others think of him/her
- Expresses uncertainty regarding changes in settings
- Fluent speech
- · Uses peer-influenced speech

- Variable self-esteem, especially related to physical changes
- Prefers to spend time with friends vs. family
- · Increasingly influenced by peer pressure
- More secure regarding changes in setting
- Demonstrates increased interest romantic relationships

Bulman & Savory, 2006; Voress & Pearson, 2003



SELECTING A TARGET BEHAVIOR



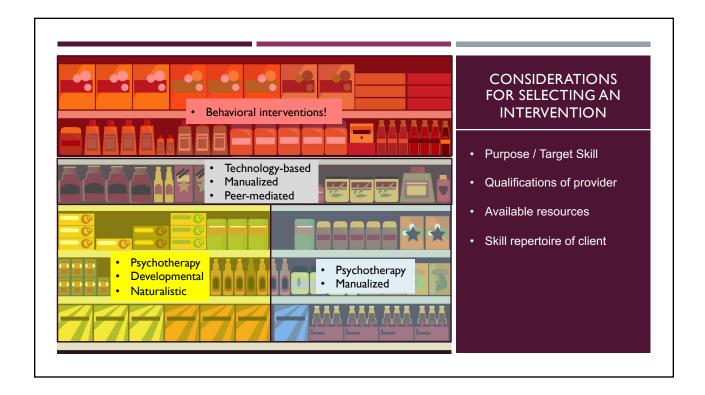
- I. Select a ladder
- 2. Choose final step in ladder
- 3. Identify other steps of ladder
- 4. Identify missing steps
- 5. Build your ladder

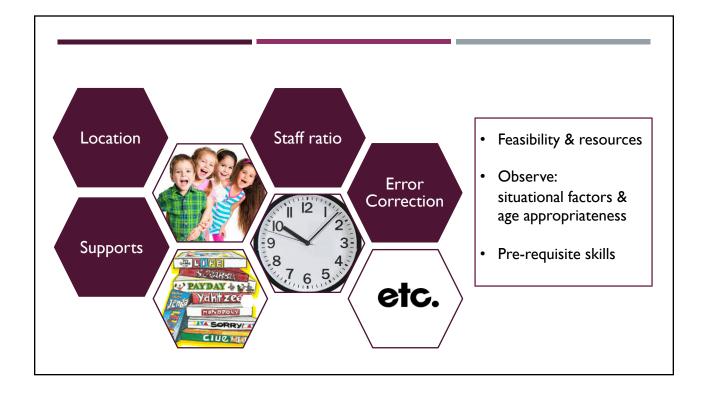
EVIDENCE-BASED INTERVENTIONS: WITH ID

Intervention	Description
Behavioral Interventions	Individual's behavior is altered via reinforcement, prompting, extinction, and other behavioral techniques
Developmental/ Relationship-Based Interventions	Parent and/or therapist increases social behaviors towards individual (e.g., imitating client, responding to all communicative attempts)
Peer Mediated Intervention	Peers are taught strategies to interact with individual(s)
Video Modeling	Individual watches video of self/ adult/ or peer perform desired social behavior
Structured Teaching	Focus on strengths and alter environment to decrease difficulties, such as using visual supports/schedules (e.g., TEACHH)

Gates et al., 2017; Ke et al., 2018; Walton & Ingersoll, 2013

EVIDENCE-BASED INTERVENTIONS: WITHOUT ID Intervention **Description** Describing/modeling the desired behavior, prompting and practicing Direct Instruction the desired behavior, and providing reinforcement or feedback Computer-based instruction (e.g., PowerPoint), using video models, or Technology-based providing feedback based on videos of the individual's social behavior Individuals were prompted to participate in structured social/ Naturalistic recreational activities (e.g., a club at school of their interest) Narrative therapy, Cognitive Behavioral Therapy, mindfulness-based Psychotherapy intervention Program for the Education and Enrichment of Relational Skills Structured/Manualized (PEERS); Socio-Dramatic Affective-Relational Intervention (SDAR); Social Skills Programs The Social Competence Program Gates et al., 2017; Ke et al., 2018; Walton & Ingersoll, 2013





TAKE-AWAY: HAVE A REASON FOR ALL TREATMENT DECISIONS!

- For selecting a skill, consider:
 - Typical social development
 - The individual's current skill set
 - The individual's typical social environment
- For selecting an intervention, consider:
 - What you want to teach
 - Your qualifications
 - Your resources
 - The individual's unique skill profile

- For selecting the specifics, consider:
 - Typical development / social behavior
 - Your resources
 - The individual's skill profile
- For selecting a data collection method, consider:
 - What is feasible
 - What is accurate
 - What best guides treatment evaluation and decisions

References

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Association.
- Bulman, K. & Savory, L. (2006). Understanding children's development. In Children's Care, Learning & Development (pp. 11-18).
- Campbell, J. M. (2003). Efficacy of behavioral interventions for reducing problem behaviors in persons with autism: A quantitative synthesis of a single-subject research. *Research in Developmental Disabilities*, 24, 120-138.
- Davis, N. O., & Carter, A. S. (2013). Social development in autism. In F.R. Volkmar, R. Paul, S.J Rogers, & K. A. Pelphrey (Eds.), Handbook of autism and pervasive developmental disorders (4th ed., pp. 212-229). New York, NY: Wiley.
- Fombonne, E. (2003). Epidemiological surveys of autism and other pervasive developmental disorders: An update. *Journal of Autism and Developmental Disorders*, 33, 365-382.
- Howlin, P. (2014). Outcomes in adults with autism spectrum disorders. In F.R. Volkmar, R. Paul, S.J Rogers, & K. Pelphrey (Eds.), Handbook of autism and pervasive developmental disorders (4th ed. pp 97-116). Hoboken, NJ: John Wiley.
- Laugeson, E. A., & Ellington, R. (2014). Social skills training for adolescents and adults with autism spectrum disorder. In F. R. Volkmar, B. Rechow, & J. McPartland (Eds.), Adolescents and adults with autism spectrum disorders (pp. 61-86). New York, NY: Spring.
- Matson, J. & Wilkins, J. (2007). A critical review of assessment targets and methods for social skills excesses and deficits for children with autism spectrum disorders. Research in Autism Spectrum Disorders, 1, 28-37.
- Picci, G., & Scherf, K.S. (2015). A two-hit model of autism: Adolescence as the second hit. Clinical Psychological Science: A Journal of the Association for Psychological Science, 3(3), 349-371.
- Sofronoff, K., Dark, E., & Stone, V. (2011). Social vulnerability and bullying in children with Asperger syndrome. *Autism: The International Journal of Research and Practice*, *15*(3), 355-372.
- Voress, J. K., & Pearson, N. A. (2003). Early Childhood Development Chart. Austin, TX: PRO-ED, Inc.
- Wilkins, J., & Matson, J. L. (2009). A comparison of social skills profiles in intellectual disabled adults with and without ASD. Behavior Modification, 33(2), 143-155.