

MEASUREMENT AND OUTCOMES IN AN OUTPATIENT SOCIAL SKILLS GROUP FOR HIGH FUNCTIONING CHILDREN WITH AUTISM SPECTRUM DISORDERS

L.V. Soorya, A. Fisher, E. Swanson, C. Bach, and E. Hollander
The Seaver & New York Autism Center of Excellence, Mount Sinai School of Medicine

INTRODUCTION:

Social skills impairments in ASD are among the most pervasive and most difficult to change symptoms of the disorder. Furthermore, social competence is the strongest predictor of quality of life variables such as employment, independent living, and companionship (Gutstein & Whitney, 2002). Research on social deficits in HFA or AD suggest that deficits are apparent in many domains including emotion perception, reciprocal communication skills, and understanding others' intentions (Bauminger, 2002). Treatment approaches for high functioning children with ASD include outpatient social skills therapy groups, peer mediated interventions in schools such as lunch buddies, and self-management training (Rogers, 2000).

This study evaluated both measurement strategies and treatment techniques used with outpatient social skills therapy groups for high functioning children with autism. A CBT approach was used relying on teaching strategies and activities from the Skillstreaming series (McGinnis & Goldstein, 1997) and CBT relaxation and coping strategies. In addition, activities and games were drawn from various curricula including Gutstein & Sheely's (2002) RDI approach.

METHODS:

- Participants (n=9)
7 male, 2 female

	Mean Age (SD)	IQ (SD)	Vineland ABC (SD)
Young Elementary	6.90 (.52)	90.5 (20.24)	66.2 (3.40)
Older Elementary/Middle School	11.72 (.88)	90.5 (20.24)	66.2 (3.18)

Group format:

- 12-week, outpatient; 90-minute sessions
- Weekly Child group therapy & Parent education sessions
- 2 parallel treatment groups:
 - Young Elementary
 - Older Elementary/Middle School

Weekly Format:

- Free play (& direct observation data collection)
- Homework review
- Introduction of new skill, activities, homework
- Free play & snack time

Skills Targets:

- Social Initiation (e.g. Making friends)
- Social Conversation (e.g. Tell me about yourself)
- Nonverbal behavior (e.g. Talking without words)
- Relaxation & Coping Strategies (e.g. Knowing my feelings)

MEASUREMENT:

Standardized Instruments/Structured Interviews	Measurement Intervals (Weeks)
WISC-IV	0
ADOS	0, 12
Diagnostic Analysis of Nonverbal Accuracy-2 (DANVA-2)	0, 12
Trail Making Tests	0, 12
Wisconsin Card Sorting Tests	0, 12
Adaptive Behavior	
Vineland Adaptive Behavior Scales, Adaptive Behavior Composite (Vineland, ABC)	0, 12
Parent/Teacher Rating Scales	
Social Skills Rating System (Parent & Teacher)	0, 6, 12
Child Behavior Checklist	0, 6, 12
Curriculum Assessment	0, 6, 12
Direct Observation	
Momentary Time Sampling, Pt: 30 seconds	1 – 11 (weekly)

Figure 1

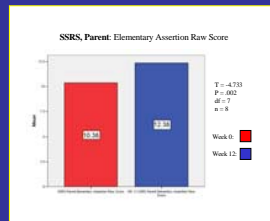


Figure 2

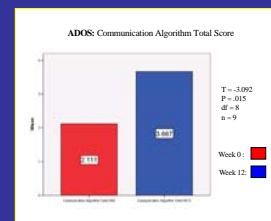


Figure 3

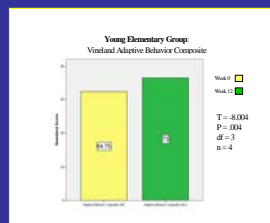
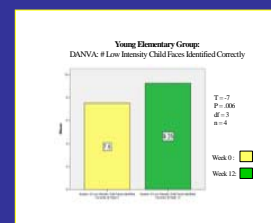


Figure 4



RESULTS:

Combined analyses: Paired samples t-tests suggest significant pre-post differences on the Assertion subdomain of the Social Skills Rating Scale (SSRS), Parent Form (Figure 1) which measures social initiation behaviors. Improvements were also seen on the social-communication domain of the ADOS, Module 3 (Figure 2). No differences were found on global scores of social skills, behavior, or overall functioning.

Individual Group Analyses

Analyses of change by group suggest that the Young Elementary group had additional improvements on Vineland, ABC (Figure 3) and low-intensity facial emotion recognition on the DANVA-2 (Figure 4). Although the Older Elementary/Middle School Group improved from pretest to posttest on the Vineland and DANVA-2, the magnitude of change was not statistically significant.

Direct Observation

Results of the direct observation assessment suggest an overall increase in social initiation (Figure 5) and variable changes in other target skills.

Figure 5



DISCUSSION:

Results of this pilot investigation indicate that the short-term, outpatient therapy group was effective in improving social initiation, as measured by both parent-report measures (SSRS) and direct observation measures; and social communication (ADOS). Results also indicate that this intervention may yield greater benefits for younger children than older children with ASD. Use of a multi-method, multi-measure approach was useful to tease apart specific vs. global changes and to provide corroborative evidence for changes across specific skills.