

# The efficacy of social skills interventions within a community clinic: Considering the child's perspective

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## Introduction

- Social skills play a pivotal role in children's lives and influence future development<sup>1</sup>
- Social skills programs have traditionally focused on neurotypical social goals<sup>3</sup>
- With the neurodiversity movement (embracing neurological differences), intervention research and practice would benefit from increased participation and advice from the neurodiverse community<sup>5</sup>
- There is also need to evaluate whether social skills programs are meeting the needs of children in addition to their caregivers<sup>3, 4</sup>

## The Current Study

In partnership with a local community clinic, Boomerang Health, we will conduct a program evaluation of two social skills groups: Conversation Club and Social Skills and Self-Regulation

- 1) **What are the views of the child and caregiver on the child's social differences? How are they hoping the programs will meet the child's needs?**
- 2) **Did the programs meet their initial goals? What were the positive and negative impacts of the program?**
- 3) **Were the respective programs effective as measured by topic-specific knowledge and norm-referenced tests?**

## Methods

**Participants:** Recruitment is in progress. We currently have 2 neurodiverse participants (generalized anxiety; ADHD), one from each group

**Social Skills Group:** Self-referral and open to both neurodiverse and neurotypical children

1. **Conversation Club:** 8-week program, delivered one-hour per week by a speech-language pathologist. Goals include teaching conversation skills (e.g., initiating, turn-taking, repairing breakdowns, ending)<sup>6</sup>
2. **Social Skills and Self-Regulation:** 10-week program, delivered one-hour per week by a speech-language pathologist and occupational therapist. Programs blends Superflex content from Social Thinking<sup>7</sup> and Zones of Regulation<sup>8</sup>

**Outcome Measures:** Planned to be conducted before and after therapy

- Qualitative interview with children and caregivers, separately
- Quantitative measures:
  - Child: Social Skills Improvement System (SSIS); Conversation Questionnaire (developed with autistic people)
  - Caregiver: SSIS; Social Responsiveness Scale-2 (SRS-2); Quality of Play Questionnaire

## Expected Results

- Before therapy: We expect children and caregivers will likely speak about social differences based on neurotypical development; goals will revolve around learning about neurotypical sociality
- Preliminary descriptive results:

Conversation Club (n = 1 - Ten-year-old female)		Social Skills and Self-Regulation (n = 1 - Ten-year-old female)		
	Child	Caregiver	Child	Caregiver
Strengths	<ul style="list-style-type: none"> <li>• Good at explaining details and continuing conversation for familiar topics</li> <li>• Good at controlling anger</li> </ul>	<ul style="list-style-type: none"> <li>• Patient and kind</li> <li>• Good listener</li> <li>• Puts others first</li> </ul>	<ul style="list-style-type: none"> <li>• Empathetic e.g., if friends get hurt, always go there to comfort friend</li> <li>• Current regulation strategies: walk away, ignore situation, music, deep breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of emotions</li> <li>• Loving and helpful; first person to help others (younger children, friends)</li> </ul>
Needs	<ul style="list-style-type: none"> <li>• Unsure of what to say after initiating a conversation or how to join a conversation that's already started. Feels awkward as a result</li> <li>• Not good at making new friends</li> <li>• Struggles with sadness</li> </ul>	<ul style="list-style-type: none"> <li>• Selfless to the point that she suppresses her own needs</li> <li>• Not voicing needs</li> </ul>	<ul style="list-style-type: none"> <li>• Gets really mad which results in physical aggression</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn't know how to manage or what to do with emotions, especially temper</li> <li>• Emotional regulation better with friends and strangers than with family</li> </ul>
Goals	<ul style="list-style-type: none"> <li>• Making new friends</li> <li>• Talking to new people</li> <li>• Talking about different topics</li> <li>• Interacting with friends</li> </ul>	<ul style="list-style-type: none"> <li>• Express self and clearly describe events</li> <li>• How to join group conversations</li> <li>• Follow along in conversations</li> </ul>	<ul style="list-style-type: none"> <li>• Control emotions</li> </ul>	<ul style="list-style-type: none"> <li>• Self-regulation</li> <li>• Manage emotions that she can't handle or be more aware of emotions</li> </ul>
Conversation Questionnaire	<ul style="list-style-type: none"> <li>• 42.5/94 = Sometimes struggles</li> <li>• Equally with both knowing what to say and neurotypical sociality in conversation</li> </ul>	-	<ul style="list-style-type: none"> <li>• 60/94 = Sometimes struggles</li> <li>• More with neurotypical sociality in conversation than knowing what to say</li> </ul>	-
SSIS	<ul style="list-style-type: none"> <li>• Social Skills = 93 SS = Average</li> <li>• Problem Behaviours = 110 SS = Average</li> </ul>	<ul style="list-style-type: none"> <li>• Social Skills = 75 SS = Concern</li> <li>• Problem Behaviours = 130 SS = Concern</li> </ul>	<ul style="list-style-type: none"> <li>• Social Skills = 79 SS = Concern</li> <li>• Problem Behaviours = 160 SS = Concern</li> </ul>	<ul style="list-style-type: none"> <li>• Social Skills = 74 SS = Concern</li> <li>• Problem Behaviours = 126 SS = Concern</li> </ul>
SRS-2	-	<ul style="list-style-type: none"> <li>• Social Communication = 84 T-score = Severe range</li> <li>• Restricted Interests and Repetitive Behavior = 89 T-score = Severe range</li> <li>• SRS-2 Total = 86 T-score = Severe range</li> </ul>	-	<ul style="list-style-type: none"> <li>• Social Communication = 72 T-score = Moderate range</li> <li>• Restricted Interests and Repetitive Behavior = 79 T-score = Severe range</li> <li>• SRS-2 Total = 79 T-score = Severe range</li> </ul>
Quality of Play Questionnaire	-	<ul style="list-style-type: none"> <li>• 0 hosted get-togethers</li> <li>• Conflict score of 7 = Significant conflict</li> </ul>	-	<ul style="list-style-type: none"> <li>• 1 hosted get-togethers</li> <li>• 1 invited get-togethers</li> <li>• Conflict score of 13 = Significant conflict</li> </ul>

- After therapy: We will learn whether the social skills group met the expected goals that children and caregivers had; children will learn strategies discussed in the group; test scores may change in the direction of decreased neurodivergent characteristics; feedback about group programming

## Expected Implications

- This study bridges the research-practice gap by capturing practice in a local clinic, which could, in turn change practice
- Importantly, changes in practice would include feedback from the children and caregivers being served in the clinic
- Social validity of the goals, content, and outcomes of social skills groups are evaluated by integrating qualitative and quantitative measures from both children' and caregivers' perspectives

### References

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