

The Effectiveness of a Social Skill Model Program for Children with Asperger's Syndrome

Asperger's Syndrome (AS)

- It is a psychological disorder that falls under the umbrella of autism spectrum disorder
(Smith, Maguar, and Arnold- Saritepe 2002)
- The primary feature of AS is significant difficulty engaging in age appropriate, reciprocal social interactions
(American Psychiatric Association 2000; Attwood 2000,2003)

- Children usually without history of early language disturbance but show difficulty in language communication
- Individuals with this syndrome have problems on understanding how others view their behavior and often experience difficulties in forming friendships

Attention Deficits & Hyperactivity Disorder (ADHD)

- The principal characteristics of ADHD are **inattention, hyperactivity, and impulsivity**. These symptoms appear early in a child's life.
- All children are sometimes restless, sometimes act without thinking, sometimes daydream the time away
- It affect children's performance in school, social relationships with other children, or behavior at home

Oppositional Defiant Disorder

- It usually occurring in younger children
- It characterized by a repetitive and persistent pattern of dissocial, aggressive or defiant conduct

Disorders of social functioning

- Heterogeneous group of disorders
- Abnormalities in social functioning which begin during the developmental period
- Characterized by an apparently constitutional social incapacity

Social Skill

- Social Skills are socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable response
- Sharing, helping, initiating relationships, requesting help, giving compliments, and saying “please” and “thank you” are example of social skills

(Gresham & Elliott, 1984)

Consequences of poor social skills

- Children with immature social skills would tend to struggle with developing age-appropriate friendships
- Negative social experience can cause further social rejection
- The impact of peer rejection or isolation can be quite severe. For example, peer rejection and low popularity have been associated with delinquent behavior, dropping out of school, and mental health issues
- The social consequences of poor social skills would long-lasting from childhood to adulthood

Social Skill Training

- The skills children learn during childhood by playing with other children act as stepping stones to the skills need to be a successful adult
- Effective treatments can be used to improve children’s social skill, peers relationship and self-esteem
- Research suggests that improving the social skills of children on the autism spectrum is one of the most powerful predictors of a positive outcome

(Kanner, Rodriguez, and Ashenden 1972; Mesibov 1984)

Step by Step Program

- Social Skills Groups for Children and Adolescents with Asperger’s Syndrome
- Painter, K K (2006) *Social Skills Groups for Children and Adolescents with Asperger’s Syndrome: A Step-by-Step Program.*



Objective of the program

- To evaluate the effectiveness of the Painter’s social skill training program for children with Asperger’s Syndrome
- To evaluate the effectiveness of the Painter’s social skill training program for children with other developmental disabilities presented with immature social skills.

Methodology

- A Before-After Design was employed
- Parents of the children were invited to complete the Social Skills Rating System, Parent Form, (Gresham FM and Elliott SN, 1990) to evaluate the children’s social skills and problem behaviors before and after completed the training program
- Another evaluation session was arranged to collect parent’s feedback on the children’s social performance

Social Skills Rating System, Parent Form
Social Skills Subtest

- **Cooperation**
 - Such as helping others, sharing materials, and complying with rules and direction
- **Assertion**
 - Initiating behavior, such as asking others for information, introducing oneself and responding to the actions of others
- **Responsibility**
 - Such as demonstrate ability to communicate with adults and regard for property or work
- **Self-Control**
 - Behavior that emerge in conflict situation, such as responding appropriately to teasing, deal with teasing and take turn

Problem Behavior Subtest

- The assessment of problem behaviors as well as social skills is extremely important because problem behaviors often prevent individuals from behaving in a socially competent fashion
(Asher & Hymel, 1981; Cartledge & Milburn, 1986; Foster & Ritchey, 1979; Gresham & Reschly, 1988; Walker & McConnell, 1988)
- Problem behaviors may interfere with the acquisition or performance of social skilled behaviors
- Externalizing Problems, Internalizing Problems and Hyperactivity are among the most common and most researched areas in childhood and adolescent psychopathology
(Achenach & Edelbrock, 1983; Gresham, 1985; Quay, 1983; Walker, 1983)

- **Externalizing Problems**
 - Inappropriate behaviors involving verbal or physical aggression towards others, poor control of temper and arguing
- **Internalizing Problems**
 - Behaviors indicating anxiety, sadness, loneliness and poor self-esteem
- **Hyperactivity**
 - Behaviors are those involving excessive movement, fidgeting, and impulsive reactions

Implementation

- The social skill training group was modify by the Painter’s program
- Children of the Asperger group and non-Asperger group attended 16 training sessions
- Two Social Skills Training Groups on the same curriculum were implemented during July-November 2007

- 20 children age 6-9 years participated in this program. 7 children with Asperger’s Syndrome were classified as Asperger group. 13 children with other diagnosis such as ODD, ADHD and other developmental disabilities were classified as non-Asperger group
- 16 children completed the program

Demographic Data

Clients (n= 16)		Number (%)
Gender	Male	14 (87.5%)
	Female	2 (12.5%)
Age	6	1 (6.2%)
	7	5 (31.2%)
	8	1 (6.2%)
	9	9 (56.2%)
Education	Primary 1	3 (18.8%)
	Primary 2	5 (31.2%)
	Primary 3	8 (50.0%)
Diagnosis	Asperger’s Syndrome	5 (31.2 %)
	Other	11 (68.8 %)

Program Content

- Greetings
- Identifying emotions
- Identifying facial expressions
- Continuum of emotions
- Tone of voice
- Personal space
- Initiating conversations
- Maintaining conversations
- Phone skill

- Joining a group
- Being a good sport
- Friendship skills
- Perspective taking and empathy
- Flexibility and adaptability
- Politeness
- Manners

Result

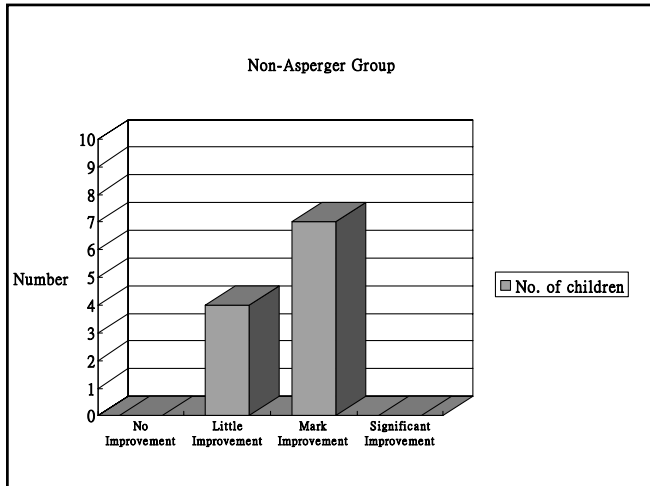
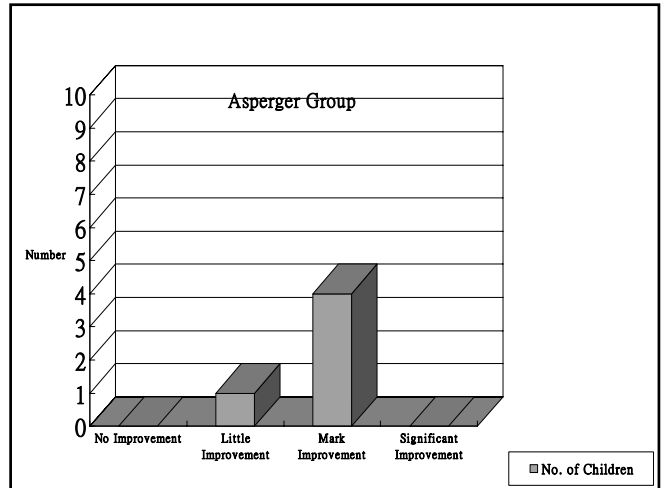
- The total scores of the Social Skill and Problem Behavior Sub-scale of the Social Skills Rating System were analyzed
- The mean score of the Social Skill Sub-scale in both of the Asperger group and non-Asperger group was increased
- The mean score of the Problem Behavior Sub-scale in both of the Asperger group and non-Asperger group was decreased

- The pair t-test showed that there was no statistic significant difference for both the Asperger group and non-Asperger group before and after treatment

	Asperger Group (mean)	Non-Asperger Group (mean)	Total (mean)
Social Skill Rating System (Social Skill Sub-test)	Pre test = 28.8, Post test = 31.6	Pre test = 31.64, Post test = 33.91	Pre test = 30.75, Post test = 33.19
Social Skill Rating System (Problem Solving Sub-test)	Pre test = 18.8, Post test = 16.4	Pre test = 20.27, Post test = 19.0	Pre test = 19.8, Post test = 18.19

	Asperger Group (n=5)	Non-Asperger Group (n=11)	Total (n=16)
Social Skill Rating System (Social Skill Sub-test)	t (4) = -1.50, p = 0.21	t (10) = -1.097, p = 0.298	t (15) = -1.622, p = 0.126
Social Skill Rating System (Problem Solving Sub-test)	t (4) = 2.359, p = 0.078	t (10) = 0.800, p = 0.442	t (15) = 1.256, p = 0.228

- Most of the parents in both groups reported their children had positive changed in their general social skills and peer relationships after they attended the group in the evaluation session



Asperger's Group

Improved areas	No. of parent (s)
Emotional Control Ability	☺ ☺ ☺ ☺
Greeting Skills	☺ ☺
Obedient	☺
Polite	☺
Attentive	☺ ☺
Assertive	☺ ☺
Communication Skill	☺ ☺ ☺ ☺
Frustration Tolerance	☺ ☺

Non Asperger's Group

Improved areas	No. of parent (s)
Emotional Control Ability	☺ ☺ ☺ ☺ ☺ ☺ ☺
Communication Skill	☺ ☺ ☺ ☺
Friendship Skill	☺ ☺ ☺ ☺ ☺ ☺
Politeness	☺ ☺ ☺
Perspective taking and empathy	☺ ☺ ☺ ☺ ☺
Obedient	☺ ☺ ☺ ☺ ☺
Confident	☺ ☺
Flexibility	☺
Manners	☺ ☺ ☺
Take turn	☺ ☺
Aware of facial expression	☺
Use tone of voice	☺

Conclusions

- Children showed positive change on their social skill and problem behavior after they attended the training program but it could not reflect the change in the statistic outcome

Limitation

- Small sample size
 - 20 children attended the group but only 16 of them completed the training program
 - 5 children with Asperger's syndrome
 - 11 children with other diagnosis

- Parent's involvement
 - Active involvement of parents has been identified as a key component to a successful social skills program
(Bloomquist 1996; O'Callaghan et al.2003)
 - Difficult to motivate parent to took a active role in practice the learned social skill with children at home

Program Modification in future study

- Children with Asperger's Syndrome have deficits in both of the skill acquisition and performance aspect but children with other diagnosis such as ADHD and ODD mainly have deficits in the performance area
- Behavioral contracts and other reinforcement strategies could designed to increase behaviors of the Non-Asperger group

- May apply other training techniques into the Asperger group
 - Theory of mind
 - Social story
 - Peer Mentors

Bellini, S. (2003)

- Thank you

