

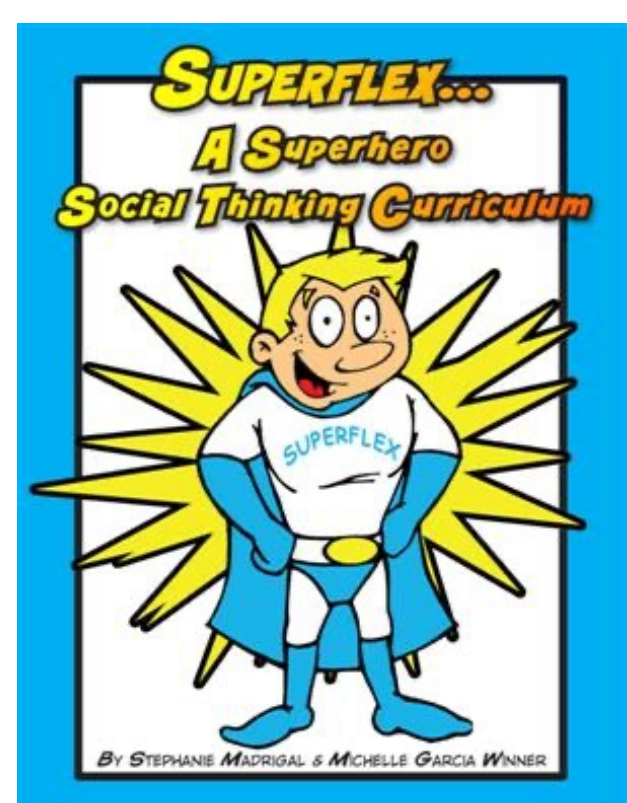
# THE EFFICACY OF GROUP SOCIAL SKILLS INTERVENTIONS FOR ADOLESCENTS AND YOUNG ADULTS WITH PRAGMATIC LANGUAGE DEFICITS

Anna Koogler, BM; Emma Rose, BA; Morgan Thorpe, BA; Debora Downey, PhD, CCC-SLP

## Introduction

Many disorders affect pragmatics, or the social aspects of language. One of the most common disorders affecting pragmatics is autism spectrum disorder (ASD); individuals with ASD exhibit “persistent deficits” in three areas of “social communication and interaction.”<sup>1</sup> These may include a difficulty engaging with others, difficulty reading others’ emotions, anxiety around social interactions, and delayed or absent verbal language.<sup>9</sup>

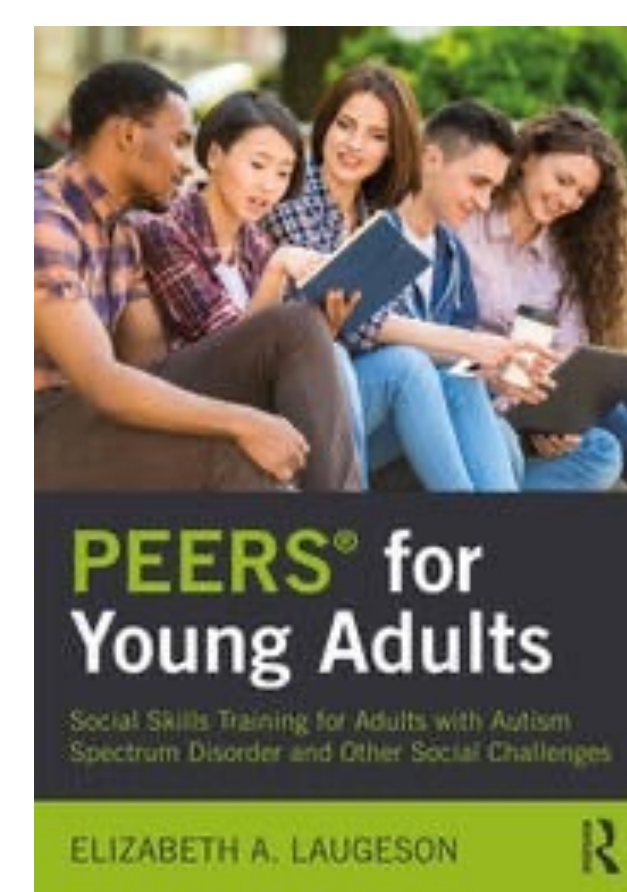
Given that ASD is estimated to occur in 1 out of every 44 American children, it is important for healthcare providers to address pragmatics through evidence-based social skill interventions (SSIs).<sup>7</sup> Studies of SSIs have found them to be effective in addressing empathy, theory of mind, and other pragmatic difficulties.<sup>3,4</sup> Two popular SSIs are Social Thinking and PEERS (Program for the Education and Enrichment of Relational Skills).



Social Thinking is an SSI for children that has been published in several therapy programs, including Superflex for adolescents. Over 13 sessions, participants learn social strategies through stories, behavior mapping, reflections, and homework assignments.<sup>6</sup> The program also includes caregiver training.

Manual for the Superflex Social Thinking program

PEERS for Young Adults is an SSI delivered over 16 group therapy sessions, with topics including conversations, finding friends, get-togethers, dating, and disagreements. Sessions include lessons, role-playing, reflection, practice activities, and homework. Concurrent group caregiver sessions help to promote carryover of new skills throughout the week.<sup>5</sup>

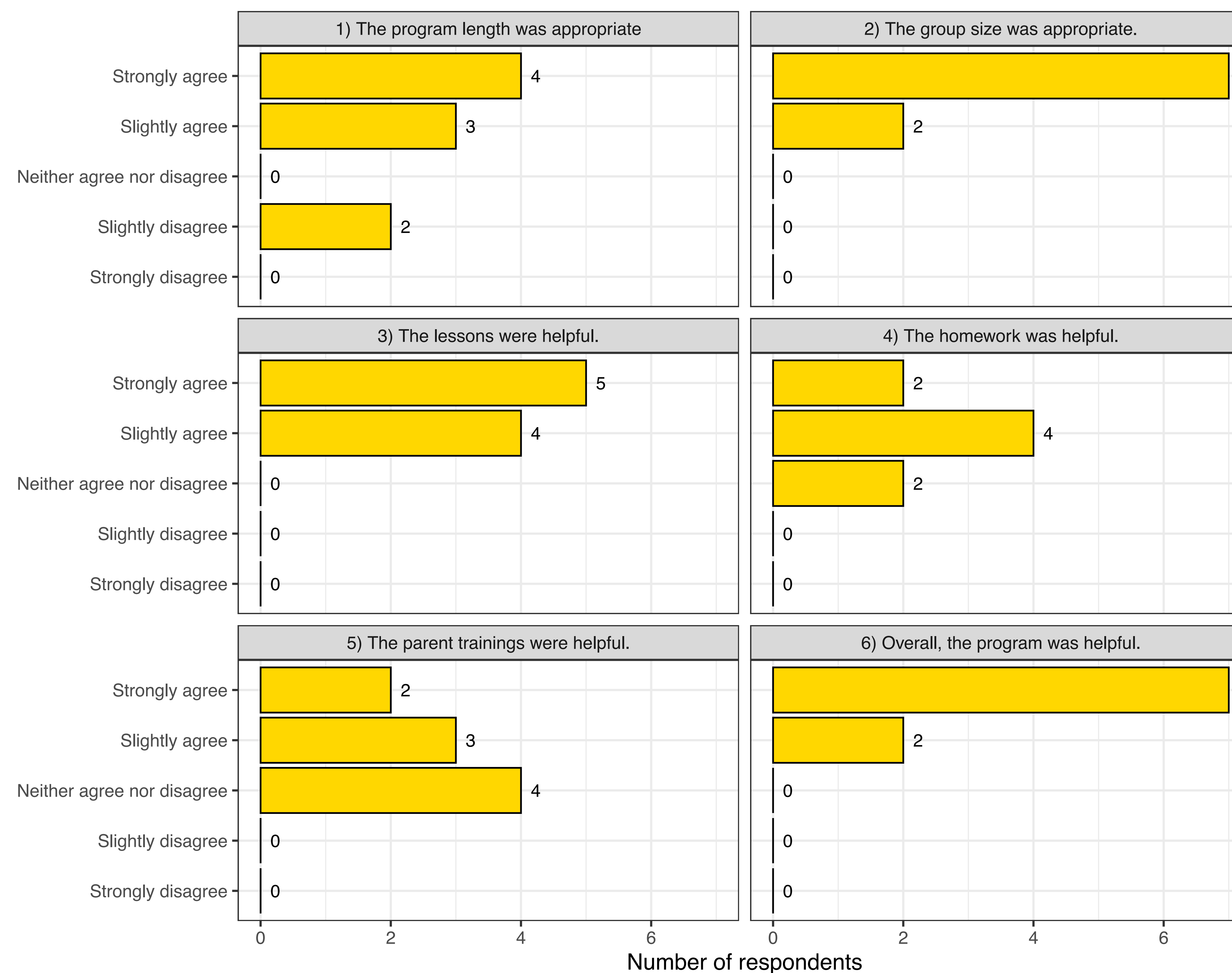


Manual for the PEERS program

## Study Design

The purpose of this study was to examine the effectiveness of two SSIs used at the University of Iowa Hospitals and Clinics through retrospective questionnaires. Online questionnaires were distributed to caregivers whose children had participated in one of the programs, as well as clinicians who had administered them. Questions included statements about various aspects of the programs (e.g., length of program, helpfulness of homework assignments, etc.). Descriptive Likert scales ranging from strongly disagree to strongly agree were used to capture survey participants’ opinions on these statements. Results were collected anonymously via Qualtrics over the course of three weeks. Nine clinicians and two caregivers responded to the survey. Results displayed reflect the results of the clinician survey. Analysis of survey results included estimation and interpretation of descriptive sample statistics.

## Results



## Conclusions

- The program length had the greatest diversity of responses, indicating a lack of consensus about how many sessions are needed. Some members may benefit from more sessions to practice skills, while others may tire of multiple sessions covering the same topics. Optional extra practice sessions could address this need.
- Lessons were considered helpful more consistently than homework or parent trainings. Clinicians can brainstorm ways to improve the effectiveness of homework and parent trainings, such as a mid-week check-in on homework assignments and parent mentorship from parents who have previously participated in the targeted programs.
- Overall programs were considered helpful, indicating that they should continue to be offered at UIHC. However, given the small sample size, few definitive conclusions can be drawn.

## Future Directions

- Expanding the study to groups outside of UIHC could increase the number of participants, particularly caregivers, providing more data and sufficient power to make definitive conclusions based on that data.
- Eliciting feedback about potential solutions to the shortcomings addressed in this study could provide helpful information for continuing to improve upon these therapy programs.

## Acknowledgments

Many thanks to our study participants, whose contributions made this research possible. We would also like to acknowledge our collaborators for this project who helped to recruit subjects: Paige Burden, Jenny Brodell, Stacy Robinson, and Audrey Wood.

## Resources & References

