Group Social Skills Instruction for Children with Autism Spectrum Disorders: 
From Design to Implementation

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Workshop Objectives

• To understand how…
  – to form compatible groups
  – to develop a curriculum that meets the needs of the group
  – to incorporate activities and gaming to teach and practice social skills
  – to learn how to go from paper to practice when creating a social skills program
Workshop Outline

• Background
• Program description
• Group development
• Designing lessons
• Case examples
• Paper to practice
• Question or activities to get you started
Research

• Deficits in social reciprocity are core feature of ASD
• Social deficits are a major source of impairment regardless of cognitive or language delay (Carter, Davis, Klin & Volkmar, 2005)
• Deficits don’t remit with development
• Individuals report desire for more peer social interaction (Bauminger & Kasari, 2000)
Research

• Social deficits result in increased risk for:
  – Depression & anxiety (Myles, 2003; Myles, Bock & Simpson, 2001)
  – Peer rejection & social isolation (Chamberlain, 2001)
  – Poor academic & occupational performance (Howlin & Goode, 1998)
Research

• Social skills training has shown to be effective for teaching specific social skills (McConnell, 2002)

• Group based instruction allows for opportunities for practice in a naturalistic format

• Effective interventions involve didactic and performance techniques (Kaat & Lecavalier, 2014)
Development of Pathways

• Spring of 2011
• Nine participants
• Ages 9 to 16
• Met once a week
• Ten weeks
• 71% of participants have returned at least once
Program Description

• Multiple groups run concurrently
• Three sessions a year
• Meet once a week
• 6-10 participants
• Group goals
• Individual goals
• Weekly themes
Themes

- Assertiveness
- Body language
- Eye contact
- Greetings
- Kindness
- Respect
- Cooperation
- Good sportsmanship
- Electronic communication
- Other’s perspective
- Team work
- Listening & following directions
- Facial expressions
- Personal space
- Welcoming others
- Lying

- Negotiation
- Panhandlers
- Staying cool under pressure
- Thinking on your feet
- Courteous interactions
- Voice volume
- Tone of voice
- Bullying
- Appropriate responses & reactions
- Making a friend
- Independent living
- Being a good friend
- Staying on topic
- Personal space
- Waiting your turn to speak

- Entering a conversation
- Gestures
- Trying new things
- Emotions
- Trading information
- Getting to know others
- Choosing appropriate friends
- Personal hygiene
- Flexibility
- Watching your energy
- Focus, focus, focus
- Disagreements
- Taking turns
- Sharing
- Others point of view

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Intake Process

• Families inquire/ request information
• Receive an intake application
• Interview is set up & conducted
• Group is determined to be a good fit
• Expectations for parents
• Information packet

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2014 Summer Pathways
APPLICATION

Child’s Name: ____________________________

Age: _______ Birthdate: _____________ Gender: ___ M ___ F

Grade: _______ School District: _____________ School: _____________

CONTACT INFORMATION

Mother’s Name: ____________________________ Father’s Name: ____________________________
Address: ____________________________ Address: ____________________________
Home Phone: ____________________________ Home Phone: ____________________________
Cell Phone: ____________________________ Cell Phone: ____________________________
Work Phone: ____________________________ Work Phone: ____________________________
Email: ____________________________ Email: ____________________________

DEVELOPMENTAL HISTORY

Please mark primary diagnosis with a “P” and secondary with an “S”
P: Asperger’s Syndrome
P: ADD
P: ADD
P: Anxiety
S: Autism
S: Behavioral Disorder
S: Depression
S: Hearing Impairments
S: Learning Disability
S: PDD-NOS
S: Visual Impairments
S: Other: ____________________________

COMMUNICATION

How does your child communicate?
[ ] Verbal
[ ] PECS
[ ] Sign
[ ] Other Communication device: ____________________________
[ ] Exploring methods of functional communication

Please indicate your child’s level of communication?
[ ] Uses full sentences
[ ] 2-3 word phrases
[ ] Single words

INDIVIDUAL NEEDS

Please list the child’s likes: ____________________________

___________________________________________________________

Please list the child’s dislikes: ____________________________

___________________________________________________________

Please indicate if your child requires continuous 1 to 1 supervision in any of the following areas:
[ ] Safety
[ ] Personal Care
[ ] Community
[ ] Educational/Learning
[ ] Behavioral

Please comment on any area you have checked off: ____________________________

Has your child participated in group activities before?
[ ] Yes [ ] No

If yes, what kinds of activities? ____________________________

How was your child’s experience in group activities? ____________________________

Please inform us of anything else you think we should know about your child:
____________________________

Once completed, please mail or email this application to:
Ann Julie Patterson
Pathways Program Via
PO Box 5127
Charlottesville VA 22905-5127
apatterson@viaschool.org

Once your child’s application has been submitted, please contact Ann Patterson to arrange an informal interview.

Note: This review and application process is not intended to assess or accept students based upon a set of qualitative judgments, but is rather a means of developing a group that can function best together given the limited number of available spaces for students.

Parent/Guardian Signature: ____________________________ Date: ____________________________
Interview

- Includes parent and potential participant
- Two staff
- Half an hour to an hour
- Informal but structured
- Questionnaire
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INITIAL INTERVIEW

Date of Interview: _______________________
Child’s Name: _________________________
Birthdate: ___________________ Age: ______
Parent’s Name: _________________________
Address: _____________________________
City: ___________________ State: _______ Zip: ______
Phone Number: ________________ Email: __________

Current School Situation: _______________________________________________________
                                                                                     _______________________________________________________

Current Family Situation: _________________________________________________________
                                                                                     _______________________________________________________

Child’s Interests and Favorite Activities

_____________________________________________________________________________
_____________________________________________________________________________

Child’s Strengths

_____________________________________________________________________________
_____________________________________________________________________________
Interview

1. Describe how the interview is going to go.
2. The applicant is asked if they can tell us why they are here.
3. Staff discuss why they are here.
4. Staff ask questions to get to know the applicant better and to assess their receptive and expressive language.
5. The applicant then has an opportunity to ask staff questions.
6. They are shown a schedule and an example of a lesson.
7. Play a game or two
8. Participant and parent is provided with an opportunity to ask additional questions.
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PARTICIPANT INFORMATION PACKET

GENERAL INFORMATION

Student Name: ____________________________
Date of Birth: _______________ Age: _______ Grade: ________
School District: ________________________ School: ______________
Mother’s Name: ________________________ Father’s Name: __________
Address: ________________________________
Home Phone: ____________________________ Father’s Cell: __________
Mother’s Cell: ____________________________ Father’s Work: __________
Mother’s Email: ________________________ Father’s Email: __________

*In case of emergency, please notify the following persons capable of assisting your child in an emergency during camp hours:

Emergency Contact: ____________________ Relation: ____________
Home: ____________ Work: ____________ Cell: ________________

Emergency Contact: ____________________ Relation: ____________
Home: ____________ Work: ____________ Cell: ________________

Please list the individuals authorized to pick-up your child/children from VIA, including home therapists and respite care providers:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Child’s Physician: ________________________ Phone: _______________________
Preferred Hospital: ________________________

Is your child under medication or treatment on a continuing basis? □ Yes □ No
If yes, specify medicines, conditions, or treatment on Medical Disclosure Form.

Does your child have any environmental allergies? □ Yes □ No
If yes, please list them: ________________________________

Does your child have any food allergies? □ Yes □ No
If yes, please list them: ________________________________

Does your child have any drug allergies? □ Yes □ No
If yes, please list them: ________________________________

Parent Information: I understand it to be my responsibility to keep the VIA Administrative Office informed about changes in my family’s address and contact information as well as changes in emergency contacts in the event of any child becoming ill or injured at VIA. I understand that if I cannot be reached in a acute emergency my child will be taken to the emergency room of the nearest hospital.

Custodial Parent/ Legal Guardian Signature: ____________________________ Date: ____________

VIA Outreach Coordinator/ Director: ____________________________ Date: ____________
Groupings

- Age / developmental level
- Interests
- Strengths
- Needs
- Day and time of the week
Designing a Lesson

- Picking a theme
- Discussion questions
- Group activities
- Video games
- Closing meeting
- Materials

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Contingencies
Self-Monitoring

I will be kind and respectful of other members of the group.

I will raise my hand if I have something I would like to share with the group.
Adult Considerations

• Self identification of goals
• Use experience of participants
• Community resources
“Allison”

- Female
- 15 years old at intake
- DSM-IV-TR diagnosis: Asperger's Syndrome
- **Parent goals**: build confidence, learn to advocate for self, initiate and maintain conversations with others, pick up on social cues and body language, be less critical of others, & socialize more in school
- **First session**: minimal participation and only interacted with female staff
- **Pathways goals**: participate in group activities, do something she wouldn’t normally do, spontaneously initiate a conversation & speak directly to the other participants in the group

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“Allison” now

• Currently in our adult group.
• Actively participates in **ALL** activities.
• Initiates participation.
• Engages in conversations with **ALL** participants.
• Sits by anyone.
• Requests to participate in each Pathways semester.
• **School report**: article presentation
• **Parent report**: prom & field trip

I learned “to respect others points of view and don’t criticize because it hurts others feelings. I have learned to start a conversation without any help at all.”

~”Allison”
“Nicholas”

• Male
• 13 years old at intake
• DSM-IV-TR diagnosis: Asperger's Syndrome, Learning disability, ADHD, & Mood Disorder
• **Parent goals:** appropriate expression on anger, taking interest in things that interest others, give and take in conversation & sharing more interest in common with peers.
• **First session:** difficulty remaining in the room, refused to participate & frequent outbursts.
• **Pathways goals:** share his territory of the couch, try a game other than Mario & participate in group activities.
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“Nicholas” now

- Currently has a job.
- Participates in **ALL** activities.
- Plays different video games.
- Counts down the days between sessions.
- Is friends with other participants.
- **Parent report:** self aware & verbalize feelings

“I have learned to be more flexible but not to be used as a rubber band.”

“At Pathways I feel like I belong but everywhere else I feel like I am floating away alone on the moon.”

~Nicholas
Paper to practice

- Finding a space
- Getting the word out
- Inclusion & exclusion criteria
- Intake
- Interview
- Group formation
- Trainings
- Budget & billing
Ways to reach out…

- Word of mouth
- Community partners
- Universities
- School psychologist
- Developmental pediatricians
- Clinical psychologist
- Special educators
- School districts
Inclusion & exclusion: things to think about…

• Age limit
• Behavioral challenges
• Communication
• Willingness to participate
Staffing

• Training
  – Structured/unstructured

• Ratio
  – Inclusion/exclusion

• Interest

• Role
Funding

• Private pay
  – Easiest, but can limit participation

• Grants
  – Good for start up
  – Not a consistent source of funding
  – If private pay, grants can be source of scholarships

• Insurance
  – Do your staff have the appropriate credentials?
  – Can you bill for “group” services?
  – Session limitations?
Activities to get you started

• Documents 5 & 6 in your workshop handouts.