



Contents lists available at ScienceDirect

Research in Autism Spectrum Disorders

Journal homepage: <http://ees.elsevier.com/RASD/default.asp>

Teaching social–emotional skills to school-aged children with Autism Spectrum Disorder: A treatment versus control trial in 41 mainstream schools

Belinda Ratcliffe^{a,*}, Michelle Wong^a, David Dossetor^a, Susan Hayes^b^a Department of Psychological Medicine, The Children's Hospital at Westmead, Locked Bag 4001, Westmead, NSW 2145, Australia^b Behavioural Sciences in Medicine, Sydney Medical School, Rm 667, Blackburn Building D06, The University of Sydney, NSW 2006, Australia

ARTICLE INFO

Article history:

Received 19 April 2014

Received in revised form 19 September 2014

Accepted 23 September 2014

Keywords:

Autism Spectrum Disorder

ASD

Emotional competence

Social–emotional intervention

Group treatment

School-based intervention

ABSTRACT

This study examined the effectiveness of 'Emotion-Based Social Skills Training (EBSST)' a manualised social–emotional intervention designed to improve emotional competence in school-aged children with Autism Spectrum Disorder (ASD). Participants were 217 children (aged 7–13 years) with ASD without Intellectual Disability attending 41 mainstream primary schools in NSW Australia. Data on emotional competence, social skills and mental health difficulties were collected using teacher and parent informant report questionnaires in a pre-test/post-test control group design. One hundred and six students took part in the treatment and 111 students were in the control group. School Counsellors delivered the 16 session treatment to groups of 3–8 students in their schools. Teachers and parents also received six sessions of EBSST in separate groups. Participants received a booster session at six months follow-up. EBSST improved teacher reported emotional competence as measured by the Emotions Development Questionnaire (EDQ). The effect size was large and improvements were sustained at 6 months follow-up. Parent reported emotional competence and more general measures of social skills and mental health were insensitive to change across informants. This study has important implications for students, teachers and parents and provides a valuable basis for further research and development of EBSST and the EDQ.

© 2014 Elsevier Ltd. All rights reserved.

There has been increasing interest in school-based interventions designed to promote social–emotional competence in typically developing (TD) children in recent years (Humphrey, Curran, Morris, Farrell, & Woods, 2007). Proponents of such interventions point to a range of benefits for TD children including improved social–emotional competence, positive social behaviour, and better academic performance (Humphrey et al., 2007).

Children with Autism Spectrum Disorder (ASD) are at particular risk of social–emotional difficulties. Compared to their TD peers, children with ASD have been found to have difficulties encoding social information (Embregts & van Nieuwenhuijzen, 2009; Ziv, Hadad, & Khateeb, 2014), impaired visual perspective taking (de, Brindley, & Frith, 2009; Warreyn, Roeyers, Oelbrandt, & De Groote, 2005), poor social functioning and limited play (Anderson, Moore, Godfrey, & Fletcher-Flinn, 2004), poor social orienting, joint attention, emotion perception, affective sharing and imitation (Bernier, Webb, & Dawson, 2006),

* Corresponding author. Tel.: +61 418 246 400.

E-mail addresses: belinda.ratcliffe@health.nsw.gov.au, admin@interactivefeelings.com (B. Ratcliffe), michelle.wong@health.nsw.gov.au (M. Wong), david.dossetor@health.nsw.gov.au (D. Dossetor), susan.hayes@sydney.edu.au (S. Hayes).

impaired non-verbal expression of emotion (McGee, Feldman, & Chernin, 1991) poor social problem solving (Bernard-Opitz, Sriram, & Nakhoda-Sapuan, 2001) and difficulties exhibiting pro-social behaviour (Ziv et al., 2014). Social-emotional difficulties have been found to differentiate children with ASD from those with other developmental disorders (Klin et al., 2007).

Approximately one in seven TD children have a mental health disorder, and poor social and emotional competence has been associated with mental health, personal, social, and academic difficulties (Eisenberg, 2006; Masten & Coatsworth, 1998; Weissberg & Greenberg, 1998). By comparison, around seven in 10 children with ASD have a mental health disorder (Brereton, Tonge, & Einfeld, 2006; Leyfer et al., 2006). Although mental health problems in children with ASD are poorly understood (Ghaziuddin, Ghaziuddin, & Greden, 2002) the association between mental wellbeing and social-emotional skills in TD children (Becker, Luebke, & Langberg, 2012; Merrell & Guedner, 2010; Mosley, 2009; Schick & Cierpka, 2013; Sklad, Diekstra, De Ritter, Ben, & Gravesteyn, 2012) implies poor social-emotional competence may be a contributing factor to the very high levels of mental health issues in children with ASD.

ASD affects approximately 51 per 10,000 children in Australia (Parner et al., 2011) and prevalence rates have increased dramatically in recent years (Matson & Kozlowski, 2011). Most children with ASD, particularly those without co-morbid Intellectual Disability (ID), attend 'mainstream' schools. Thus, there is a critical need for evidence-based school-based interventions to promote social-emotional learning in children with ASD. However, to date, many of the existing social-emotional programmes available in schools are targeted at TD children (Humphrey et al., 2007) and do not cater to the learning needs of children with ASD. In all areas of learning, children with ASD benefit most from 'visual' teaching strategies including video modelling (Ayles & Langone, 2005; Lantz, 2005; McCoy & Hermansen, 2007; Reichow & Volkmar, 2010), social stories (Ozdemir, 2008; Sansosti & Powell-Smith, 2008; Scattone, 2007), scripts (Ganz & Flores, 2008) and visual activity schedules (Betz, Higbee, & Reagon, 2008) to support their learning. When teaching social skills, school-aged children with ASD benefit from social skills groups (Reichow & Volkmar, 2010; Williams-White, Keonig, & Scahill, 2007) and peer mediated approaches (Bass & Mulick, 2007). Parental involvement and training in social skills interventions may enhance generalisation of skills (Brookman-Frazee, Stahmer, Baker-Ericzen, & Tsai, 2006) which can be more difficult for children with ASD. Of the existing social-emotional interventions available for children with ASD, most have focused on improving pragmatic social skills rather than developing emotional competence, and few programmes provide a comprehensive curriculum based on evidence-based teaching strategies (Matson, Matson, & Rivet, 2007; McConnell, 2002; Reichow & Volkmar, 2010; Scattone, 2007).

1. Emotion-Based Social Skills Training (EBSST)

Emotion-Based Social Skills Training (Wong, Lopes, & Heriot, 2010) aims to enhance emotional competence in primary school aged children with ASD. EBSST draws on theories of emotional development and emotional intelligence (Mayer, Salovey, & Caruso, 2000) to teach children with ASD how to understand their own and other's emotions, emotional problem solving and emotional regulation skills. EBSST is a comprehensive curriculum, which utilises a multi-faceted approach to cater to the learning needs of children with ASD (Ratcliffe, 2011).

EBSST was originally developed for children with ASD without ID aged 8–14 years for delivery by psychologists in small groups of children and parents in an outpatient setting (Wong et al., 2010). EBSST has been studied in several preliminary clinical studies evaluating teaching content, teaching materials and outcome measures. A modified version of EBSST, EBSST for ASD and Mild ID (Ratcliffe, Grahame, & Wong, 2010) has been described in a case study (Ratcliffe, 2011). In these pilot studies, EBSST showed promising clinically significant treatment benefits, but has yet to be rigorously evaluated.

In this study, in order to meet the strong need for an evidence-based social-emotional programme for children with ASD in mainstream schools, EBSST was adapted for delivery in schools by School Counsellors for a large treatment versus control trial.

1.1. Emotions Development Questionnaire

Appropriate outcome measures are essential to assess the effectiveness of social-emotional treatments for children with ASD (McConnell, 2002). However, ASD researchers and clinicians tend to rely on measures used for TD children. In regard to mental health, measures designed for TD children have been found to be helpful as outcome measures for treatments targeting clinical samples of children with ASD and co-morbid mental health issues (Chalfant, Rapee, & Carroll, 2007). However, such measures may not be sensitive enough to detect change in mental health as a result of a treatment designed for a non-clinical sample. Similarly, social skills studies often employ measures of pragmatic social skills (Laugeson, Frankel, Gantman, Dillon, & Mogil, 2012), which are useful in evaluating treatments that target practical social skills. However, there is a dearth of robust instruments to comprehensively measure emotional competence in non-clinical samples of children with ASD, particularly in real life home and school settings rather than construed testing situations (Beaumont & Sofronoff, 2013).

The Emotions Development Questionnaire (EDQ) (Wong, Heriot, & Lopes, 2009) was developed to assess emotional competence in children with ASD. The EDQ draws on theories of emotional development and emotional intelligence (Mayer et al., 2000) to provide a comprehensive measure of the emotional development of school-age children with ASD (for more detail see Section 2). The EDQ was designed to evaluate progress at school and home as a result of social-emotional skills training in children with ASD, specifically EBSST.

Download English Version:

<https://daneshyari.com/en/article/10317121>

Download Persian Version:

<https://daneshyari.com/article/10317121>

[Daneshyari.com](https://daneshyari.com)