



## Using a behavioral skills training package to teach conversation skills to young adults with autism spectrum disorders

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### ABSTRACT

A behavioral skills training package was used to teach vocal and non-vocal conversation skills to young adults with autism spectrum disorders. A task analysis was created and verified that included both vocal conversation skills such as making comments related to the conversation topic, and non-vocal conversation skills such as maintaining appropriate proximity. The behavioral skills training package included behavioral skills training, in situ training, and reinforcer delivery. Behavioral skills training involved delivering instructions, modeling of an appropriate conversation, and role-playing with the participants in a private training room. In situ training followed each successful role-play. Access to a preferred item/activity was provided for performing at or above the previous session. The training package was shown to be effective and effects maintained during four to eight week follow-up observations.

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## 1. Introduction

Although social skills deficits are a central feature of autism spectrum disorder (ASD), few children receive adequate social skills programming (Bellini, Peters, Benner, & Hopf, 2007). Individuals with ASDs have difficulty appropriately interacting with others, and, in particular, have difficulty initiating and maintaining conversations (Painter, 2006). One goal for individuals with ASDs should be to develop more “typical” conversation skills, including maintaining a conversation topic for more than one exchange and engaging in appropriate non-vocal conversation behavior. This goal becomes increasingly important as the individual ages and pursues more independent social situations such as employment, higher education, and more independent living settings. Roessler, Brolin, and Johnson (1990) found students who had higher social skills based on teacher ratings were more likely to have a higher quality of life (i.e., independent living) and be engaged in post-school employment.

One limitation of past social skills interventions has been the lack of demonstration of the social skills in the natural environment. Gresham, Sugai, and Horner (2001) suggested social skills intervention often take place in resource rooms or other pullout settings. The lack of demonstration of social skills in the natural environment might be attributed to the contrived contexts in which social skills are often taught (Gresham et al., 2001).

Some social skills interventions have been shown to be effective in separate training contexts, but not in the natural environment. For example, Lalli, Pinter-Lalli, Mace, and Murphy (1991) used a role-play training package to teach social skills (i.e., compliments, social interactions, politeness, criticism, social confrontation, and questions/answers) to adults with

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developmental disabilities at a university-affiliated group home. In a group game context, one participant drew a card with a social situation and acted out the scenario while the next participant reacted to the situation. Participants were given feedback about their performance. During generalization probes the same social skills group gathered in a room but the social skills game was not played, rather the group was told to relax. No other instructions or feedback were provided. Immediate improvement in the use of the trained social skills was observed during generalization probes. Although the participants demonstrated the use of social skills with their group members, their use of social skills with peers outside of the group was not shown.

Dotson, Leaf, Sheldon, and Sherman (2010) used a training package to teach conservation skills to adolescents with an ASD in a group setting. The training package consisted of describing the target behavior, why it should be used, when it should be used, and the steps in the skill, modeling the behavior, having the learner role-play, and delivering feedback to the participant. Four of the five participants mastered all three conversational skills (i.e., how to give positive feedback to a speaker, and how to answer and ask open-ended questions). The fifth participant mastered two of the skills. Some skills were demonstrated in the natural environment with a typical peer; however, no participants demonstrated generalization of all skills in the natural environment.

Other limitations of past social skills interventions with individuals with ASDs include the complexity of the intervention and the intensity of human resources required to maintain the treatment effects (Cimera & Cowan, 2009). Some common procedures used to teach social skills include social stories, script fading, and video modeling (Flynn & Healy, 2012; Schreiber, 2010), but these procedures might not be ideal for all teaching scenarios. For example, script fading might not be ideal when teaching multi-component skills such as flexible conversational responding (Flynn & Healy, 2012). Furthermore, social stories and video modeling require the use of additional, sometimes costly, materials (e.g., stories and video equipment) that might not be available in all settings (Leaf et al., 2009).

Other training packages that include role-playing components, such as behavioral skills training (BST), have also been shown to be effective in teaching social skills. These strategies might be more useful for teaching particular social skills, such as conversation skills to adults with ASDs because they provide individuals with the opportunity to practice the behavior and receive feedback (Leaf et al., 2009). BST is a role-play training package that includes delivering clear instructions to the participant, modeling the target skill, providing the participant with the opportunity to practice the skill, and providing corrective feedback. Stewart, Carr, and LeBlanc (2007) taught family members to implement BST to teach a 10-year-old child with Asperger's disorder and attention-deficit/hyperactivity disorder conversation skills at home. In particular, the family targeted making appropriate eye contact, asking whether the listener was bored, asking whether the listener preferred to change the conversation topic, and avoiding topics that the parents reported were perseverative. The child's frequency of appropriate conversation skills increased following BST.

Appropriately initiating and maintaining a conversation requires a complex skill set, which can be difficult to objectively and operationally define (Minkin et al., 1976). Individuals with ASDs exhibit behavioral patterns that may inhibit their effective use of communication, including difficulty following social mores regarding appropriate non-verbal behaviors such as maintaining eye contact and appropriate proximity and engaging in restricted conversational interests. Although many studies have described the teaching of important vocal conversation skills such as reciprocating one comment/question, making one on-topic statement during an interaction, and avoiding perseverative speech (Leaf et al., 2009; Stewart et al., 2007), fewer studies have focused on teaching non-vocal conversational skills (e.g., maintaining eye contact, distance, posture, and tone throughout an interaction) (Dotson et al., 2010). Additionally, few studies have examined conversation topic maintenance, although this skill is an important aspect of conversation (Leaf et al., 2009).

The purpose of this study was to examine the efficacy of using a role-play training package (i.e., BST, in situ training, and reinforcement) to teach vocal and non-vocal conversation skills to individuals diagnosed with ASDs. Conversation skills have most often been addressed with children or adolescents with ASDs (Dotson et al., 2010; Leaf et al., 2009; Leaf, Dotson, Oppenheim, Sheldon, & Sherman, 2010; Minkin et al., 1976). Thus, a second purpose of this study was to implement the procedures specifically with young adults (i.e., between the ages of 18 and 23) diagnosed with ASDs.

## 2. Method

### 2.1. Participants and setting

Participants were recruited from a comprehensive rehabilitation facility that provides vocational, transitional, and behavioral services to individuals with developmental and/or physical disabilities. Young adults with developmental disabilities typically participated in the program's services for an average of six months. Three residents at the facility participated. Missy, 19-years-old, had a diagnosis of Autism and a mild intellectual impairment as measured by the Wechsler Adult Intelligence Scale-III (FSIQ = 69). Matthew, 23-years-old, had a diagnosis of Asperger's Syndrome and Cerebral Palsy and did not have an intellectual impairment as measured by the Wechsler Adult Intelligence Scale-III test (FSIQ = 127). Rodger, 19-years-old, was diagnosed with Autism and a mild intellectual impairment as measured by the General Intellectual Ability portion of the Woodcock-Johnson III test of cognitive abilities (score = 65). The participants were referred for behavioral consultation by their case managers to address deficits in social communication. Each of the participants gave his or her consent to participate; in addition Missy's guardians consented to her participation, as she was not her own guardian.

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