



Brief Report

A pilot randomised controlled trial of a group based social skills intervention for adults with autism spectrum disorder



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ABSTRACT

Background: Social skills training is commonly used for children and adolescents with ASD. There are few studies considering its efficacy in adults and those that exist usually compare it to standard treatment, as opposed to controlling for non-specific improvements that may result from receiving an intervention. We conducted a pilot study to investigate whether social skills training is more effective than non-specific support for adults with ASD.

Methods: 19 adults with ASD were randomised to either social skills training or non-specific social interaction groups for 16 weeks. The Reading the Mind in the Eyes and Reading the Mind in the Voice Tasks were used to assess social cognition while the Social Responsiveness Scale (SRS-2) and the Weiss Functional Impairment Rating Scale (WFIRS-S) were used to measure real-life change pre- and post-treatment.

Results: Taken together, both groups improved across the course of the study on the 'Eyes' task ($p = 0.049$), SRS-2 ($p = 0.03$) and WFIRS-S ($p = 0.053$). However, there were no significant differences between the groups. There was some trend-level evidence that the social skills group improved more on the tests of social cognition ($p \leq 0.1$ for group \times time interaction). This was not the case for the SRS-2 ($p = 0.25$) and for the WFIRS-S there was a trend for the social interaction group to show greater improvements ($p = 0.07$).

Conclusions: This study did not show clear evidence of benefit from social skills training compared to facilitated social interaction, although larger studies are required to draw firm conclusions about efficacy.

1. Introduction

Interventions targeting social skills have been reported to be useful for children and adolescents with autism spectrum disorders (ASD) (Reichow, Steiner, & Volkmar, 2013). However, some individuals with ASD do not receive the diagnosis until adulthood and the social demands on adults differ from those on children. It is therefore important to establish whether comparable interventions are of use in an adult population.

A number of studies have reported details of social skills interventions in adults with ASD and generally report benefits (Bishop-

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Fitzpatrick, Minshew, & Eack, 2013). However, it is not always clear that the improvements noted in basic social cognitive skills in some studies generalise to benefits in ‘real-life’ social situations. Additionally, it is not known whether social skills interventions are effective due to the specific components of social skills training or whether there are non-specific benefits attributable to regular meetings with a supportive clinician and/or interacting with other people with ASD. Designing and running a social skills training programme may require more resources than a non-specific intervention therefore it is important to establish whether there is any increase in benefit from doing so.

We set out to pilot a group based social skills intervention, with specific social skills training, and compare its efficacy to an active control (social interaction) group. We aimed to use measures of social function including both social cognition tasks and measures capturing reported behaviour and function to see if improvements generalised beyond the research context. We hypothesised that social skills training would prove more effective than a general social interaction group for individuals with ASD.

2. Methods

2.1. Participants

Nineteen adults with a diagnosis of ASD were recruited from a support service for adults with ASD. All individuals had a previous diagnosis of ICD-10 Asperger Syndrome (World Health Organisation, 1994) from the SE Scotland Autism Spectrum Disorders Consultancy Service, a multidisciplinary clinical diagnostic service provided by the UK National Health Service (Neil-MacLachlan, Fletcher, Gregory, & Lawrie, 2014). Diagnosis was based upon a clinical history, observation and a developmental history acquired from a relative. No standardised diagnostic tools were used. Participants were considered eligible for the trial if they were of IQ greater than 70 and aged over 18 years.

2.2. Assessments

All individuals underwent baseline assessment using two levels of outcome measure: ‘classroom’ assessments of social cognition and reported measures of social skills and functional impairment. One month after the end of the intervention period, participants were reassessed using the same assessments as before the intervention.

Two measures were used to assess social cognition. These were the ‘Reading the Mind in the Eyes’ task and the ‘Reading the Mind in the Voice’ task. The ‘Eyes’ task is considered to be a test of Theory of Mind and of recognition of complex emotions. It contains 36 pictures of people’s eyes, each with 4 options for the emotion expressed (Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001). The ‘Voices’ test is a similar tool but using auditory stimuli rather than visual (Rutherford, Baron-Cohen, & Wheelwright, 2002).

To test whether improvements were generalised beyond the classroom context the Social Responsiveness Scale 2nd edition (SRS-2) (Constantino & Gruber, 2012) and Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S) (Weiss & Weiss, 2004) were used. The SRS-2 is a 65 item questionnaire which yields scores in four autism related social domains and a repetitive behaviour domain, as well as a total score. The SRS-2 was rated by someone who knew the participant well. The WFIRS-S is a self-rated scale, originally developed for ADHD, which covers several functional domains including family, work, school, life skills, social, self-concept and risk. It is important to note that the WFIRS-S has not been validated in ASD, but was chosen for use in this study as it is a brief, self-completed assessment of function which has been validated extensively in another neurodevelopmental disorder (ADHD). For both the SRS-2 and WFIRS-S higher scores indicate greater impairment.

At the end of the study participants were asked to rate their overall satisfaction with the group they were part of using a 5 point Likert scale.

2.3. Intervention

Following baseline assessment a random number generator was used to allocate participants to either the social skills intervention group or the active control social interaction group. As the numbers were small, randomisation was stratified for age and gender to try and ensure an even distribution of these potential confounders between the groups.

An assistant psychologist (KB) administered the social skills intervention and chaired the general support group. The sessions lasted for one hour and all sessions were videotaped to facilitate supervision of the therapeutic process by a consultant clinical psychologist (RW). The groups were delivered weekly over sixteen weeks. The weekly format for the social skills intervention group is given in Table 1 and the full manual at <http://patrickwildcentre.com/research/clinical-research/completed-studies/intervention-studies/>. The format for the social interaction control group was matched to include the same type of activities – e.g. role play, discussion groups, multimedia use and paper exercises. The social interaction group covered similar themes to the social skills group; however, there was no specific or explicit social skills training element to these activities, and the focus was on allowing natural interaction between participants. Both groups contained a ‘homework’ element when appropriate to try and generalise the activities beyond the classroom setting.

2.4. Ethical permission

This study was approved by the NHS Lothian Research Ethics Committee. All participants gave fully informed written consent to take part.

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