



Youth social skills groups: A training platform for promoting graduate clinician interprofessional competence



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ABSTRACT

Despite growing recognition of the benefits of interprofessional (IP) education and practice, many graduate programs in allied health fields still do not target such skills directly in their training programs, nor assess students' IP competence. We describe a social skills group program that involves collaboration between graduate students and faculty in clinical psychology and speech-language pathology to deliver patient-centered care designed to improve children's social communication. Groups consist of 6–8 children who meet weekly for a 50-min session for 8–10 weeks; graduate student clinicians co-lead the groups following an evidence-based curriculum and meet weekly with faculty for group supervision. Qualitative feedback from graduate student clinicians indicates that the social skills program fosters their IP competence in the four key areas identified by the Interprofessional Education Collaboration Expert Panel (2011) – values and ethics, roles and responsibilities, communication, and teams and teamwork – while addressing a significant clinical need.

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Format

Graduate students in psychology and speech-language pathology deliver the weekly social skills groups (SSG) jointly in an outpatient setting to children in grades 1 through 12 experiencing social skills difficulties and meet with licensed faculty from both disciplines before and after the group for supervision and planning.

Target audience

First and second year doctoral students in clinical psychology, and first year masters students in speech-language pathology.

Objectives

The primary training objective of the social skills program is to expose graduate students to a model of interprofessional (IP) collaborative practice centered around enhancing children's social communication. It was expected that graduate students who participate in the collaborative social skills group program will

increase their IP competence in the four key areas identified by the Interprofessional Education Collaboration Expert Panel¹ – values and ethics, roles and responsibilities, communication, and teams and teamwork.

Activity description

Social skills are verbal and nonverbal behaviors and cognitive processes that promote social communication, increase positive social interactions (e.g., cooperation), and decrease negative social interactions (e.g., aggression).^{2,3} Social skills deficits may reflect the absence of a specific social skill, an inability to perform the essential steps to enact socially skilled behavior, or an inability to inhibit or control competing behavior that interferes with the performance of socially skilled behavior.⁴ Social skills deficit can include a range of difficulties in peer interactions, including making new friends, initiating or maintaining conversations, coping with bullying, managing anger, or struggling with feeling shy or socially awkward. Early social skills deficits may have long lasting effects on social, emotional, academic, and behavioral outcomes.⁵

A variety of evidence-based interventions designed to enhance social skills and social communication exist, and they are typically delivered within a single academic discipline: for example, by psychologists addressing social skills deficits among children with Attention Deficit Hyperactivity Disorder (ADHD) or by

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speech-language pathologists targeting social communication with children with Autism Spectrum Disorder (ASD). Although clinical psychology (CPSY) and speech-language pathology (SLP) differ in their scopes of practice, they overlap in their commitment to patient-centered care, and often work together in school and health care settings and with youth with social communication impairment. In addition, each profession encourages IP practice as a means to promote optimal service delivery.^{6,7} Therefore, the current social skills program appeared to be a natural platform from which to expose graduate students in these fields to IP models of collaborative practice early in their training.

The Loyola Clinical Centers (LCC; www.loyola.edu/clinics) is an IP graduate training clinic under the auspices of Loyola University Maryland, which provides clinical training to graduate students in CPSY, SLP, literacy, and pastoral counseling. Although students in all four academic disciplines participate in IP education and have opportunities for IP collaborative practice, the current paper focuses on the LCC social skills program, a collaboration between CPSY and SLP. The social skills program consists of group interventions for children in grades 1 through 12 who are referred by parents or school personnel because of social difficulties. Services are provided in an IP manner from intake to discharge. Specifically, prior to starting the groups referred children and their parents participate in an intake interview which is typically conducted jointly by CPSY doctoral students and SLP masters students. When academic schedules do not permit these joint interviews, CPSY students conduct intake assessments and share the intake information at an IP team case conference. Intake information is reviewed by both a psychologist and a speech-language pathologist who jointly decide the constitution of each group based on the intake data.

The program offers developmentally tailored social skills training within a structured group format based on one of two manualized group interventions: *Skillstreaming*⁸ or *Resilience Builder*.⁹ Supervisors have flexibility to choose the curriculum with which they are most familiar, but both are designed to be tailored to the specific needs of group members. Despite variation in session content, sessions always include teaching/modeling the target social skill, engaging children in rehearsal or role play of that skill, providing feedback on that practice, and assigning “homework” which consists of using the targeted skill in a natural environment. Groups typically include 6–8 children, grouped by age, who meet weekly for a 50-min session for 8–10 weeks. Groups are led by IP teams of student leaders (one to two 2nd year CPY doctoral students and one to two 1st year SLP masters students) and jointly supervised by a psychologist and speech-language pathologist who observe the groups in real time. In addition to group supervisory conferences immediately before and after social skills groups, the student clinicians meet together weekly without supervisors to develop case formulations, select target skills, and develop weekly lesson plans, parent notes, and homework assignments.

Although the focus of this pilot study was to examine the benefits to graduate students of participating in IP training, there is also preliminary evidence that the program has a positive impact on clients. Unpublished data collected during 2009–2012 as part of two separate graduate student research projects^{10,11} indicate that parents of children who participated in the LCC social skills groups reported significant improvement in children’s social skills on the Social Skills Improvement System Parent Form (SSIS-PF)¹² and that these gains were maintained one month after the conclusion of the group. However, we note that not all groups conducted during this time were IP (approximately one-third were conducted by psychology students and faculty only).

Evaluation

As a pilot program evaluation, we obtained IRB approval to survey via email 11 graduate students (6 from speech-language pathology, 5 from psychology because one CPY student had since left the program) who had facilitated IP social skills groups in 2014–2015. Students were asked to answer the following questions: (a) *What aspect of that [Social Skills Group] experience was the most beneficial to you?*, (b) *What aspect was the least beneficial to you?*, and (c) *Please list up to three things you learned from that experience that will be helpful to you in your future training or career.* Responses were received from 10 students (6 SLP, 4 CPY). Guided by Kirkpatrick’s (1996)¹³ model of program evaluation, these questions were intended to gather students’ reactions to their participation in the training program, their perceptions of what they learned, and their feedback about aspects of the program that might affect sustainability or inform changes. In addition, the students’ open-ended responses provided indirect evidence of their progress toward achieving the four key areas of IP competencies as defined by IECEP¹ described below. In order to assess this indirect evidence, the three authors independently reviewed the qualitative data looking for clear examples that suggested student awareness of each competency (although we acknowledge that some responses may reflect more than one competency area). The comments on which all three raters agreed are provided below, including notations of students’ program (CPY or SLP) and identifying number.

Values and ethics

The IECEP¹ defines values and ethics for IP competence as the ability to “work with individuals of other professions to maintain a climate of mutual respect and shared values” (p. 19). Competence in this area requires a respect for the unique and over-lapping scopes of practice represented by each discipline, and an explicit recognition that this diversity among professionals produces more ethical, patient-centered systems of care. Student comments:

- It taught me to value others’ ideas, compromise, and learn as much as I could not only from instructors, but from fellow students. (SLP1)
- Receiving praise and constructive criticism and advice/suggestions for the future at the completion of the session really helped me hone my skills and allow me to grow as a clinician. (SLP6)

Roles and responsibilities

Competence with roles and responsibilities requires one to “use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served”¹ (p. 21). As noted by Edmondson and Roloff,¹⁴ differences among team members can serve as either a resource or a problem for health care teams, depending on the extent to which team members understand and use one another’s expertise and capabilities in a patient-centered way. Student comments:

- We had very different professional approaches to working with the kids and it required a lot of planning, communication, and “on-the-fly” thinking during the sessions to work together. (SLP1)
- This [being on an IP team] provided me with new approaches and insight and enhanced my learning. (SLP3)

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