

# Social Skills Group for Children with Social Skills Delays

Bianca Holford, OTD/S, Bryan Kang, OTD, OTR/L, AnjaLi Carrasco Koester, OTD, OTR/L



West Coast University – Center for Graduate Studies

## DCE Site

**Center for Developing Kids** – Outpatient pediatric clinic located in Pasadena Ca.

- Aims to provide services in an environment where children (0-18) can thrive and families can meet and support each other in their common experiences.
- ASD, Developmental delay, Sensory Integrative Dysfunction, and Feeding Difficulty
- Occupational, physical, speech, and feeding therapy

### Mission

- “Strive to provide quality therapy services ... and ultimately enable the child to engage in activities that give meaning to their life.”

### Vision

- “... Develop warm, strong and respectful relationships with each staff member, child, family, and professional associated with CDK.”

## Needs Assessment

Therapist and parent surveys sent through google forms

Informal face-to-face interview with the director

Areas of need identified at CDK:

1. Social Skills Group
2. Parent Education
3. Staff Education

## Literature Review

### Guiding Theoretical Framework

- Social participation frame of reference (Olsen, 2010)
- Cognitive behavioral frame of reference (Duncan, 2011)

### Themes

- Social skills training (SST) programs for children with autism spectrum disorder.
- SST programs used semi-structured and structured activities (Chester et al., 2019)
- Use of social constructs to develop SST programs (Kauffman and Kinnealey, 2015)

### Gaps

- SST programs not used with other diagnosis (Chester et al., 2019)
- No parent component or reports that parent involvement wasn’t helpful (Deckers et al., 2016)
- Didn’t evaluate the experience from the child’s perspective (Ware et al., 2015)

## Learning Objectives

01	Developed and implemented a level III social skills group	Developed weekly topics and activities	Implemented Level III social skills group
02	Disseminated program resources to staff of CDK	Developed program manual	Presented program manual to staff
03	Obtained clinical practice skills with ASD, SI, and feeding population	Managed individual case load	Attended in-service presentations

## Program Description

A level III social skills program for children with social skills delays or deficits.

### Purpose

- Increase child’s social interaction and participation across their occupations at home, in school, and in the community.
- Promote the child to become more socially competent, confident, and require minimal support to successfully interact with peers and adults.

### Program Structure

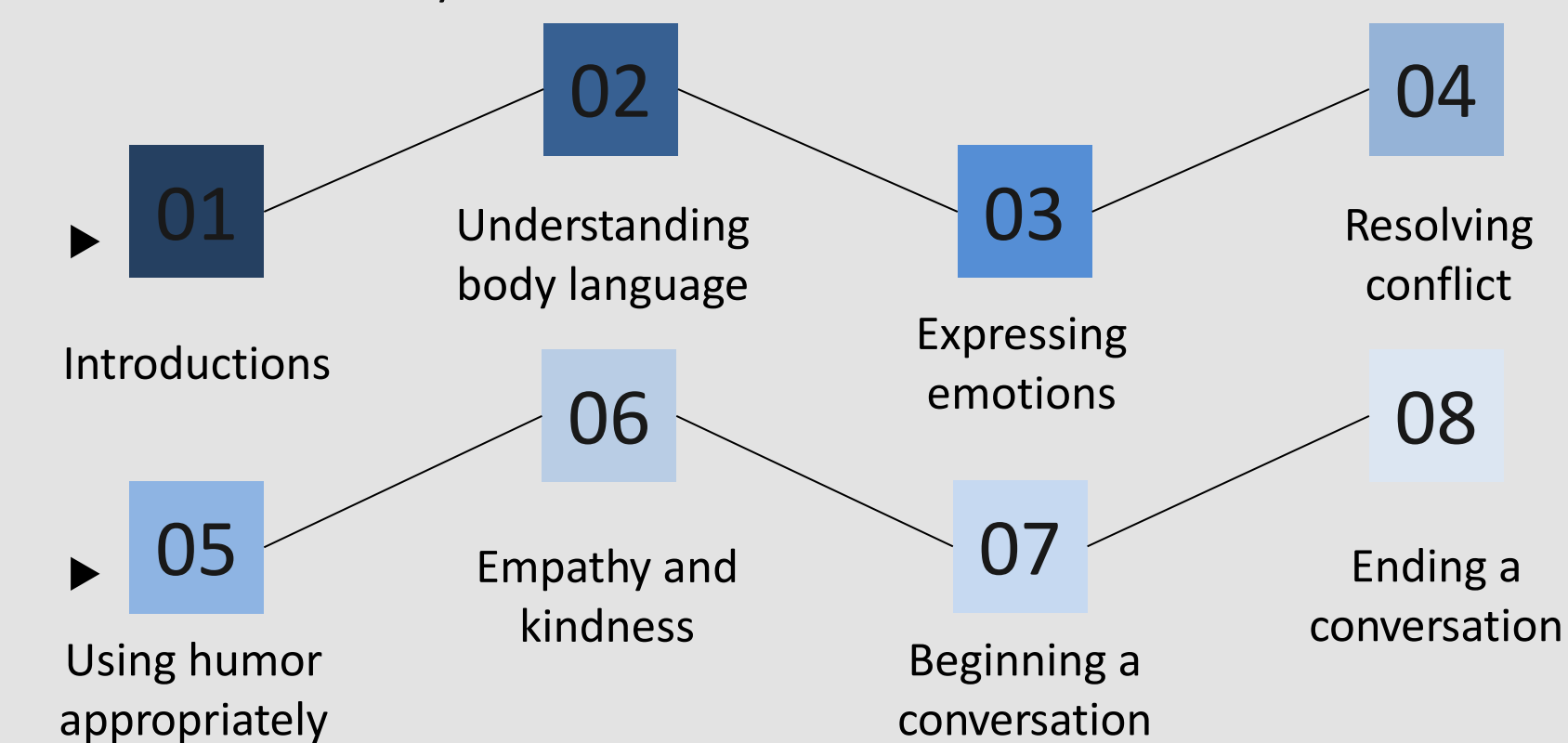
- 21-week program
- One-hour sessions once a week
- 15-minute parent component

### Participants

- 5 participants aged 6-8 years old
- 5 parents

### Program Topics

First 8 weeks were lead by the doctoral student



The remaining 12 weeks were lead by another occupational therapist

## Methods

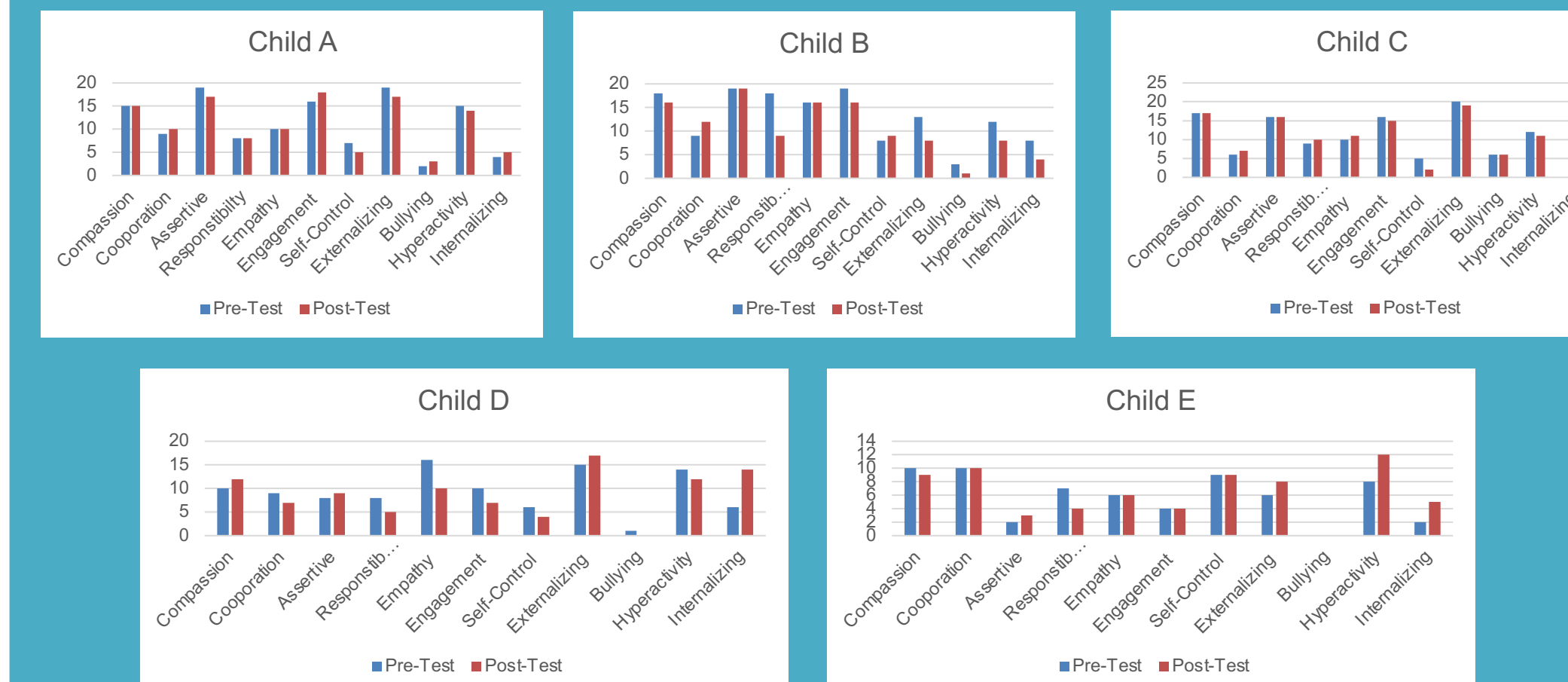
### Data Collection

- Pre-test and Post-test
  - Social Skills Improvement System (SSIS) Rating Scale
- Parent comments from parent component
- Staff survey
  - Three likert-scale questions

## Outcomes

### Qualitative Data

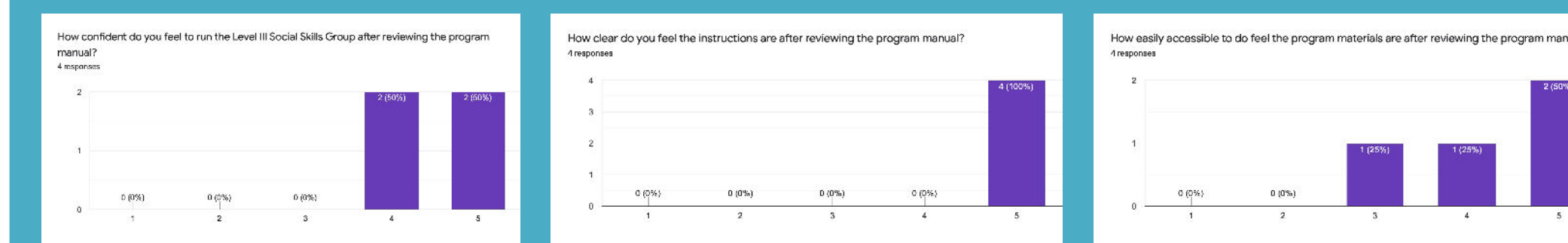
- Average Cooperation scores increased by one point
- Average Responsibility scores decreased by three points
- Average Assertive scores remained the same
- Average Hyperactivity scores decreased by one point



### Qualitative Data

- “My child has voluntarily raised his hand to participate in class, rather than waiting for the teacher to call on him.”
- “My child’s ABA therapist has noticed that his participation has increased.”
- “My child has expressed having fun participating in social skills activities and they look forward to coming every week.”

### Staff Survey



## Scholarly Deliverables

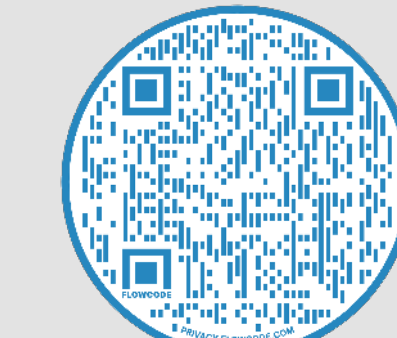
### Program Manual



The program manual outlines the 21-week program. Providing examples on how to introduce the weekly topic, and directions for topic centered activities.



### Self-Assessment Competency Checklist



Used to assess the doctoral student’s clinical knowledge and hands on skills.

## Discussion and Implications

- Wanting to see scores in the Social Skills subtests (Compassion – Self-control) increase and scores in the Problem Behavior subtests (Externalizing – Internalizing) decrease from pre to post test.
- In the past the trend for decreased social skills scores at post test are due to parents being more aware of their child’s issues with the training and therefore scoring them lower.
- Although some social skill domain scores decreased from pre to post test the group was still successful evidenced by the positive feedback from parents.
- The group can be implemented at clinics who serve children of the same population and age

## References

References available upon request

## Acknowledgments

I would like to express my special thanks to my site mentor AnjaLi Carrasco Koester who gave me the opportunity to do this project and for their able guidance and support in completing this project.

I would also like to extend my thanks and gratitude to my friends and family for providing me emotional support throughout this whole project, I wouldn’t have been able to get through this without you.