

Applied Research for Youth with Autism Spectrum Disorders: The Help Group – UCLA Autism Research Alliance



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The Help Group Summit 2010

The Help Group – UCLA Autism Research Alliance

Leading the way in applied research and intervention

GOALS OF THE ALLIANCE:

- Enhance and expand research in the education and treatment of children and adolescents with ASD
- Develop educational and clinical evidence-based best practice models
- Contribute to the greater understanding of best practice models for educators and mental health professionals working with individuals with ASD



Collaborative Family Study

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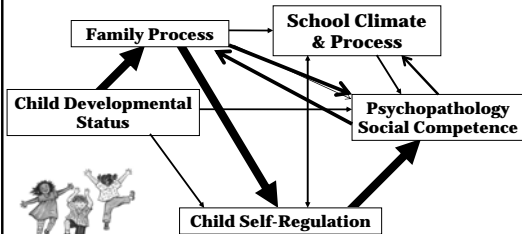
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Collaborative Family Study (UCLA, UC Riverside, Penn State Univ.)

- ❑ Families
 - Borderline - Moderate Delays: Developmentally Delayed (DD) or Intellectually Disabled (ID)
 - No Delays: Typically Developing (TD)
 - Autism (no ID) or Aspergers -- NEW!
- ❑ Assessments (Ages 3 to 15 years)
 - Child Developmental/Cognitive 3, 5, 9, 13
 - Child Adaptive Behavior 3, 5, 9, 13
 - Child Behavior Problems 3-9, 12, 13, 15
 - Child Social Skills 6-9, 12, 13, 15
 - Child Mental Disorders 6-9, 12, 13, 15
 - Child Neuropsych. Measures - 13, 15
 - Family Interaction: Home Obs. 3-9
 - Child and Parent-Child Behavior: Lab 3-5, 9, 13, 15
 - Questionnaires, Child/Parent Vars. 3-9, 12, 13, 15
 - Parent and Youth Interviews -- 12, 13, 15
 - School Assessments 6-9, 13, 15

The Collaborative Family Study



NICHHD# 348791459

Adolescents' Academic Engagement from parent semi-structured interview

School section asks parents of 13 year olds about academic engagement. Responses are coded in the following areas:

- Student-teacher relationships
- Youth's feelings about school
- Youth's engagement in homework
- Youth's extracurricular involvement at school
- Youth's participation and engagement in class



Adolescents' Friendships, from parent and youth semi-structured interviews

Sample questions:

Who are friends? Age? Gender?

Have a best friend?

Have a cohesive group of friends?

Spend time with friends outside of school?

Initiate activities with friends?

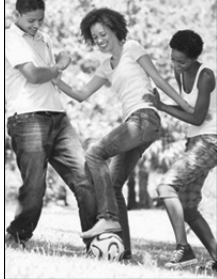
Coded for warmth/closeness and positive reciprocity in peer relationships

Initial Findings

- Adolescents with DD have friends who are younger and more likely to be the opposite gender than TD adolescents
- Adolescents with DD are less likely than TD adolescents to have a best friend or a cohesive group of friends.



Initial Findings



- Adolescents with DD are less likely to spend time with friends outside of school than TD adolescents
- Adolescents with DD are less likely to initiate activities with friends than TD adolescents.

Contact the Collaborative Family Study

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Student-teacher-relationships in early and middle childhood: Still an enigma



Jan Blacher, Ph.D.
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Director, SEARCH family autism resource center
Member, The Help Group-UCLA Autism Research Alliance



Presentation: The Help Group Summit
October 1, 2010





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What do we know about typically developing students and the student-teacher relationship?

- In kindergarten and 1st grade, predictive of children's behavioral, academic, and social adjustment
- Positive school-related outcomes such as academic performance, sociability, and behaviors
- Success at school both immediately and long-term
- Support from teachers relates to classroom achievement and functioning
- High levels of emotional support from teachers can result in the highest academic achievement

What do we know about intellectual disability (ID) and the student-teacher relationship?

- Students with intellectual disability have significantly poorer STRs than typically developing (TD) peers
- Earlier behavior problems, self-regulation, and social skills predict the quality of the STR
- Overtime, STR's are more stable for TD students than ID students
- Students with ID report greater dissatisfaction with teachers and poorer bonds with school than TD peers
- Conduct problems are higher for students reporting teacher dissatisfaction and alienation

Measure of STR Quality



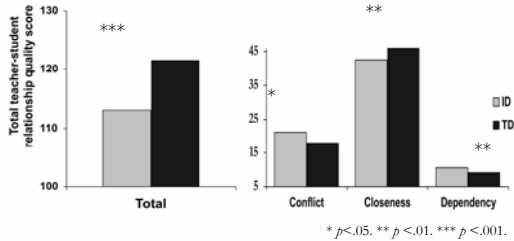
- The *Student-Teacher Relationship Scale (STRS; Pianta, 2001)*, 28 items rated on a 5-point scale.
- Produces a **Total** score and 3 subscales:
 - **Conflict** (12 items) e.g. "This child and I always seem to be struggling with each other."
 - **Closeness** (11 items) e.g. "I share an affectionate, warm relationship with this child."
 - **Dependency** (5 items) e.g. "This child asks for my help when he/she really does not need help."

STRS Norms

Based on the Total Normative Sample of 1,535 students aged 4-8 years (Mean age = 5) (Pianta, 2001)

%ile range	STRS Total score
0 %ile	28
25 %ile	104
50 %ile	117
75 %ile	125
99+ %ile	140

Do children with ID have poorer STRs than typically-developing children?



* $p < .05$. ** $p < .01$. *** $p < .001$.

Eisenhower, A.S., Baker, B.L., & Blacher, J. (2007). Early student-teacher relationships of children with and without intellectual disability: Contributions of behavioral, social, and self-regulatory competence. *Journal of School Psychology, 45*, 363-383.

Does ID totally account for differences in the STR?

- The ID/TD difference is fully accounted for (mediated) by child behavior problems and social skills. Children with more behavior problems, and/or poorer social skills, have poorer relationships with their teachers.
- At subsequent ages, the relationship between disability and STR continues to be accounted for by child behavior problems and social skills.

Student-teacher relationship total score, by status group

Student-Teacher Relationship Total

Child age in years

Blacher, J., Baker, B. L., & Eisenhower, A. S. (2009). Stability of student-teacher relationships across the early school years for children with and without intellectual disability. *American Journal of Intellectual and Developmental Disabilities, 114*, 322-339.

Status $F = 12.92$ $p = .001$
 Time $F = 3.58$ $p = .06$
 S x T ns

The Importance of Autism and the STR

- Autism prevalence
- Public school determination
- Associated behavior and social deficits may make STR problematic



STRS Total by Diagnosis

Are there significant differences between public and non-public schools on ratings of the STR?

Public and Non-Public Group Differences on the STR

Variable	Public School (n = 49)	Non-Public School (n = 28)	Statistic
Total Score	108.23(12.19)	101.5(12.28)	$F(1, 74) = 6.63^*$
Conflict	23.12(7.19)	27.52(8.91)	$t(88) = -2.55^*$
Closeness	40.48(1.01)	35.30(1.36)	$F(1, 73) = 9.46^{**}$
Dependency	10.77(.464)	10.26(.645)	$F(1, 78) = .242$

*p = .05, **p < .01

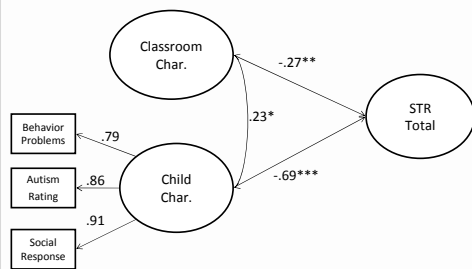
Across settings (GE/MM, autism-only, non-public), are there significant differences in the STR?

STRS Total Score and Subscales Among the Educational Settings

	Educational Placement		
	GE/MM	Autism-Only	Non-Public School
Total Score	113.21 _a [106.25, 120]	106.66 _{ab} [103.06, 110.25]	100.36 _b [95.87, 104.86]
Conflict	19.00 _a [14.92, 23.08]	24.47 _{ab} [22.14, 26.79]	27.52 _b [24.86, 30.17]
Closeness	42.61 _a [37.98, 47.25]	39.45 _b [37.43, 42.26]	35.29 _b [32.57, 38.00]

Note. Higher STRS total score indicate higher quality STRs. Higher conflict scores indicate more STR conflict. Higher closeness scores indicate more STR closeness. Higher dependency scores indicate more STR dependency. Means that do not share subscripts differ at $p < .05$ in the Tukey honestly significant difference comparison. Numbers in brackets are 95% confidence intervals of the means.

Significant Paths in Teacher-Rated Path Model Predicting the Overall Student-Teacher-Relationship



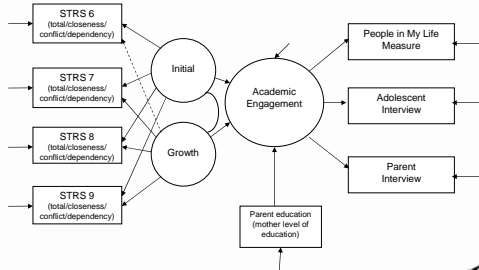
* $p < .05$, ** $p < .01$, *** $p < .001$

Future Research on the STR and Autism

- Investigate variables specific to educational settings that impact the STR
- Classroom observations to supplement self-report measures
- Comparison of STR between groups differing in disability and mental health status
- Contribution of STR to child-teacher dynamics



Student-Teacher Relationships in Early Elementary School and Impact on Later Academic Engagement



Contact Information for SEARCH

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COMMUNITY & HOPE

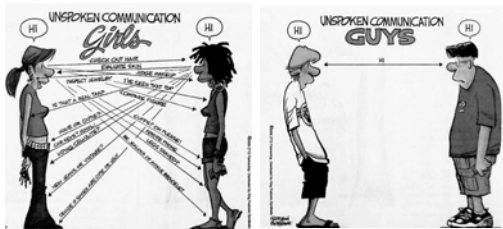
**Program for the Education and Enrichment of
Relational Skills (PEERS)
for Young Adults with Autism Spectrum Disorders**

Dr. Alexander Gantman

*Clinical Instructor / Psychologist, UCLA Semel Institute for Neuroscience and Human Behavior
Assistant Director UCLA PEERS Social Skills Treatment Program
Faculty, UCLA Tarjan Center for Excellence in Developmental Disabilities*



Unspoken Communication



PEERS for Young Adults

- ❖ Similar format to PEERS for Adolescents: 14-week long caregiver-assisted intervention for adults ages 18-24*
- ❖ Focus of the Intervention: (adapted for young adults)
 - ❖ Conversational skills: trading information, rules for having a two-way conversation; phone conversations
 - ❖ Appropriate use of humor and humor feedback
 - ❖ Choosing the right friends
 - ❖ Entering and leaving a conversation
 - ❖ Successful get-togethers and good sportsmanship
 - ❖ Handling teasing, bullying, and bad reputations
 - ❖ Handling arguments
- ❖ New Developments: Dating Etiquette and Peer Resistance Strategies Modules
- ❖ Caregiver role transition into a collaborative consultants

Preliminary Data

- Demographics
- Empathy
- Emotion Dysregulation
- Social Anxiety
- Loneliness

Demographics

Mean Demographic and Baseline Variables for Treatment and Delayed Treatment Group (Standard Deviations are in Parentheses).

Variable	Group		p
	Treatment n = 9	Delayed Treatment n = 9	
<i>Demographics</i>			
Age (years)	19.9 (1.2)	20.6 (2.1)	ns
Percent Male	55.6	78.0	ns
Percent Caucasian	55.6	78.0	ns
KBIT Composite	96.7 (11.8)	109.22 (16.4)	ns
Vinland Composite	69.6 (7.5)	65.9 (7.7)	ns
<i>Emotion-Adult measures</i>			
TYASSK	14.0 (2.7)	12.7 (3.1)	ns
QSQ Hosted	1.00 (1.3)	0.78 (1.3)	ns
QSQ Invited	2.22 (4.9)	1.00 (1.7)	ns
SSI Total Score	237.4 (31.2)	244.2 (38.4)	ns
SELISA	132.56 (33.7)	131.0 (29.1)	ns
DEBS Emotional Awareness	17.3 (3.2)	16.3 (3.5)	ns
<i>Caregiver measures</i>			
QSQ Hosted	0.78 (1.1)	0.67 (1.1)	ns
QSQ Invited	2.22 (5.2)	2.8 (6.9)	ns
SRS Social Skills Total Score	78.7 (11.4)	84.3 (10.3)	ns
SRS Total Score	110.8 (22.6)	89.6 (21.0)	ns
AQ	35.9 (5.2)	30.8 (7.5)	ns
EQ	17.0 (8.4)	19.0 (8.1)	ns

Empathy

- Using Empathy Quotient (*Baron-Cohen & Wheelwright, 2004*) caregiver and self-report measures

	Male (n=25)	Female (n=12)
Neurotypical Adults (in previous studies)	38.8 (12.4)	47.7 (11.0)
EQ-Young Adult Report	26.2 (10.0)	34.8 (12.5)
EQ-Caregiver Report	15.8 (8.8)	21.1(7.5)
Overall EQ - Young Adult Report	89% below norm	100% below norm
Overall EQ - Caregiver Report	96% below norm	100% below norm*

*Highest score for Female participant from their Caregivers was 32 vs. 43 from Young Adults.

Treatment Outcomes

Mean Difference Scores, Standard Deviations and Significance for Outcome Variables for Treatment and Delayed Treatment Control Groups (Standard Deviations are in Parentheses).

Variable	Group		p
	Treatment n = 9	Delayed Treatment n = 9	
<i>Interpersonal Reactivity</i>			
TYASSK	6.11 (3.26)	0.30 (2.11)	<.0001
SLSA Total Score	-12.67 (17.39)	4.11 (13.67)	<.038
DEERS Emotional Awareness	-0.22 (2.22)	2.11 (2.21)	<.040
<i>Caregiver Reactivity</i>			
SSRS Social Skills Total*	6.33 (9.01)	-6.22 (5.45)	<.003
SSRS Cooperation	2.56 (3.05)	-1.22 (2.22)	<.008
SSRS Assertiveness	2.00 (2.50)	-0.22 (1.39)	<.033
SSRS Self-Control	1.22 (3.99)	-2.44 (2.40)	<.031
SRS Total Score*	-18.7 (23.7)	5.22 (20.0)	<.023
SRS Social Awareness	-1.33 (2.35)	1.22 (2.77)	<.051*
SRS Social Communication	-6.11 (7.75)	2.44 (7.13)	<.027
SRS Autistic Mannerisms	-3.22 (4.32)	2.44 (3.50)	<.008
EQ	7.00 (8.75)	-0.89 (3.44)	<.036
QSQ Invited Get-Togethers*	0.89 (8.93)	-0.22 (8.67)	<.015
QSQ Hosted Get-Togethers*	1.00 (1.41)	0.00 (8.71)	<.035

* Standard Scores
* Mann-Whitney U-Test of Significance (2-tailed)
* Approached Statistical Significance.

Summary

- PEERS for Young Adults intervention was shown to be an effective method of improving social skills and development of relationships for young adults with ASD.
- Significant Improvements in the Areas:
 - Social Skills Knowledge
 - Social Skills Use
 - Social Responsiveness
 - Empathy
 - Emotional Awareness
 - Loneliness
 - Frequency of social experiences with peers

Research Directions

Funding Pending

- THG-UCLA Autism Research Alliance
- Further develop and test an adapted PEERS curriculum for transitional youth
- Compare to delayed treatment control group
- Test for efficacy of the Caregiver involvement
 - 40 participants
 - 18-24 years of age
 - 16 weeks
 - HFA / Asperger's Disorder
 - Pilot study
 - Caregiver-assisted vs. Young Adult only
 - New didactics:
 - Self Advocacy

Acknowledgements

Mentors

- Liz Laugeson, Psy.D
- Connie Kasari, Ph.D

Consultants

- Fred Frankel, Ph.D
- Andrew Leuchter, MD
- Robert P. Liberman, MD

PEERS Research Treatment Team:

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- Kaely Orenski
- Chloe Koefler
- Jennifer Sanderson, MS
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- Kristine McGlennen
- Clare Gorospe
- Jilly Chang
- Siena Whitham
- Dana Lieberman
- Laura Knoll





Early Intervention for Nonverbal Children with Autism

Connie Kasari, PhD
University of California, Los Angeles



Study Objective

- To determine if a joint attention intervention for young children with autism jump starts language development in children who are nonverbal

WHY are we focused on Nonverbal Children with Autism?

- Underserved and under-represented
- Most studies exclude children with developmental ages below 12 months
- Not clear extent to which 'not yet verbal' children with ASD are preverbal or nonverbal
- May be distinct difference in children who begin with IQ below 50 and language age below 12 months



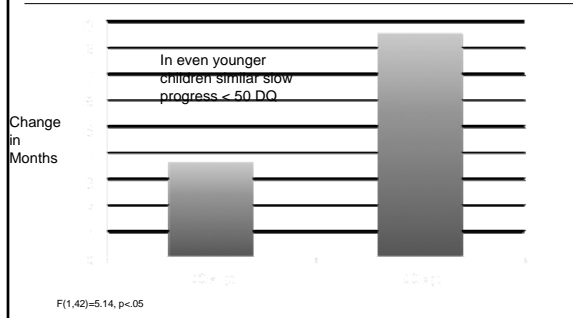
Early Intervention 'Comprehensive' Studies:
Preverbal or Nonverbal?

Different methods, dose, outcome measures

Author	N/CAs	X=IQ/ELA	Treatment	Outcomes-EXP TX
Aldred et al 2004	28 (48 mo)	AA ELA parent report	Low intensity added in to existing services, monthly	↑ 14 mo Vineland (1 yr)
Dawson, Rogers 2009	48 (23 mo)	61 (13 mo)	25 hrs wkly	↑ 6 mo ↑ ELA in 2 yrs
Drew et al 2002	24 (21-24 mo)	66-88 (11 of words control =)	Low intensity Parent training 12 mo	↑ Words - parent report
Jocelyn et al, 1998	35 (44 mo)	58 (25 mo)	12 wk—low intensity added in to day care services	↑ 5 mo ELA
Sallows et al 2005	23 (33 mo)	51 (48 mo)	DDT 30+ hrs/wk	NS; 5-11 mo ↑ ELA in 4 years
Smith et al, 2000	28 (16 mo)	11 (15 mo)	DDT 25 hrs	↑ 26-33 mo in 2+ yrs

Slower progress for children with DQ < 50

Parent mediated toddler treatment (n=53) Expressive Language Gains over 6 months



Language Outcome in Autism: Randomized Comparison of Joint Attention and Play Interventions

Cornie Kasari, Tanya Paparella, and Stephanie Freeman
University of California, Los Angeles

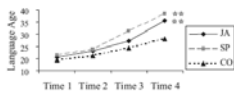
Landon B. Jahnson
Arizona State University

Prediction to Expressive Language over 12 months

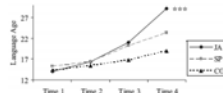
Focus on child characteristics

Focus on intervention content

Children with fewer than 5 words



↑ 15-17 mo over 12 mo Follow up



↑ 13 mo JA group in 12 mo Follow up

Intervention Content and Approach

- Intervention Content:
 - Focus on core aspects of the disorder—joint attention, play skills, engagement, affect



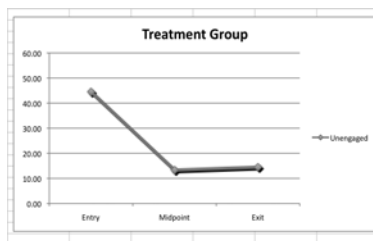
- Intervention Approach:
 - Developmental approach to choosing the goal
 - Developmental approach to teaching the target skills



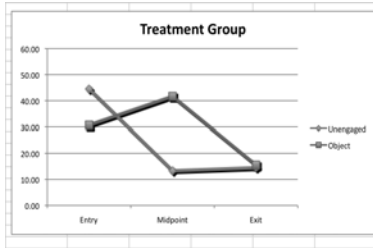
Help Group Study

- Wait list control design
 - All children in program receiving about 25-30 hours of intervention per week
 - Assessments; wait 3 months, re-assess
 - Randomize to treatment or no treatment
- 16 Children so far
 - Children between 3 and 5 years of age
 - Have fewer than 5 functional words
- Treatment
 - 2 times per week, therapist mediated intervention for 3 months

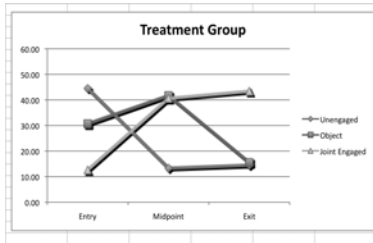
Change in Engagement



Change in Engagement

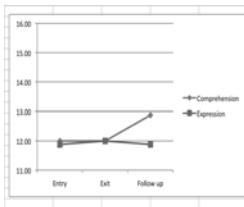


Change in Engagement

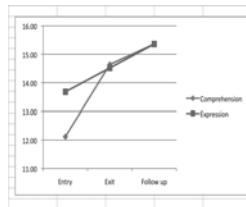


Change in Language

Control Group



Treatment Group



Summary

- A focus on core deficits positively affects outcomes of children with ASD
 - Making change in children who are not making very fast progress

 - What we teach and how we teach matters.....

 - Need to be concerned with developmental abilities of children and focus our interventions at their level
-



Anxiety and Autism Spectrum Symptoms

Jeffrey J. Wood, Ph. D.
University of California, Los Angeles



Anxiety in ASD

- Anxiety disorders are very common in youth with autism (30-80% prevalence)
- In our clinical trial, 80% of youth had social anxiety disorder—e.g., specific fears about approaching peers (Wood et al., 2009)
- The sample are high-functioning youth with IQs over 70 (often over 110) and functional speech



Anxiety and Core Autism Symptoms

Anxiety in Youth with ASD



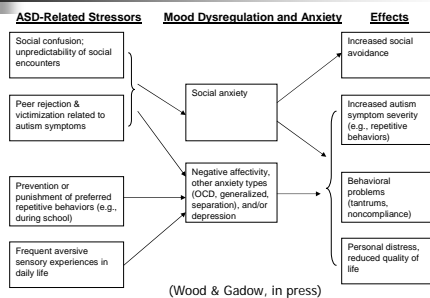
- Repetitive behaviors
- Special interests
- Sensory overresponsiveness
- Social skills deficits
- Total autism symptoms (after controlling for language and social impairment)

(Bellini, 2004; Ben-Sasson et al., 2008; Guttman-Steinmetz, Gadow, DeVincent, & Crowell, in press; Kelly, Garnett, Attwood, & Peterson, 2008; Spiker & Wood, under review; Sukhodolsky et al., 2008)

Understanding the Linkage

- Genetic markers of anxiety in typical youth are also present for some with ASD and anxiety (Cohen et al., 2003; Gadow et al., 2008, 2009, 2010, under review; Roohi et al., 2009)
 - Do susceptibility genes for autism and ASD travel together to some extent? Is there a common denominator?
 - Susceptibility to repetitive/"sticky" thoughts (e.g., Segerstrom, Tsao, Alden, & Craske, 2000)
- Elevated (ASD-related) stress (Gillott & Standen, 2007)

Hypothetical Model



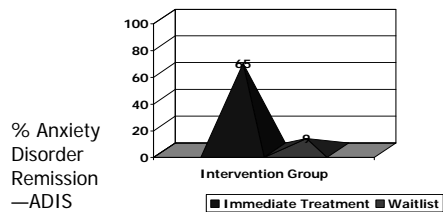
Putative Pathway Linking Anxiety and ASD Symptoms and Functioning

- Due to frequently experiencing negative emotion and arousal (in anticipation of threat), attention is divided and feared stimuli (e.g., peers) are avoided.
- Mental effort needed to maintain "new" schemata in working memory is overwhelmed by loss of attention resources → recall of *suppressed* maladaptive schemata (cf. Brewin, 2007; Wenzlaff & Bates, 1998)
 - "How to talk to other kids" (the wrong way) > smooth talk
 - Special interests > social connectedness
 - Fairness/justice > social connectedness
 - Solve problems by tantruming > negotiating with composure
- Academic, other focused tasks adversely affected

Implications for Treatment?

- What comes first? What to treat first?
- Is meaningful “anxiety reduction” possible in the absence of addressing ASD-specific stressors?
 - E.g., learning to overcome shyness and approach groups without achieving some level of conversation skill first
- Can preliminary anxiety reduction enable learning skills that can reduce ASD-specific stress?
 - Address GAD, OCD, SAD symptoms first; and, preliminary social exposures other than in peer contexts that promote hope/confidence
 - Then learn/practice conversation skill and reduce repetitive behaviors
 - Then transition to “keystone” exposures with peers

% Diagnostic Remission @ Post



$\chi^2 [1] = 12.28, p < .0001$

Anxiety-Social Responsiveness Linkage

- Regression models:
 - ADIS-C/P change score \rightarrow SRS post-treatment score... beta = .53, $p < .01$
 - SRS change score \rightarrow ADIS-C/P post-treatment score... beta = .63, $p < .01$
- When anxiety decreased over treatment, so did autism symptoms (and vice versa).

New Trial

- CBT for Early Adolescents with ASD and anxiety (ages 11-14)
- Study Phone #: 310-882-0537

Teaching Social Skills in the Classroom for Teenagers with ASD: The PEERS Program



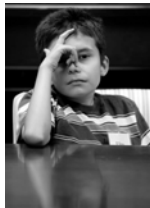
Elizabeth A. Laugeson, Psy.D.
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The Help Group Summit 2010

Social Deficits Among Adolescents with ASD

- Poor social communication
 - Problems with topic initiating
 - One-sided conversations
 - Perseverate on restricted interests
 - Difficulty providing relevant information
 - Make unexpected leaps in topics
 - Difficulty interpreting verbal and nonverbal social cues
- Poor social awareness
- Poor social motivation
 - Less involvement in social activities
 - Lack of peer entry attempts
- Poor social cognition
 - Difficulty understanding the perspectives of others
 - Poor theory of mind

Photo of PEERS courtesy of Associated Press



(Volkmar & Klin, 1998; Bauminger & Kasari, 2000; Orsmond, Krauss, & Selzler, 2004; Koning & Magill-Evans, 2001; LeCoulter et al., 1989; Marks, Schrader, Longstaffer, & Levine, 2000; Ghaszoulin & Gordon, 1990; Twachtman-Cullen, 1998; Hemphill & Spence, 1990; Church, Aisanki, Amanullah, 2000; Constanino, 2005)

PEERS

Program for the Education & Enrichment of Relational Skills
(Laugeson & Frankel, 2010)

- Manualized intervention
- Teacher-facilitated
 - Teachers were trained and received ongoing consultation on PEERS
- Parent handouts were provided
- Class addressed core deficits for ASD
- Focused on friendship skills
- Taught ecologically valid social skills
- 14 week curriculum
 - 30 minute daily lessons in the classroom
- Conducted at The Help Group's Village Glen Middle School
 - High-functioning ASD
 - Asperger's Disorder
 - PDD-NOS



Use of Effective Methods of Social Skills Instruction

- Small group format
 - 10-14 students per class
- Parent handouts
 - Assist with homework completion
 - Expand social opportunities
 - Social coaching
- Didactic instruction
 - Structured lessons
 - Concrete rules / steps of social etiquette
- Role-playing / modeling
 - Appropriate and inappropriate demonstrations
- Behavioral rehearsal
- In class coaching
 - Performance feedback
- Real-life practice
 - Homework assignments
 - Parent assistance

Photo of PEERS courtesy of Associated Press



(Matson, 1984; Davies & Rogers, 1985; Fleming & Fleming, 1982; Mesibov, 1984; Gresham, Sugai, & Horner, 2001; Gralinski & Kopp, 1993; Rubin & Slomkin, 1984; Frankel & Myer, 2003; Rao, Beidel, & Murray, 2008; Laugeson et al., 2008)

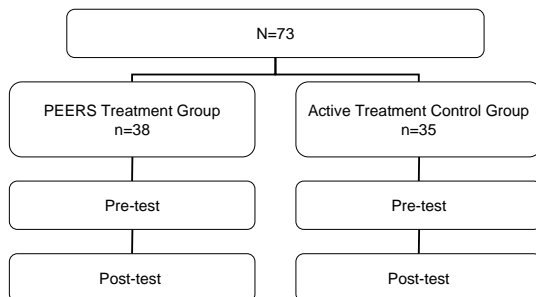
Overview of the Curriculum

- Conversational skills
- Electronic communication
- Choosing appropriate friends
- Appropriate use of humor
- Peer entry strategies
- Peer exit strategies
- Get-togethers
- Good sportsmanship
- Peer rejection
 - Teasing, bullying, bad reputations
- Peer conflict
 - Arguments, rumors and gossip
- Graduation

Photo of PEERS courtesy of Associated Press



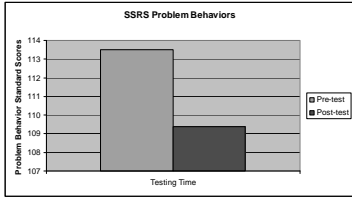
Study Design



Teacher-Report

Social Skills Rating System (SSRS-T)

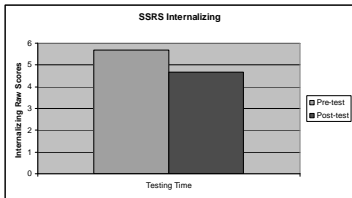
SSRS-T
Problem Behaviors Scale
(Standard Scores)
 $p = 0.03$



Teacher-Report

Social Skills Rating System (SSRS-T)

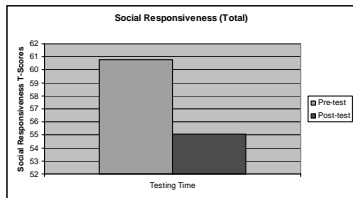
SSRS-T
Internalizing Subscale
(Raw Scores)
 $p = 0.03$



Teacher-Report

Social Responsiveness Scale (SRS-T)

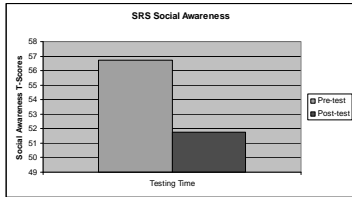
SRS-T
Social Responsiveness Total Score
(T Scores)
 $p = 0.01$



Teacher-Report

Social Responsiveness Scale (SRS-T)

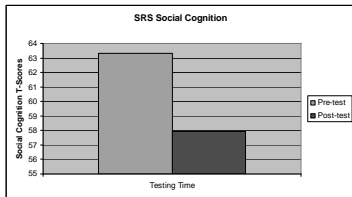
SRS-T
Social Awareness Score
(T Scores)
 $p = 0.02$



Teacher-Report

Social Responsiveness Scale (SRS-T)

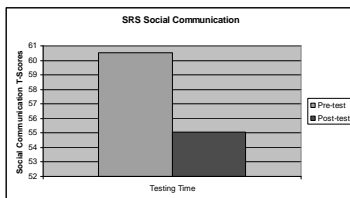
SRS-T
Social Cognition Score
(T Scores)
 $p = 0.02$



Teacher-Report

Social Responsiveness Scale (SRS-T)

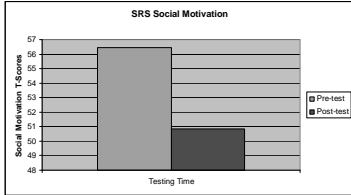
SRS-T
Social Communication Score
(T Scores)
 $p = 0.01$



Teacher-Report

Social Responsiveness Scale (SRS-T)

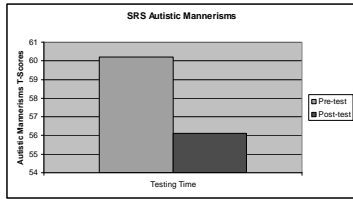
SRS-T
Social Motivation Score
(T Scores)
 $p = 0.01$



Teacher-Report

Social Responsiveness Scale (SRS-T)

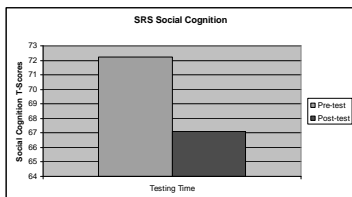
SRS-T
Autistic Mannerisms Score
(T Scores)
 $p = 0.05$



Parent-Report

Social Responsiveness Scale (SRS-P)

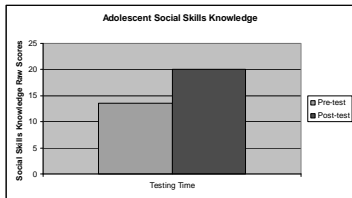
SRS-P
Social Cognition Score
(T Scores)
 $p = 0.04$



Teen Self-Report

Test of Adolescent Social Skills Knowledge (TASSK)

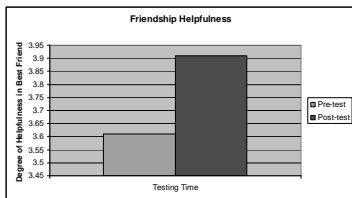
TASSK
Adolescent Social Skills Knowledge
(Raw Scores)
 $p = 0.01$



Teen Self-Report

Friendship Quality Scale (FQS)

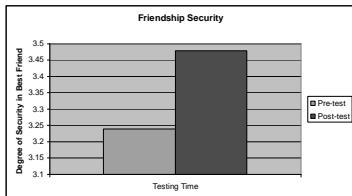
FQS
Friendship Helpfulness
(Raw Scores)
 $p = 0.03$



Teen Self-Report

Friendship Quality Scale (FQS)

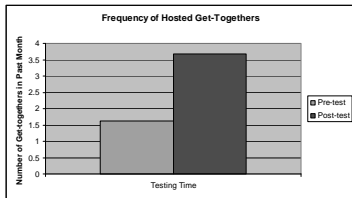
FQS
Friendship Security
(Raw Scores)
 $p = 0.03$



Teen Self-Report

Quality of Socialization Questionnaire (QSQ)

QSQ
Frequency of Hosted Get-togethers
(Raw Scores)
 $p = 0.03$



PEERS Training and Publication Information

- Publication of PEERS Manual
 - Routledge Taylor & Francis Group
- PEERS Training
 - October 26-29, 2010
 - March 8-11, 2011
 - Four-day training
 - (4-8 hours per day)
 - 20 hours total
 - Including 4 hour parent and teen group observation
 - Includes PEERS manual and research material
 - Held at the UCLA Semel Institute
 - (310) 26-PEERS
 - www.semel.ucla.edu/peers/
 - socialskills@ucla.edu



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