The Search for Independence: Teaching Social and Independent Living Skills to Individuals with High Functioning Autism

October 30, 2015
Doubletree Suites by Hilton, Mt. Laurel, NJ

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The Search for Independence: Teaching Social and Independent Living Skills to Individuals with High Functioning Autism

Alton Bozeman, Psy.D.
Clinical Psychologist
The Harris Center for Mental Health and IDD
Houston, TX

Session Agenda
- ASD review
- ASD & Social Skills: Context
- Coffeehouse Program
  - Participants/characteristics
  - Model/services provided
  - Teaching techniques & examples
- Sex Education
  - Applying the Coffeehouse Model

1 in 68

The share of children nationwide diagnosed with autism spectrum disorder, according to the most recent estimate from the Centers for Disease Control and Prevention. This is an increase of about 30 percent since 2012.

Autism Spectrum Disorder (ASD)

DSM-5 changes
- Elimination of the differential ASD categories (i.e., aspergers)
- Three domains within the DSM-IV (i.e., social relatedness, communication, and behaviors and interests) are collapsed into two categories (social communication impairment and restricted interests/repetitive behaviors)
- Specifiers - diagnosis of ASD includes information about any known genetic factors (i.e., Rett’s, Fragile X), level of language and intellectual disability, and presence of seizures and/or GI complications

DSM-5 changes
- A new category of Social Communication Disorder was added to the DSM that categorizes those with social communication deficits without presence of repetitive behaviors
Autism Spectrum Disorder (ASD): DSM 5 Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, currently or by history
B. Restricted, repetitive patterns of behavior, interests, or activities
C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
E. These disturbances are not better explained by intellectual disability or global developmental delay

Severity ratings & specifiers (APA, 2013)

Social (Pragmatic) Communication Disorder

A. Persistent difficulties in social use of verbal and nonverbal communication as manifested by the following
1. Deficits in using communication for social purposes
2. Impairment of the ability to change communication to match context or need of the listener
3. Difficulties following rules for conversation and story telling
4. Difficulties understanding what is not explicitly stated
B. Deficits result in functional limitation in a variety of areas (e.g., social relationships, academic achievement, or occupational performance)
C. Onset in early developmental period
D. Symptoms not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability

Severity ratings & specifiers (APA, 2013)

Why social skills training for adults with ASD?

- Social skill deficits remain problematic in adulthood
- Social demands change, responsibilities increase
- More complex social situations
- Romantic relationships
- Increased need for independence (daily living skills)
- Employment
- High-functioning individuals with ASD
  - Greater social expectations
  - Less restrictive placements
  - More self-awareness
  - Comorbid Problems
  - Depression, Anxiety

(Shattuck et al., 2012; Stelzner et al., 2009)

Area of Need

- Many social skill interventions aimed at children and adolescents
  - Misses more complex adult topics such as sex education, complex work examples
- Social isolation is common in adults with ASD
- Opportunities for social participation may...
  - Increase quality of life
  - Lessen impact of certain comorbid problems

(Craven et al., 2007; Cooper, Sterling, & Anderson, 2013)

The Coffeehouse model

- Program Characteristics
- Topics covered
- Techniques & Examples

Coffeehouse Demographics

- ASD diagnosis (Mostly Aspergers-DSM IV)
- Average to high IQ
- Generally low scores on adaptive behavior measures
  - Communication
  - Daily living
  - Socialization
- Varying levels of self-awareness
- Varied experience with higher education/vocational skills
**Demographics**

Individuals involved in the program:
- 38 adults diagnosed with high-functioning ASD
  - 68% male; 32% female
  - 19 to 58 years old; (M age = 27, SD = 6.97).
- Racially diverse
  - 21% African-America
  - 50% Caucasian
  - 10% Asian
  - 13% Hispanic
  - 3% Pakistani
  - 3% American Indian.

**Program Characteristics**

- Drop in Model
  - Advantages and disadvantages
- Flexible Schedule
  - Available 5 days per week
- Structured Curriculum
- Casual, adult environment
- Multiple levels of Support

**Levels of Support**

- Individual Psychotherapy
- Individual Staff Support and Goal Setting
- Psychoeducation, Skills Training, Peer Interaction

**Introduction to Social Skills Training**

**Coffeehouse Approach**

- Know your individuals
  - Individual and caregiver goals
  - Lecture topics that fit consumer needs
  - Individual prompts when needed
- Know Autism
  - Lecture methods are consistent with the inherent deficits and traits of the disorder
  - Lack of knowledge and conscious efforts to adapt message for Autism audience will result in a lack of comprehension and retention and ultimately use of the skills taught.
- Present challenges
  - Only using methods that are easily comprehended and retained by the individuals misses opportunity to improve upon those same weaknesses or deficits.

**General Program Topic Areas**

- Social Skills
  - Effective communication and conversational skills
  - Forming and maintaining relationships
  - Eye contact/body language
  - Identifying and understanding emotions
- Independent Living
  - Employment Readiness
  - Budgeting
  - Adult responsibilities

**Addressing ASD-Related Deficits**

- Core Symptoms
- Associated Symptoms
- Additional Areas of Difficulty
+ Targeting ASD Core Symptoms
  - Social Skills and Communication
    - Communication (verbal and non-verbal)
    - Humor, expression of feelings, perspective taking, body language
    - Relationships
    - Conflict Resolution
  - Restricted, Repetitive Behaviors/interests
    - Participation in social activities that may be non-preferred
    - Showing interest in topics others are discussing
    - Limiting excessive talk about a singular or preferred subject

+ Targeting Associated Symptoms
  - Concrete Thinking
    - Abstract vs. concrete thinking
    - Problem solving/conflict resolution
  - Lack of assertiveness
    - Assertiveness training
    - Setting boundaries (Professional and social)
  - Common Comorbid Diagnoses/Symptoms
    - Anxiety
    - Depression
    - ADHD

+ Targeting Tertiary Symptoms
  (other areas of difficulty)
  - Independence
    - Transportation (i.e., utilizing the bus system)
    - Money management/budgeting
    - Forming leisure activities/interests
    - Navigating social services
  - Skills associated with working/volunteering
    - Job seeking
    - Interview skills
    - Maintaining employment
  - Mental/Physical Health
    - Coping Skills

+ Program specific teaching techniques
  - Discussion
  - Peer Feedback
  - Modeling/Role Play

+ Tips for Discussion & Peer Feedback
  - Keep them engaged
  - Interactive style
  - Check for understanding
  - Ask for elaboration
  - Encourage Peer Feedback
    - Constructive
    - Helpful
    - Feasible

+ Use of Role Play
Why Role Play?

- Fun and entertaining
- Interactive
- Emotional component
- Allows for practice and feedback regarding
  - Conversational skills
  - Body language
  - Etc.

How to Use Role Play

- Common social and work-related situations
- Modeling (involvement of facilitator)
- Various levels of difficulty
- Specific feedback
- Repeated rehearsal

Role Play Levels: Easiest

- Most concrete
- Each person plays his or her self
- Strength: The most concrete, great for beginners/those with more difficulties
- Weaknesses: Least Flexibility (Situation would have to be realistic so that the people involved would solicited a realistic response)
- Example

Role Play Levels: Moderate Difficulty

- More abstract
- One person plays his or her self; second person plays someone else
- Strength: less abstract (person knows how they would react produces more of a realistic response), scenario somewhat restricted
- Weaknesses: Less Flexibility

Role Play Levels: Most Difficult

- Most abstract, most difficult for ASD to understand
- (each person plays a role very different than themselves ex., boss, parents)
- Strength: can chose any scenario, greatest potential for progress
- Weaknesses: Very abstract, often difficult without prior practice
- Example

Behavior Supports and Specialized Therapy

- Individualized behavior plans
- Prompting for specific areas of weakness or to facilitate attention and understanding
- Psychotherapy as needed
- Commonly targeted areas:
  - Managing anxiety
  - Interpersonal difficulties
**Sex Education for Adults with ASD**

Applying the Coffeehouse Model

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**Sex education & ASD**

- Physical development and levels of sexual interest in adults with ASD often similar to adults without ASD
- Lack of social understanding and experience
- Plays a role in relationships and sexual behavior
- May increase risk of sexual abuse
- Sex Education may often be implemented reactively
- Following inappropriate expressions of sexuality
- Suspected abuse
- Individualization and developmental appropriateness of curriculum/training

(Sullivan & Caterino, 2008; Tullis & Zangrillo, 2013)

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**Curriculum & General Topic Areas**

  - Topic Examples:
    - Social rules/privacy
    - Potential Modifications
    - Review for retention
  - Additional materials and topics
    - Romantic relationships vs. friendships
    - Technology and relationships

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**Sex Education & Coffeehouse**

- **Targeting Core Symptoms:**
  - Social Skills
  - Sex education curriculum includes aspects of relationships that may be difficult for individuals with social skills deficits to understand and navigate
  - Examples:
    - How to show someone that you are interested in them romantically
    - Understanding differences and similarities between romantic relationships and friendships
    - Reading social cues and body language to determine romantic interest
    - Who is appropriate to date? (i.e., age appropriateness, etc.)

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**Sex Education & Coffeehouse**

- **Targeting Associated Symptoms:**
  - Concreteness
    - Focus on broadening concrete (i.e., black and white) ways of thinking to encourage consideration of “gray areas”
    - Examples:
      - Facilitating discussion around healthy attitudes about sex (i.e., sexual activity can be healthy)
      - Types of relationships (i.e., homosexuality, possibility of sexual relationships that are not romantic in nature)
  - Lack of Assertiveness
    - Addressing the need for assertiveness in relationships
    - Prevention of physical and/or emotional abuse

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**Sex Education & Coffeehouse**

- **Targeting Additional Difficulties:**
  - Physical/Mental Health
    - Biological understanding of human sexuality/reproduction
    - Safe sex practices (i.e., contraception, prevention of sexually transmitted disease)
    - Understanding and reporting abuse
Adaptive Behavior

- The ability to perform daily activities that demonstrate a level of social and personal independence (Sparrow, Cicchetti, Balla, 2005).

Adaptive behavior skills may include:
- Communication skills
- Social skills
- Independent living skills
- Personal care skills
- Practical academic skills/employment skills

Adaptive Behavior & High Functioning Individuals with ASD

- Higher cognitive skills
- Lower adaptive behavior abilities
- Adaptive behavior not commensurate with intellectual ability

(Bolls & Poustka, 2002; Perry, et al., 2009; Schatz & Hamden-Allen, 1995)

Vineland II

- Vineland Adaptive Behavior Scale – Second Edition (VABS-II)
- Assesses adaptive functioning in several broad areas including:
  - Communication,
  - Daily Living, and
  - Socialization
- Normed on a nationally representative sample
- Appropriate for use with individuals with developmental disabilities from birth through age 90.
- Demonstrates strong reliability and validity properties and is widely used as an outcome measure of adaptive behavior in individuals with ASD (Bazzon et al., 2003; Elsm et al., 2007; Perry, et al., 2009).

Vineland as a Measure of Social Skills

- Socialization Domain assesses:
  - Interpersonal Relations
  - Play and Leisure Time
  - Coping Skills

Vineland as a Measure of Social Skills

- Communication Domain assesses:
  - Expressive
  - Receptive
  - Written

Vineland as a Measure of Social Skills

- Daily Living Skills Domain assesses:
  - Personal
  - Domestic
  - Community
What did we measure?

- Vineland – subscales and total
- Parent/Caregiver report
- Data collected at both entry to the program and currently

Limitations

- Small sample size
- Low ceiling of socialization domain
- Potential reporter biases (parent/caregiver)
- Reporter inconsistency in pre/post measures
- Lack of observational measure

Results

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Current Options for Measuring Social Skills in High Functioning Adults with ASD

- Adaptive behavior measures with socialization domains
  - e.g., Vineland II (Sparrow, Cicchetti & Balla, 2005), ABAS-II (Harrison & Oakland, 2003)
- General autism measures
- Measures that are related, but not a complete picture of skills
  - e.g., The Empathy Quotient (Baron-Cohen & Wheelwright, 2004)

What are the measures missing?

- Higher level social skills
- Skills representing broader domains of social functioning
- Sensitivity to detect small changes in functioning over time

Q & A Discussion
References


