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Developing/Running Transdiagnostic Social Skills Intervention Programs for Children & Adolescents

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Bruce M. Gale, Ph.D.

Dr. Gleason finishes discussing his psychodiagnostic evaluation with Ricky's parents based on Ricky's cognitive performance, executive functioning, academic performance, and social-emotional functioning. He asks the parents, seated in his office, if they have any questions. Ricky's father holds the 35-page report in his hand, clears his throat, and speaks.



Jewel Mazor, Psy.D.

"As you know, Doc, we came to you because our son refuses to eat anything except cheese pizza and fries; he has no friends at school; he never gets invited to parties or sleepovers. All he wants to do is play *Master Blaster*, and he throws tantrums when we try to cut back his time. His fourth-grade teacher said she's completely frustrated. He's always disrupting the class. It's an absolute nightmare. What do you recommend that we do?"



Anastasia Harrell, M.A.

The doctor rubs his chin for a moment, then explains how individual therapy may help, and adds, "We can always consider having the school create a behavior plan, or arrange for a medication trial to control his behavior."

"And, you think that will help him improve his social skills?" asks Ricky's mother. "I worry he's never going to learn to make friends or be more willing to go along with the group."

Dr. Gleason rubs his chin a little harder. He isn't sure what to say.

Many clinicians are unaware of the body of research supporting social-skills interventions, either as a primary or adjunctive treatment in combination with other approaches (Gresham, Sugai, Horner, 2001; Laugeson, & Frankel, 2010). Strong social and emotional skills in childhood set the stage for positive outcomes in adulthood. In a 20-year retrospective study, researchers found that kindergarteners who displayed social competence (e.g., sharing, cooperating, helping others) were more likely to attain higher education and high-paying jobs. Poorer social skills at a young age predicted later engagement in substance abuse, limited educational attainment, and criminal involvement (Jones, Greenberg, & Crowley, 2015).

There is no question that individual therapy can be beneficial, especially when addressing specific clinical syndromes, such as depression or anxiety disorders. Parent-focused interventions can also be helpful. Social challenges and deficits, however, require practice in real-life settings. These are complex behaviors that aren't easily generalizable, from one-to-one office meetings to home and community environments (Gale, 2011). There has been some reported progress using virtual reality techniques to help simulate interactive experiences in different settings with others, but this technology is still in its infancy (Gale, 2012).

It is important to help individuals achieve a sense of self-efficacy and associated positive coping behaviors, which are essential for mastery of social skills. Key components of social skills interventions require real-life settings where individuals need to expend varying degrees of effort to practice and sustain strategies in the face of obstacles and subjectively threatening (but ultimately safe) experiences (Bandura, 1977). In our opinion, this is best achieved through carefully constructed group experiences in office and community settings, with parents providing opportunities to use these skills at home.

Traditionally, clinicians refer clients to specific groups where participants share a diagnosis such as generalized anxiety, Autistic Spectrum, ADHD, or ODD. Many socially anxious individuals, who participate in diagnostically homogenous groups, face significant challenges. However, the transdiagnostic approach, treating individuals with differing diagnoses in a single group, makes it possible to identify each individual's strengths, while "meeting them at their own level," using unified treatment interventions (Caldarella & Merrell, 1997).

There are many elements to consider when creating and running transdiagnostic social skills programs. One of the most important involves the initial assessment, including its breadth and implementation, whereby clinicians identify individual strengths and weaknesses in order to create a balance in the group.

In our program, LUNCH Groups™, we focus on the following areas:

1. **Executive Functioning:** mainly planning, controlling emotions, using memory skills.
2. **Pragmatic Social Skills:** reading nonverbal cues.

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3. **Social Competence:** behaviors that show consideration for others.
4. **Daily Living Skills:** usually focused on restaurant behavior.
5. **Academic Readiness:** such as succinctly answering questions in a clear manner.
6. **Environmental Awareness:** including pedestrian safety.

We also assess for disruptive, socially unacceptable, and uncooperative behaviors, as well as for anxiety and fear-based symptoms, mood and perception-based problems, and trauma-related behaviors.

Using the following guidelines we have helped treat about 1200 children and adults, over the past 16 years:

1. Our student programs are time-limited. This is not essential, but it fits within a Stepped Care (SC) Model paradigm (Bower & Gilbody, 2005). Think of SC as a continuum of related services that includes student sessions, parent webinars; written self-help materials for parents; parent drop-in meetings; and extensive email consultations. Some families avail themselves of all services, others just a few. Further, by having a separate school year and intensive summer treatment programs, we can meet the needs of a broader population.
2. For every individual that is accepted we strive to identify at least three to five peers with whom he or she may enjoy interacting.
3. The social dynamics of the group are always changing. No more than 70% of our students are returning group members. This means that participants have the recurring challenge of getting to know new students.
4. We videotape portions of sessions, which allows parents not only to view their children's behavior, but to see how we implement social-learning, CBT, and behavior-modification procedures. Parents attend online webinars designed to provide information and tools to manage their children's behavior and promote independence at home and in the community.
5. We conduct post-group evaluations based on student and parent surveys, and assessments of post-group progress.

Focusing on students' individual strengths models desirable behaviors for those who have weaknesses in other situations. A child who struggles with reciprocal conversations may be someone who excels in his or her ability to confidently approach a group of peers and initiate a dialogue (higher oral expression, lower oral comprehension). Another

child may be a skilled listener who can ask poignant, relevant questions, but may be more reserved in larger groups (higher oral comprehension, interfering social anxiety).

Every group has an occasional raffle which serves as a motivating activity, where behaviors are not linked to individual rewards. Rather, receiving raffle tickets functions as a social reward that elevates a student's social status in the group by displaying prosocial behaviors. In some cases, learning through modeling does not occur naturally, and more structured interventions may be required. For example, despite their exposure to students who are praised, or given other positive social feedback for attempting to interact with a group of peers, reticent students may still avoid larger groups unless otherwise encouraged to join

The following are some of the key benefits of using a transdiagnostic program for child and adolescent participants:

- Modeling opportunities build confidence and a keener understanding of individual strengths.
- Because children with social skills deficits are more likely to have comorbid mood symptoms and low self-esteem, developing these skills early can play a major role in building resilience and improving overall mental health and functioning.
- Group members are more likely to develop understanding, tolerance, and cultural acceptance.

Transdiagnostic treatment is a research-based approach that can be developed and used in clinical practice to address common deficits among clients with differing, but complementary, diagnoses. Developing and running transdiagnostic programs is an efficient and effective means for helping students across a broad spectrum. When combined with strategies for parents and teachers, it can be a highly effective approach for improving social skills. ▲

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References are available on request from the LACPA office, lacpa1@gmail.com

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