

Evaluating social skills training in children with autism spectrum disorders: generalization of skills by training parents and teachers?

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The current study aims to investigate the effectiveness of a social skills training for children with ASDs in the last two grades of primary education (10-12 years old). The first objective is to investigate the effectiveness as compared to no...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Psychiatric disorders NEC
Study type	Interventional

Summary

ID

NL-OMON39419

Source

ToetsingOnline

Brief title

social skills training in ASDs

Condition

- Psychiatric disorders NEC

Synonym

autism spectrum disorders, pervasive developmental disorders

Research involving

Human

Sponsors and support

Primary sponsor: Accare, Universitair Centrum Kinder- en Jeugdpsychiatrie Groningen

Source(s) of monetary or material Support: ZONMW

Intervention

Keyword: Autism spectrum disorders, social skills training, treatment effect

Outcome measures

Primary outcome

Primary outcome of the study is the Vineland, an interview with parents on adaptive skills of the child. The Vineland covers three domains: 'socialization', 'communication' and 'daily living skills'. The interview is well known and widely-used in (inter) national studies in autism. It is available in a Dutch version (de Bildt & Kraijer, 2003). The Vineland was used as successful outcome measure in the only randomized trial in the literature (Owens et al., 2008).

Secondary outcome

Outcome measures; parents:

[1] Individual objectives: Five individual objectives will be defined for each child, together with the parents. These objectives will be chosen from a list of objectives, based on former trainings. The objectives will be evaluated before training and in follow-up.

[2] social skills that the child already has, or has learned throughout the training will be measured with the Social Skills Rating Scale (SSRS, Gresham & Elliott, 1989; Dutch translation Prins & Diepraam, 1998). The SSRS is a questionnaire regarding various aspects of social behavior: communication, cooperation, assertiveness, responsibility, empathy, engagement and self-control.

Outcome measures; child:

From extensive experience with questioning children with ASDs about training and effectiveness it is known that they are generally only marginally able to report on social limitations and learned skills (Hoekzema-Kruidhof, 2002).

Therefore, in the current study, outcome measures in the child are focused on direct observation in two settings. Self-reporting is included based on the individual objectives as defined with the child and parents before the training.

[1] Individual objectives: Five individual objectives will be defined for each child, together with the parents. These objectives will be chosen from a list of objectives, based on former trainings. The objectives will be evaluated before training and in follow-up.

[2] ADOS: The ADOS contains various tasks that evaluate specific social and communicative behaviors that have been part of the training. For example: eye contact, non-verbal communication, insight into social relations, into feelings and emotions of self and others. After a recent standardisation of ADOS scores, it has become possible to measure changes in the three domains of ASD over time (Gotham et al., 2008).

[3] Direct observation of social behavior: During follow-up, the child will be observed in an unstructured situation at school (break, outside play). This observation will be video-taped and is meant as a measure for generalization.

Two aspects of social behavior will be measured: frequency of child-initiated social contact and duration of social interactions with peers (Owens et al., 2008). The observers will be blind for the treatment condition of the child.

Data from the observation will be registered through specifically developed

software for direct observation of behavior (Martin, Oliver, & Hall, 2000).

Outcome measures; teacher:

Teachers will only be asked to report on the child before and directly after the training. Follow-up will be too complicated due to the fact that children get another teacher in the new school year.

[1] Individual objectives: Five individual objectives (in the school situation) will be defined for each child, by the teacher. These objectives will be chosen from a list of objectives, based on former trainings. The objectives will be evaluated before training and immediately after.

[[2] social skills that the child already has, or has learned throughout the training will be measured with the Social Skills Rating Scale (SSRS).

Study description

Background summary

Social skills are limited in children with Autism Spectrum Disorders (ASDs). The clinical impression is that training social skills is helpful, judging by the popularity of treatments that focus on social skills training and the large range of methods or protocols on which these treatments are based. Nevertheless, social skills training is not an evidence-based treatment. Especially generalization of skills taught during such training are not investigated in detail. (Inter)Nationally, there has been too little research on a too small scale, not matching up with the requirements for evidence-based practice. Conclusions on the effectiveness of social skills training cannot be drawn based upon the few studies undertaken.

Study objective

The current study aims to investigate the effectiveness of a social skills training for children with ASDs in the last two grades of primary education (10-12 years old). The first objective is to investigate the effectiveness as

compared to no social skills training. The second objective is to examine the effect of involvement of parents and teachers on generalization of learned social skills outside the training situation.

Study design

The study is a Randomized Controlled Trial, with three conditions: a social skills-group, a social skills-PLUS-group (involving parents and teachers) and a care-as-usual-group (in which alternative treatment may be given during study and follow-up, yet no social skills training).

Intervention

The social skills training consists of 15 sessions of 90 minutes for the child. In the social skills PLUS group 8 parent-sessions will be added to the 15 child-sessions, and teachers will be involved. In the care-as-usual condition, children do not attend a social skills training, yet alternative treatment is allowed. After the study (including follow-up), social skills training can be provided for children in this group, if applicable.

Study burden and risks

The burden associated with the current study is small for child and parents. The burden for the child, added to the standard training, is approximately 3 hours, spread over 3-4 visits: measuring intelligence, mouth swab DNA, interview/observation (ADOS) after the training, a questionnaire, observation in school and one additional evaluation of individual objectives. None of these additional measurements is invasive.

The burden for parents consists of an interview on the development of their child and on adaptive skills (in one visit, approximately 3-4 hours; and the latter again after the training, approximately 30-45 minutes), a questionnaire on social behavior of the child (3 x 20 minutes) and questionnaires on internalizing and externalizing behaviors (both 3 x 15 minutes). Again, none of these measures is invasive. Parents of children in the social skills PLUS training additionally attend 8 parent sessions, in which they learn more about how to help their child learn and develop social skills.

Although the study results in burden (added to attending the training in a non-research situation), the measures as well as the training itself are without any risk.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

[1] Clinical DSM-IV-TR diagnosis Pervasive Developmental Disorder; Autistic Disorder, Asperger Syndrome or Pervasive Developmental Disorder not otherwise specified (PDD-NOS).;[2] Classification of Autism on the Autism Diagnostic Interview - Revised (ADI-R; (De Jonge & de Bildt 2007; Rutter et al., 2003) for participants with an Autistic Disorder or at most 2 points below cut-off for autism for participants with Asperger Syndrome or PDD-NOS.;[3] Classification of Autism Spectrum with the Autism Diagnostic Observation Schedule (ADOS, (de Bildt & De Jonge, 2008; Lord et al, 1999).;[4] Total IQ of 80 or higher.;[5] The child is in one of the last two grades of regular or special education.;[6] Parents (and child) give informed consent for the study, in accordance with the WMO (Wet Medisch Onderzoek met mensen).

Exclusion criteria

[1] A known physical problem that hinders participation in the study.;[2] The inability to visit the outpatient clinic for the social skills training.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	03-05-2010
Enrollment:	120
Type:	Actual

Ethics review

Approved WMO	
Date:	12-02-2010
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO	
Date:	20-02-2013
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL29942.042.09
Other	NTR, TC 2405