

## SOCIAL SKILLS GROUP THERAPY IN CHILDREN AGED 6-12 YEARS WITH AUTISM SPECTRUM DISORDER ATTENDING A TERTIARY HEALTH CARE CENTRE

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### Abstract

**Background:** Children with Autism Spectrum Disorder (ASD) experience lifelong barriers to full participation in social, play, and leisure activities. This study aimed to assess the improvement in the social skills of children aged 6-12 years with autism spectrum disorder after group therapy for 12 weeks in a tertiary care centre in Chennai. **Materials and Methods:** This quasi-experimental study was conducted on children aged 6-12 years with autism spectrum disorder diagnosed by the DSM-V criteria attending a paediatric child guidance OPD at the Institute of Child Health and Hospital for Children, Egmore, Chennai, in the Department of Child Psychiatry from January 2023 to June 2023. Post-assessment was done using the “Autism Social Skills Profile - 2” tool after 12 weeks to assess the outcome of Social Skills Group Therapy. **Result:** The post-test results show a significant improvement in the social-emotional reciprocity scale domain (CI 95%, -17.3462 to -14.6938, SD 4.6664,  $p < 0.001$ ) and in the social participation/avoidance domain (CI 95%, -9.9675 to -8.1125, SD 3.2637,  $p < 0.001$ ) and after the social skills group therapy there was a significant decrease in the detrimental social behaviours domain (CI 95%, -6.3407 to -4.3793, SD 3.4509,  $p < 0.001$ ). The T-Test and Mann/Wilcoxon 2 samples showed that the p-value was significant ( $p < 0.001$ ) for all three subscales. **Conclusion:** ASSP can help practitioners develop high-quality social skills programming for children with ASD in school, home, and community settings. Social skills group therapy is very effective in improving the social functioning of children with autism spectrum disorder.

## INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects how people communicate and interact with the world around them. It is characterized by difficulties with social communication and interaction, restricted interests and repetitive behaviors. ASD is a spectrum disorder, which means that it can affect people in different ways and to different degrees. The symptoms of ASD typically appear in early childhood, and they can range from mild to severe. People with ASD may have difficulty making eye contact, understanding facial expressions, and carrying on conversations. They may also have repetitive behaviors, such as hand flapping or lining up objects. ASD is a complex disorder that is not fully understood. However, there is evidence that it is caused by a combination of genetic and environmental factors. There is no cure

for ASD, but there are treatments that can help people manage their symptoms and improve their quality of life. With early intervention and support, people with ASD can learn to live meaningful and productive lives.

### Aim

This study aimed to assess the improvement in the social skills of children aged 6-12 years with autism spectrum disorder after group therapy for 12 weeks in a tertiary care centre in Chennai.

## MATERIALS AND METHODS

This quasi-experimental study was conducted on children aged between 6-12 years with autism spectrum disorder diagnosed by DSM-V criteria attending paediatric child guidance OPD at the Institute of Child Health and Hospital for Children, Egmore, Chennai in the Department of Child

Psychiatry for six months from January 2023 to June 2023. The study was approved by the institutional ethics committee before initiation, and informed consent was obtained from all patients.

#### Inclusion Criteria

Children aged 6-12 years with autism spectrum disorder were diagnosed using the DSM-V criteria.

#### Exclusion Criteria

Any chronic or serious medical conditions that might interfere with their ability to participate in the study and children with genetic syndromes were excluded from the study.

After a detailed history and clinical examination, 27 children were enrolled in the study. Pre-assessment was performed using the "Autism Social Skills Profile-2" tool. Social Skills Group Therapy was administered to these children by qualified occupational therapists for 12 weeks.

Post-assessment was done using the "Autism Social Skills Profile - 2" tool after 12 weeks to assess the outcome of Social Skills Group Therapy. The Bellini's Autism Social Skill Profile -2 questionnaire was incorporated in to the Google survey tool (Google Forms) and a shareable link was generated and data was entered by the principal investigator.

**Statistical analysis:** Data collected through Google Forms were transferred to Microsoft Excel for sorting

and coding. Data were statistically evaluated using IBM SPSS Statistics for Windows, Version 20.0., IBM Corp., Chicago.

## RESULTS

Among the 25 children, 16 were male and nine were female, accounting for 64% and 36% of the study population, respectively. Of the 25 children, 15 belonged to the age group 6-8 years, 4 children were in the 9-10 years age group, and 6 children were in the 10-12 years age group [Table 1].

The post-test results show a significant improvement in the social-emotional reciprocity scale domain (CI 95%, -17.3462 to -14.6938, SD 4.6664,  $p < 0.001$ ) and in the social participation/avoidance domain (CI 95%, -9.9675 to -8.1125, SD 3.2637,  $p < 0.001$ ) and after the social skills group therapy there was a significant decrease in the detrimental social behaviours domain (CI 95%, -6.3407 to -4.3793, SD 3.4509,  $p < 0.001$ ) [Table 3].

The t-test and Mann/Wilcoxon 2 sample test showed that the P value was significant ( $p < 0.001$ ) in social-emotional reciprocity, social participation/avoidance, and detrimental social behaviour [Table 4].

**Table 1: Demographic data of the study.**

		Frequency (%)
Gender	Male	16(64%)
	Female	9(36%)
Age (years)	6	4
	7	9
	8	2
	9	1
	10	3
	11	1
	12	5

**Table 2: Interpretation of social-emotional reciprocity, social participation/avoidance, and detrimental social behaviour**

		Mean±SD	Total
Social Emotional Reciprocity	Pre-Test	27.04±5.1839	676
	Post-Test	43.08±6.4286	1077
Social Participation / Avoidance	Pre-Test	20.36±3.9674	509
	Post-Test	29.4±4.9075	735
Detrimental Social Behaviour	Pre-Test	25±6.3443	625
	Post-Test	30.36±4.7071	759

**Table 3: Mean difference between social-emotional reciprocity, social participation/avoidance, and detrimental social behaviour**

Difference (Group 1- Group 2)	Mean±SD	95% CL		P-value
Social Emotional Reciprocity	-16.02±4.6664	-17.3462	-14.694	<0.001
Social Participation/Avoidance	-9.04±3.2637	-9.9675	-8.1125	<0.001
Detrimental Social Behaviour	-5.36±3.4509	-6.3407	-4.3793	<0.001

**Table 4**

	Kruskal-Wallis H	Degrees of freedom	P value
Social-emotional reciprocity	33.0849	1	<0.001
Social participation/avoidance	26.4357	1	<0.001
Interpretation of detrimental social behaviour	7.9558	1	0.0048

## DISCUSSION

Among the 25 children, 16 were male and nine were female, accounting for 64% and 36% of the study population, respectively. Raina et al. reported a similarly higher male-to-female ratio. Males were 3 to 4 times more commonly affected than females and the ratio was 4.5 (95% CI 3.8-4.6). The prevalence of ASD was significantly higher among children aged 4–10 years. In our study, the number of children with ASD was higher in the 6-8 years age group which correlates with the above-mentioned study.<sup>[1]</sup>

In our study, there was a significant improvement in social-emotional reciprocity (95% confidence interval (CI) -17.3462 to -14.6938,  $p < 0.001$ ) and social participation/avoidance (95% confidence interval (CI) -9.9675 to -8.1125,  $p < 0.001$ ) after social skill group therapy. This is like the Cochrane Review: Social Skills Groups for people aged 6 to 21 with autism spectrum disorders (ASD).<sup>[2]</sup>

The results show that there is some evidence that social skills groups improve overall social competence (ES = 0.47, 95% confidence interval (CI) 0.16 to 0.78,  $p = 0.003$ ) and friendship quality (ES = 0.4).

Vera Dekker et al., involving 122 high-functioning children with autism spectrum disorder (ASD; 9–13 years; 19 girls), the effectiveness of a 15-session social skills group training (SST) without parent and teacher involvement also showed similar improvements after group therapy which correlates with our study results.<sup>[3]</sup>

Clifford et al. study shows behavioural therapy reduces aggressive behaviour and improves anger coping in school- aged autistic children (n = 51).<sup>[4]</sup>

Our study also showed a reduction in detrimental social behaviours (95% confidence interval (CI), -6.3407 to -4.3793,  $p < 0.001$ ).

## CONCLUSION

In our study, Social Skills Group Therapy showed a significant improvement in Social-Emotional Reciprocity, an increase in social participation, and a decrease in aggressive behaviour. Hence, the

importance of the SSGT should be emphasised. In addition, SST should not stop when the child leaves the clinic facility; it should be ubiquitous. The ASSP-2 tool can help practitioners develop high-quality social skills programming for children with ASD in school, home, and community settings. Social skills group therapy is very effective in improving the social functioning of children with autism spectrum disorder.

### Limitations

More research is needed to draw more robust conclusions, especially concerning improvements in the quality of life. First, the sample size was small. Further studies with larger sample sizes are warranted. Due to the poor socioeconomic background, it was very difficult for parents to bring their children to group therapy.

An important fact is that very few clinicians and educators receive adequate SST training as part of their graduate or medical school training. This is probably one of the reasons for the failure of many SST programs among many poorly implemented strategies. Clinicians implementing SST programs should also receive continuing education to develop and hone their skills in this area.

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