Social groups for children with ASD: Two delivery models

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Social Groups and ASD

• ASD diagnosis includes communication, social interaction, and behavior.

• Social groups allow children to learn and practice important skills related to social interaction and communication (Kransny, Williams, Provencal, & Ozonoff, 2003)

Social Groups: Kimochis
What are Kimochis?

• Kimochi = Japanese word meaning “feeling”
• Designed to teach children social-emotional skills (Dodge, Rice, & Grimm, 2010)
• Developed by professionals with backgrounds in speech-language pathology and early childhood education
• Can be used with neurotypical children and children with developmental disabilities

Research Project

• Purpose: To examine the effect of the Kimochis social-emotional learning program on the emotional intelligence of children with ASD

• Hypothesis: Children with ASD participating in the emotion training program (i.e., Kimochis) will demonstrate improved skills in recognizing and labeling emotions as compared to children participating in a control group

Participants

• Six children, ages 5 – 9 years, participated
• Children randomly assigned to one of two groups: Kimochis (n=4) or Control (n=2)
• Inclusionary criteria:
  – Diagnosis of ASD
  – Parent completion of CARS-2
  – Verbal
  – English as a first language
  – Not concurrently enrolled in another structured weekly social group intervention
Method

• Each child participated in pre- and post-testing
• Each child attended an 8-week social group, once per week for 90 minutes at the KSU Speech and Hearing Center
• In addition to the experimenter, one graduate student assisted for each group
• All post-testing completed by a graduate student in the program, familiar with testing but unfamiliar with the project

Social group sessions

• Kimochis Group
  – Introduce new feeling
  – Review prior feelings
  – Role play using Kimochis characters and feelings
  – Snack time conversation
  – Play cooperative games

• Control Group
  – Introduce skill
  – Review prior skills
  – Practice skills
  – Role play
  – Snack time conversation
  – Play cooperative games

Preliminary Results and Summary

• Pre-testing & post-testing measures
  – SSJS scores
  – SEE scores
  – Kimochis Checklist scores

• Parent feedback

• Future directions
LEGO Therapy

What is LEGO Therapy?

- Peer group based program

- Collaborative LEGO building projects are used to promote communication and social skills of children with Autism Spectrum Disorders and related neurologically based disorders

- Provides multiple opportunities to socially interact with other children while engaging in an enjoyable – inherently interesting activity

- Therapists / adult “coaches” support and guide the children during these naturally occurring interactions
Background / History

• Concept behind use of LEGO as a medium for therapy arose from what Dr. Tony Attwood referred to as “constructive application” (Attwood, 1998). His theory focuses on use of the child’s natural interests to sustain his/her motivation to learn and/or change behaviors.

Development of LEGO Therapy

• Dr. Dan LeGoff developed the idea to utilize LEGO blocks for an activity based pragmatic therapy approach.

• This intervention combines aspects of behavior therapy, naturalistic communication methods and peer modeling.

Good candidates for LEGO Therapy

• Children and Adolescents ages 5 – 17
• Good Language Skills
• Average – Above Average IQ
• Children with Social Disorders:
  – Autism Spectrum Disorders
  – Children with Anxiety Disorders
  – Children with Depression / Adjustment Disorders
Goal(s) of LEGO Therapy

- Overall goal of LEGO Therapy - improve an individual's social competence:
  - Initiate social contact with peers
  - Sustain interaction with peer(s) for a period of time
  - Overcome aloofness and rigidity

Skills practiced in LEGO group therapy

- Joint Task Focus
- Mutual Goal Dependency
- Turn taking
- Shared Attention
- Using Names / Visually Referencing Partners
- Use of descriptive language
- Problem Solving
- Compromise and Collaboration

Facilitators of LEGO therapy

Helpful for “coaches” to have:

- Background working with children who have social developmental disorders
- Experience in areas of autism and mental health development
- Strong clinical background
- Knowledge of basic LEGO construction
- Energy!
• As children’s social & communication skills are coached, following is considered:
  – Provide descriptive praise for good building and/or social behaviors
  – Prompt children to assist peers
  – Highlight potential problem
  – Prompt / give opportunity for child to solve social problem
  – Provide alternative behaviors
  – Facilitate children in prompting each other

Implementation of LEGO Therapy at Flint Hills Summer Fun Camp

• This camp is designed for children entering K – 6 grades and is led by professional educators.
• Provides academic enrichment and fun to students across ages and developmental levels, with spots reserved for students with an autism-spectrum disorder (approximately 1/3 of students in each group).

Our schedule

• Provided services for 5 weeks (10 “sessions” per “grade” level)
• Conducted LEGO Therapy in Level 2 (grades 1-2), Level 3 (grades 3-4) and Level 4 (grades 5-6) classrooms
• LEGO groups averaged 3 to 4 students each.
• Duration of each LEGO session was 25 minutes
How it Worked

• LEGO kits varied in complexity according to grade level
• Each group worked on LEGO project until completed – then selected a new one
• LEGO kit opened and students placed / organized pieces on a large lunch tray
• Role & task assignment occurred each session:
  – Engineer: read “blueprint” and gave instructions
  – Parts Supplier(s): located required pieces
  – Builder: assembled the pieces

LEGO Group Rules

• 1. Be Patient
• 2. Use Your Words
• 3. Do Your Job

These rules were printed on 5 X 7 card, reviewed prior to each LEGO session and placed on table surface for everyone to refer to as needed.

Main Group Activity: Core of the session. Children engaged / interacted in their predetermined roles

Free Play: If group completed their LEGO construction before session ended, they had time to play with it

Clean-up: One clinician verbally alerted the LEGO groups by stating “Hands – Up.” Once everyone had hands up and were listening, she stated “Time to Clean up.” Children then organized and collected the pieces (i.e. zip lock bags & LEGO kit box).

Goodbyes
Summary

• Pre/Post Checklist utilized + results
• Scheduling / tracking issues for June / July camp sessions
• Pros / Cons of LEGO Therapy at camp
• Efficacy of LEGO Therapy

Selected References


References cont’d


