Girls Night Out: Lessons learned from a unique intervention for girls with autism

T. Rene Jamison, PhD

Jessica Oeth Schuttler, PhD

University of Kansas Medical Center

Center for Child Health & Development

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Vancouver, Canada

Center for Child Health and Development (CCHD) University of Kansas Medical Center

<u>CCHD MISSION</u>: *"To advance the health, development, and well-being of children at risk or who have developmental disabilities and supporting their families through:*

- Exemplary clinical service

- Interdisciplinary leadership training

- Outreach training & technical assistance

- Collaborative academic research.

What you can expect...YOUR visual support

Social-communication and ASD

Sex matters (regardless of autism)

Implications for females with ASD

Girls Night Out (GNO)

Lessons learned and future directions

Implications of prevalence (talk 2 teaser)

Social and Communication Interventions

Social impairment is a core feature in Autism

- Social skill instruction is used to improve interpersonal skills & social competence, showing variable evidence for effectiveness.

- Research primarily includes male, school age children as participants.

Evidenced Based Interventions

- Levels of evidence
- Population
- Implications

Social skills: The <u>specific behaviors</u> that an individual uses to perform competently on social tasks.

vs

Social competence: An outcome based on <u>judgments</u> that a person has <u>performed competently</u> on social tasks.

"Social, emotional, cognitive skills and behaviors that children need for successful social adaptation"

-Welsh & Bieman

(Gresham, Sugai & Horner, 2001)

- *Socially significant behaviors* that consumers consider important and desirable and that predict an individual's standing on socially important outcomes

- *Socially important outcomes* are those that consumers consider *important, adaptive and functional*

Social Validity (Gresham 1986)

Sex differences in ASD: Highlights and Implications

➢ Early studies suggest females with ASD more likely to have co-occurring ID (Kirkovski et al., 2013).

➢ However, higher functioning girls may be "missed" or present differently (Begeer et al., 2013).

➢ Research reveals mixed findings, with variability across age ranges, cognitive ability and co-occurring conditions.

Consistent themes   (Kirkovski et al., 2013)

➢ More subtle social difficulties, better conversation and imaginative play skills (early on)

➢ Males tend to demonstrate more pronounced RRBIs (or different presentation)?

➢ Exacerbated symptoms during adolescence (social impairments, internalizing symptoms)

Limitations

➢ Sample bias and measurement bias (tools, criteria, knowledge)

➢ Limited emphasis on typical development & appropriate reference group

➢ Variable symptom presentation / Relationship to variability between sexes in social-communication

Sex differences in social-communication skills

Earlier pretend & imaginative play

Greater use of nonverbal communication

Empathy

Conversational skills

Reported sex differences…..how does this relate to DSM diagnostic criteria

Develop play skills earlier (associative and cooperative play; play with peers); but boys "catch up"

Imaginative and pretend play earlier and sometimes more advanced

Females often engage in conversation more than males

Greater use of nonverbal communication
- "other directed" gaze more often than males
- increased gestures
- recognize facial emotion than males
- variable evidence related to empathy

Increased complexity of social norms & expectations during adolescence
- conversation focus on emotional support, facilitative, and relationship based
- engage in co-action activities that allow for other social behaviors (males = activity based)

Increased risk for internalizing symptoms (anxiety, depression, low self-esteem)

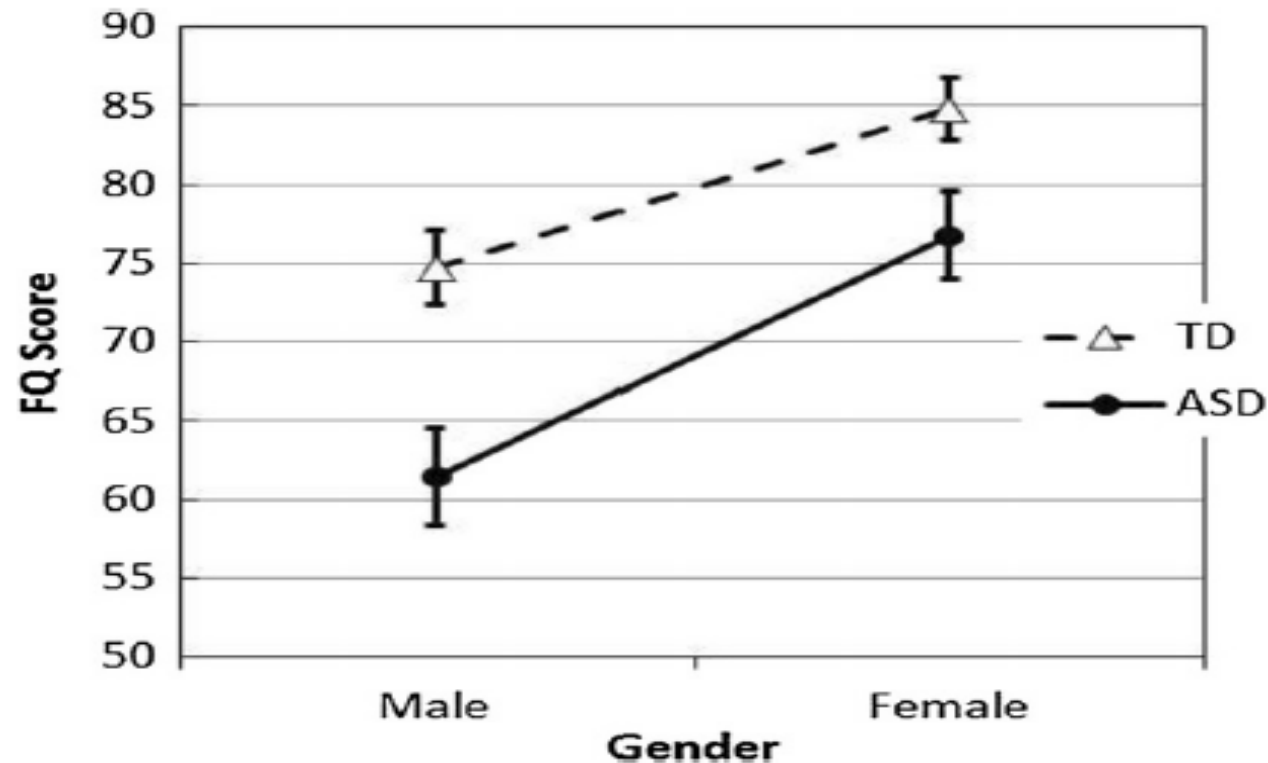Earlier puberty, increased self-care

Consider reference group

Figure 1 Total friendship questionnaire (FQ) scores by gender and diagnosis. Error bars represent standard errors of the mean. ASD, autism spectrum disorder; TD, typically developing.

Individuals with autism scores below that of those without ASD

Girls with autism scored similar to boys WITHOUT autism.

Do early caregiver concerns differ for girls with autism spectrum disorders?

Lauren M Little, Anna Wallisch, Brenda Salley and Rene Jamison

Caregiver Concern Differences by Group
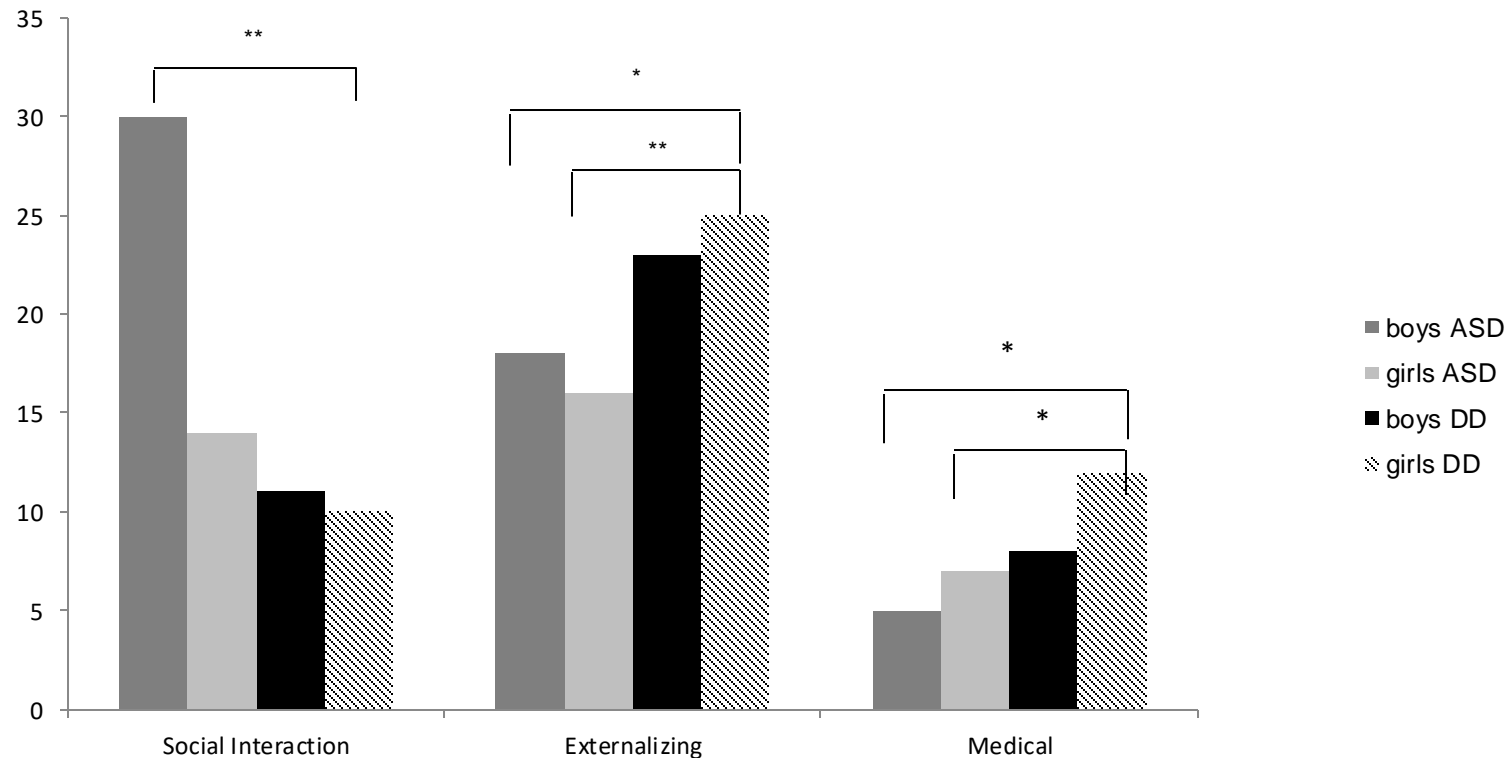
Hiller, Young, & Weber (2014)

Sample 69 girls, 69 boys w/ HFA
(Mean age = 8-9 years)

1. Qualitative impairment in social interaction (at least 2)

+/- Marked impairment in the use of multiple nonverbal behaviors

_____ Failure to develop peer relationships appropriate to developmental level

- Lack of spontaneous seeking to share enjoyment, interests or achievements with others

_____ Lack of social or emotional reciprocity

2. Qualitative impairments in communication (at least 1)

_____ Delay in or total lack of development of spoken language (with no attempt to compensate)

_____ Marked impairment in ability to initiate or sustain conversation with others (when adequate speech is present)

_____ Stereotyped and repetitive use of language or idiosyncratic language

_____ Lack of varied, spontaneous make-believe or social imitative play appropriate to developmental level

3. Restricted repetitive and stereotyped patterns of behavior, interests and activities (at least 1)

- Encompassing preoccupation with interest that is abnormal in intensity or focus

_____ Inflexible adherence to specific, nonfunctional routines or rituals

_____ Stereotyped and repetitive motor mannerisms (example: hand/finger flapping; complex body movements)

_____ Persistent preoccupation with parts of objects

Hiller et al. (2014) DSM-5 findings

A. Persistent deficits in social communication and social interaction across multiple contexts and manifest by all 3 of the following:

___ Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interaction.

___ Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated-verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of gestures; to total lack of facial expressions and nonverbal communication.

___ Deficits in developing, maintaining and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit different social contexts; to difficulties in sharing imaginative play or in making friends to absence of interest in peers.

Specify current severity (see Table 1):

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by the following (at least 2):

___ Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).

___ Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g. extreme distress at small changes, difficulties with transition, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

___ Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

___ Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

Specify current severity (see Table 1):

Theoretical and Conceptual Framework: Model of "double whammy"

Adolescence
Changes in social norms & expectations (play to conversation, less parent directed)
Changes in emotional functioning (brain development)
Biological changes (body and mind)

+

Gender Differences
Relationships focus on emotion

Conversation styles   **+**
Biological changes & impact on self-care routines & self-perception
Increased risk for internalizing problems (anxiety, depression)

ASD
Social difficulties

unwritten rules
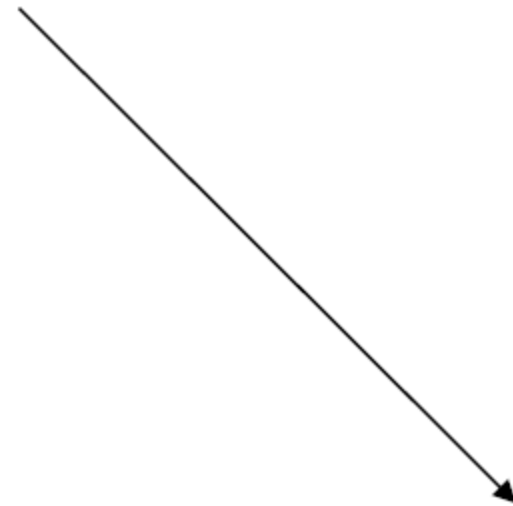adaptive behavior

+

Females w/ ASD

Gender differences
Most at risk for internalizing
Intervention targets males
Peer group often males (class)

Jamison & Schuttler, 2016 ("double whammy");
Solomon et al., 2012 ("double hit").

A unique intervention program to address complex needs of adolescent girls with ASD

What makes GNO unique?

➢**Targets adolescent females w/ ASD!**

➢Social skills & self care curriculum unique to girls/women.

➢ Skills taught & practiced within naturally occurring, age relevant activities and settings.

➢"Peer mediated"

➢Utilizes empirically based strategies

Photo

➢Focuses on strengths & empowerment.

➢Includes formative & summative assessments

➢Establishes partnerships w/ community

➢**Buy in!!!!!**

Meaningful Experiences

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Core curriculum components

- Relationship building skills
- Promoting independence in self-care
- Building self-determination

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GNO Session Model

```
Introduction of Skill
(Direct instruction, video
modeling, role play)
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Reinforcement of skill(s)
in age appropriate
activities & settings
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```
Practice / reinforce /
build on previous skills
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GNO Session Format

❖ Facilitator meeting, preparation, community partner training
❖ Peer training
❖ GNO Opening activities
  o GNO "business" (distribute conversation keyring topics, pay people with GNO bucks for WIDTW sheets, planners, HW).
o Social time (review conversation topics, facilitators provide specific feedback paired with GNO bucks).
❖ Follow up on homework
❖ Planned activity or lesson (teach, practice, community partner consult)
❖ Practice during social or self-care activity with in-vivo coaching, specific feedback, & GNO bucks to reinforce target skills.
❖ Data collection
❖ Closing Activities
  o Shop at GNO store (token economy)
o Group picture & community partner thank you (if applicable)
o Homework: assign My GNO Friend, review new homework
❖ Facilitator debriefing
  o Integrity checklist, participant notes, next session plans

GNO strategies to facilitate skills

Core:

- In-vivo coaching / Specific Feedback

- Peer mediated

- Target & Reinforce specific behaviors
  - Target behaviors / feedback / goals
  - Token economy

- Planned generalization
  - Multiple exemplars in multiple contexts
  - In session & out of session supports
  - Support "house"

- Individualization
  - Goal setting, monitoring, attainment

- Video modeling* / video self-modeling**

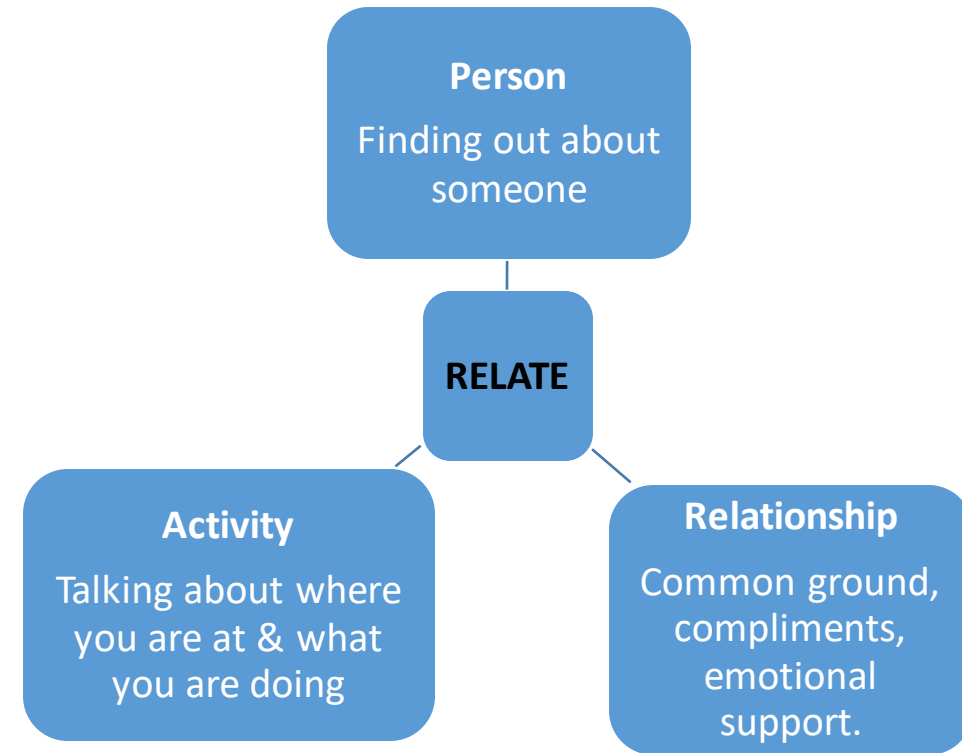# GNO strategies to facilitate skills

Additional:

- Individualization
  - Goal setting, monitoring, attainment
  - "challenges
  - Technology support ("GNO to go")

- Community Partners
  - Volunteer service / product
  - Consultation w/ community partner

- Homework
- My GNO Friend

Relationship-building skills

-Conversation "entry" skills.
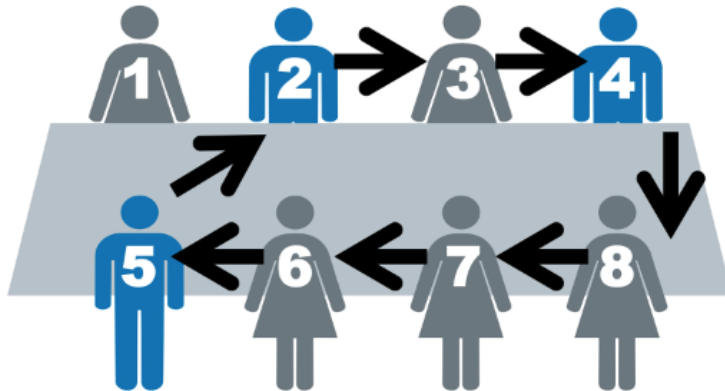-Finding common ground
-Making plans
-Emotional support

Video model: Finding out about friends.

Person
Finding out about someone

RELATE

Activity
Talking about where you are at & what you are doing

Relationship
Common ground, compliments, emotional support.
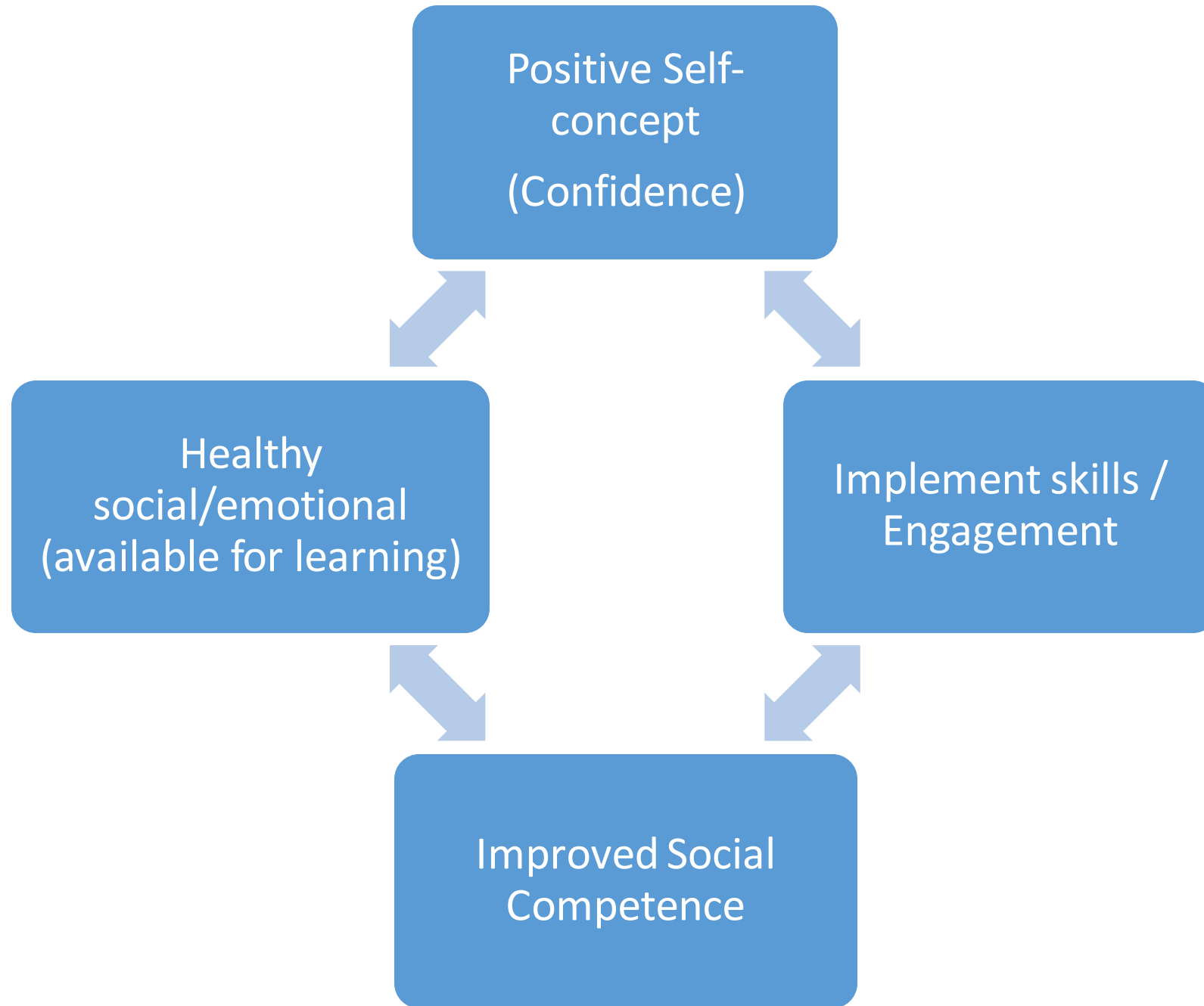
Finding common ground

Peer Training

Finding Common Ground

- Video example

PROMOTING INDEPENDENCE IN SELF-CARE SKILLS

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-Selecting appropriate clothing
-Body care (hygiene).
-Skin care
-Hair care
-Health (fitness, nutrition)

GNO: Get Social Girl!

Fashion Session Outline-_Facilitator Copy_

5:00-6:00   **Set up for GNO & facilitator meeting**

Review outline, assign roles, review participant and peer target behaviors, set up materials.

5:30-6:00   **Peer Training**

- Review session outline
- Obtain input on current clothing trends, dos/don'ts, potential needs for group, etc.
- Review "test your outfit" activity and peer roles. How do they make sure fits appropriately, plant question or comment if needed, discuss key points of gabby's getting ready.
- Model participation in test your outfit activities, encourage trying something new, seek out opinions of participant partner, provide suggestions and feedback during "shopping" activity.
- Model use of GNO supports (planners, keyrings, etc).
- Review homework and importance of contacting them and going through Gabby's getting ready prior to next session. Encourage texting and pics to GNO friend and others.

6:00-6:15   **GNO Initial Activities & "Business"**
- Distribute GNO bucks for bringing homework , planners & WIDTW sheets as girls arrive –
- Unstructured conversation practice & distribute session supports
   - Conversation key rings; Gabby's getting ready guide & fashion trends visual supports in planner.
   - GNO bucks & specific feedback for conversation. Focus on Relate to the person and activity (PA).
   - Girls can shop at GNO store and look at clothing.

6:15-6:25   **Relate introduction and practice: Relating to the Person and the Activity (PA)**

- Brief overview followed by Relate to person and activity iPad presentation in small groups
   - Girls partner up and go through Keynote presentation on iPad (content, examples, & video clip)
   - Conversation practice using keyrings for topic ideas
- Data collection (questions, comments, and content type (PAR) during 1 minute practice scenarios

6:25-6:40   **Homework & Partner Activity**

- Very brief review homework from last week (sit by My GNO Friend if possible)
   - Who contacted their My GNO Friends? Anyone come up with GNO store ideas?
   - Partner Activity: Partner with GNO Friend and do WIDTW sheet for today by talking it out with them.
   - Facilitators mill around to make sure people doing correctly and quickly.
   - Make sure everything is ready for TV presentation, clothes, etc .
- Review purpose of key rings

6:40-7:10   **Clothing in context presentation (whole group)**

- IPAD presentation on TV: Gabby's Getting Ready (guide for deciding what to wear) –15 minutes
   - Test your outfit activity: Example scenario & practice.
- IPAD presentation: Spring and Summer Trends 2014 (15 minutes)
   - Discuss trends via IPAD and clothing examples-Community Partner
   - Creating outfits with basics and trends-Community partner demonstration

What's the weather like?

Where will I be going?

What will I be doing?

Who's going to be there?

What makes me feel good?

BUILDING SELF DETERMINATION

-Identify personal strengths and areas of growth.
-Goal setting & monitoring
-Promote independence in activities and skills

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Date	I did a club or group activity	Self-care activities I did on my own (or without much help)			I did physical activity or other exercise	I called/ texted a friend		I hung out with a friend outside of school	Parent Reviewed (initials)
		Pick out clothes	Fix hair	Makeup or skin care		Chat	Make Plans		

Anya

GNO: Springing ME Forward

Goals to Reach During GNO

Goal: 👓 Work on friendship skills.

Activities I will do to reach my goal:

Introduce my self and stay ingaged.
Do activities with friends.
offer an invitations.
once or twice a week.

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Program Outcomes

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Improvements in social-communication skills, self-perception, and quality of life.

Satisfaction with program activities and outcomes.
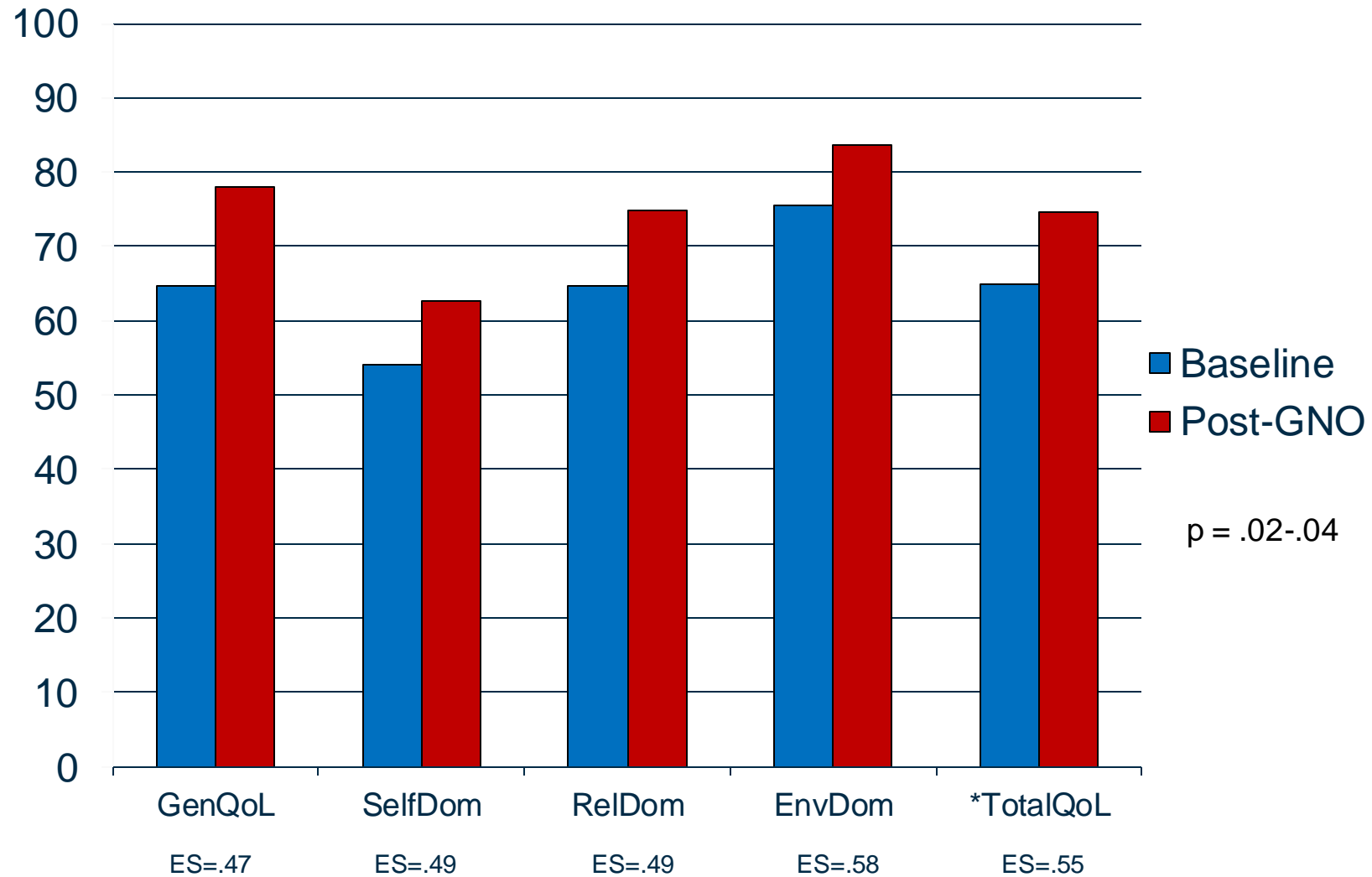
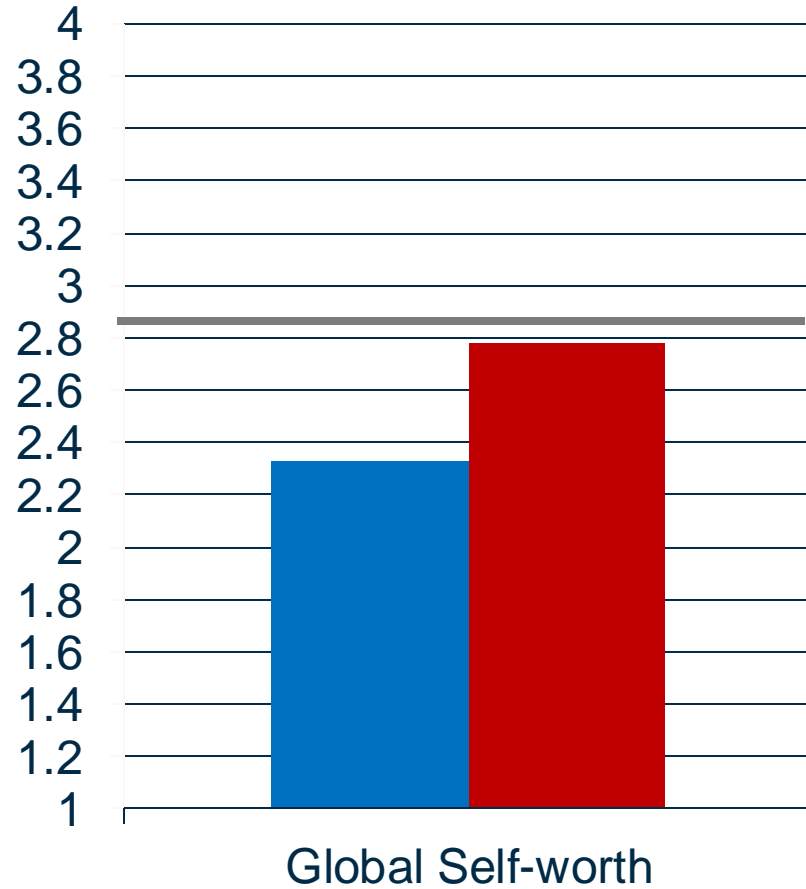Services and Connections

ORIGINAL PAPER

Overview and Preliminary Evidence for a Social Skills and Self-Care Curriculum for Adolescent Females with Autism: The Girls Night Out Model
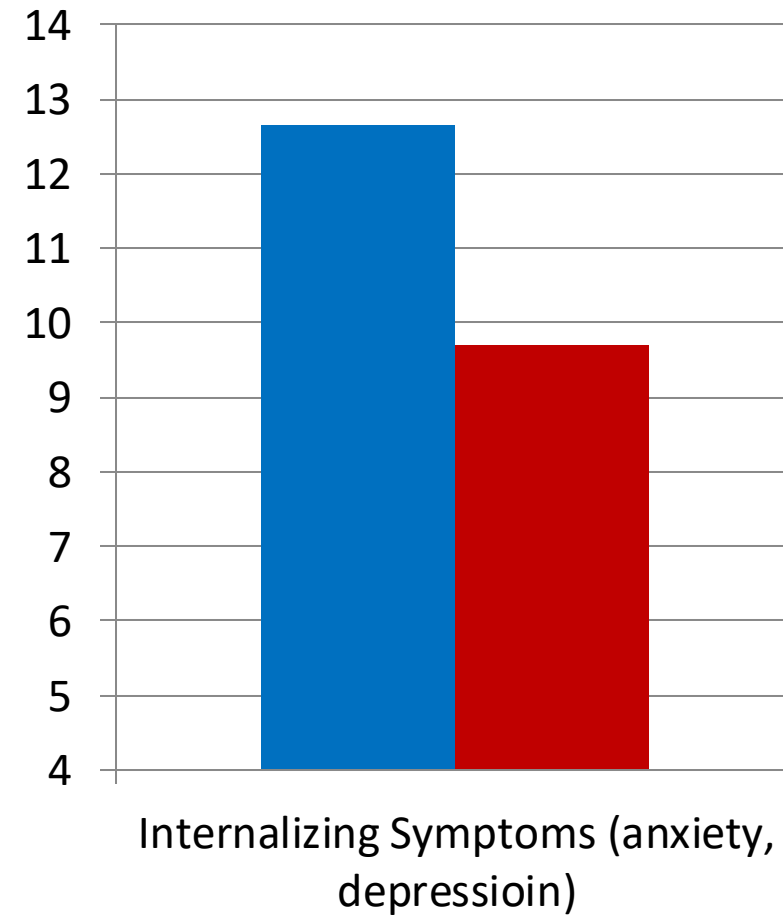
T. Rene Jamison[1] · Jessica Oeth Schuttler[1]

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Figure 3: YQOL-R Subscale and Total Scores
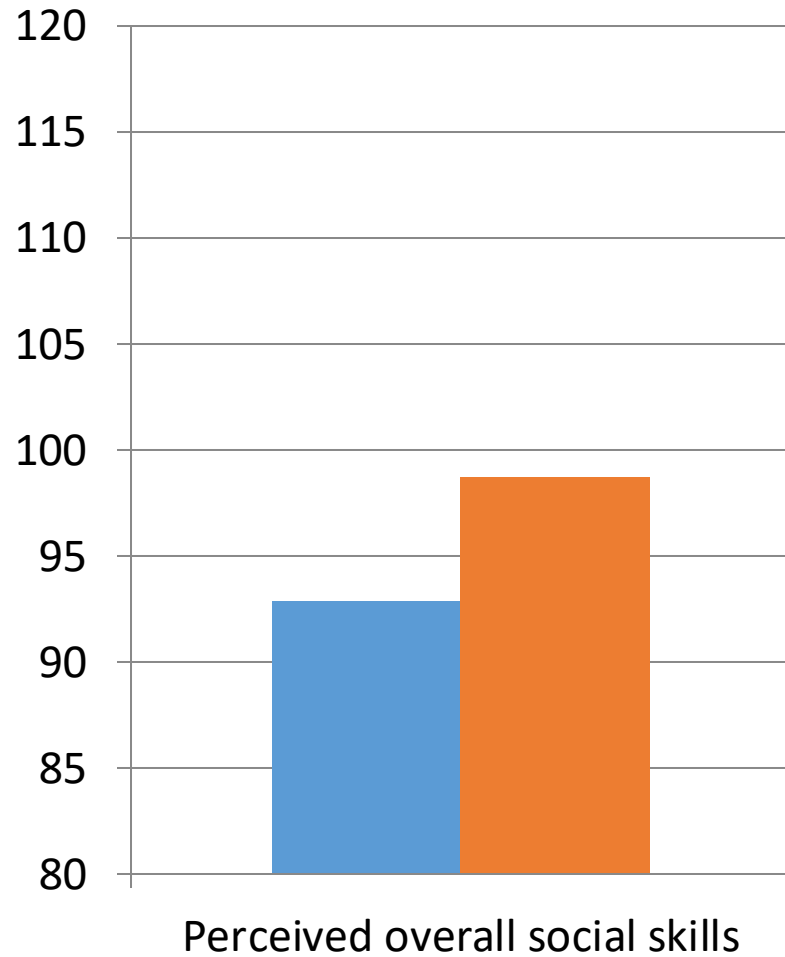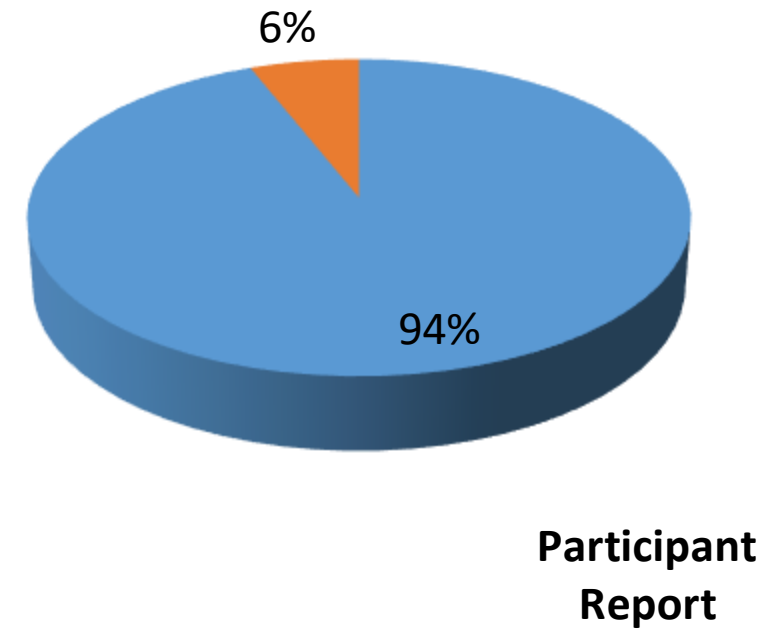
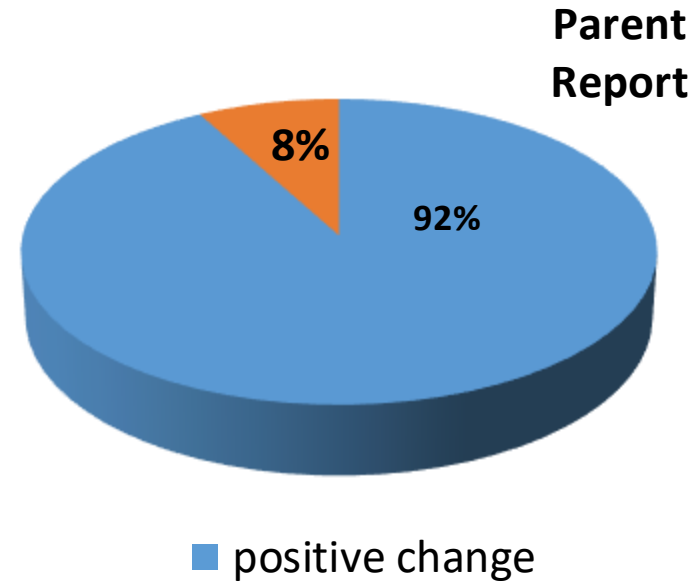# Perceived social-emotional health

Global Self-worth

p < .05; d = .53

Internalizing Symptoms (anxiety, depressioin)

p < .003; d = .45

Social Competence

Parent Report

8%

92%

■ positive change

6%

94%

Participant Report

120

115

110

105

100

95

90

85

80

Perceived overall social skills

p < .011; d = .43

The Impact So Far…

"These girls nights just keep getting better & better"

"I almost did not sign her up because of the cost...but it was the best money I've spent on her IN YEARS!"

"….it made me get more interaction with people and get out of my comfort zone"

"this girls night out is the most fun I've ever had."

Photo

Community Events

Parents Night Out (PNO)

Photo

Photo

"GNO Alumni"

Expanding programs: GNO-JR

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Pilot skills group: April 2018

GNO-JR: Girls 10-13 years old

Community Wide Impact

13 GNO Skills Groups (162 Sessions)
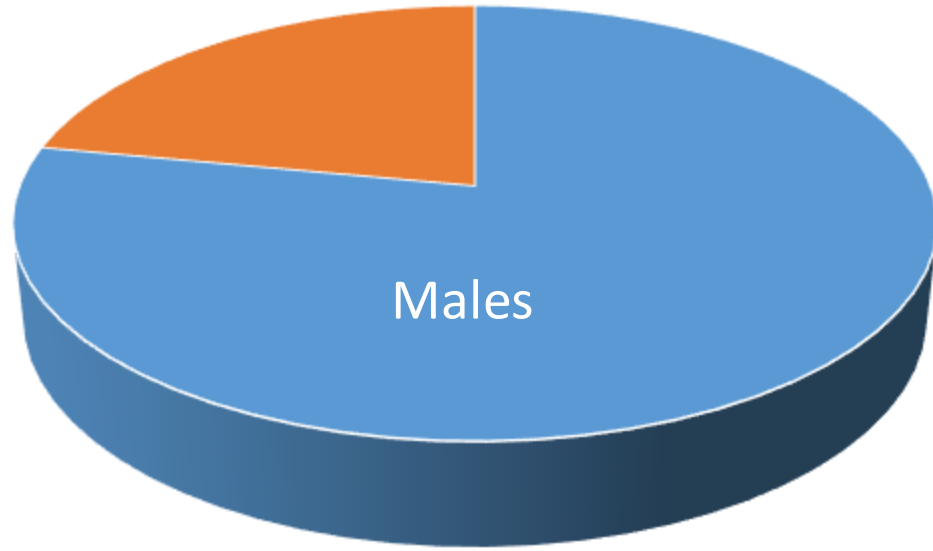
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14 Community Events

More than **38** trained facilitators (medical students, graduate students, fellows, community volunteers)

Over **65** Community Partners

Including over **100 girls with autism** and 125 peer volunteers!!!

GNO

What are the implications of prevalence?

Males

4:1 – Male to Female Ratio

Females with autism

Thank you & questions?

rjamison@kumc.edu
jschuttler@kumc.edu

www.kumc.edu/cchd/gno