



# Saint Xavier University

Communication Sciences and Disorders

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## The Need for Social Skills Therapy for Students with Fragile X Syndrome in Transition Programs

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### Issue

There is a need for social communication and pragmatic therapy services in transitional programs due to the growth of students with Fragile X Syndrome now served in such programs.

Transition services are defined by the Individuals with Disabilities Educational Improvement Act of 2004 as a results oriented process with functional outcomes for students in post-high school years, usually 18-22.

### Transition Topics and Settings

- Occupational/vocational education (schools)
- Postsecondary/continuing education
- Transportation services
- Personal independence/residential placements
- Employment (workshop; supported; independent)
- Recreation/leisure activities

### Social Pragmatic Needs

- Nonverbal communication
- Conversation (nominating appropriate topics, initiating, taking turns, responding, making contingent comments, closing)
- Asking questions
- Making inferences, solving social problems
- Working cooperatively with others, negotiating, convincing

### Learning Theories to Consider

- Theory of Mind: the inability to intuitively track what others know and think across personal interactions (*cannot take another's perspective; accounts for the inability to truly related to others; affects just about every interpersonal interaction, as well as academic, daily living, and vocational tasks*)
- Cognitive-Behavioral Framework: Past treatments were strictly behavioral; we know now that we need to use a cognitive-behavioral framework to address issues of the thinking process and generalization (Garcia Winner, 2002)
- Social Learning Theory: Bandura; modeling, behavioral rehearsal, social reinforcement (*observe social interactions, but need structured instruction and practice to utilize skills*)
- Central Coherence Theory: difficulty conceptualizing to a larger whole; thinking in parts rather than relating information back to larger patterns of behavior (*can participate in an interaction with one individual in one setting; cannot analyze new situations and interpret that they need to utilize that same skill*)
- Executive Dysfunction Theory: difficulty prioritizing, organizing, solving personal problems, being independent (*cannot create structures in order to independently succeed in various settings; inability to segment projects into smaller parts, budget time, integrate social and organizational skills to solve problems*)

### Social Skills Therapy

- Success in life depends on social skills
- Importance of social skills cannot be overstated, as they are necessary for: Personal development and identity, employability, quality of life, physical and psychological health, ability to cope with stress
- Basic assumptions necessary of therapists and families: Social skills must be taught, the young adult has to see the need for the skill, practice with supportive adult partners is necessary, external feedback is necessary at first, with the plan of moving to self-evaluation of use of skills
- We have integrated ideas from various therapy programs:
  - Skillstreaming (Goldstein & McGinnis, 1997)
  - Social Thinking (Winner, 2002)
  - Social Stories (Gray, 1994)
  - Video modeling (Bellini & Akulian, 2007)
- General Framework for Group Therapy Sessions
  - Structured Conversation
  - Knowledge piece – teaching of the targeted skill
  - Application activity
  - Social activity
- Some young adults need individual therapy as well
  - Continued work on communicative effectiveness
  - Preparation and practice *before* group
  - Time for self-evaluation and self-reflection *after*
- Misconceptions:
  - Just because an individual can *tell* you what to do in a social situation does not mean he can *do* it
  - Once an individual reaches an adult placement he does not need intervention for social skills

### Conclusions

- Social communication skills are prerequisite to self-determination and self-advocacy – some of the most important outcomes for young adults with FXS
- Studies have looked at social cognition (Ozonoff & Miller, 1995), theory of mind intervention (Gevers et al, 2006), social skills training (Williams et al 2006), outpatient clinic-based social skills group (Barry et al, 2003, and social thinking (Crooke, Hendrix & Rachman, 2007)
- The literature is clear that social skills can be taught, but growth occurs in small steps, happens slowly, and generalization is difficult
- Kidd (2013) reported that as young adults with FXS age, there is an increased reliance on medications rather than therapeutic interventions
- We need more research with continued refinement of methodology: focused treatment, control groups, quantitative data collection, meaningful outcome measures, large numbers of participants

### References

- Kidd, S.** (2013). Characteristics of children with FXS attending clinics in a National Consortium. The Gordon Conference.
- Pierangelo, R. & Giuliani, G.** (2004). Transition services in special education, Allyn & Bacon, Boston, MA.
- Wehman, P.** (2013). Life beyond the classroom: Transition strategies for young people with disabilities, Brookes Publishing, Baltimore, MD.