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Social Skill Program Development: A Bottom-Up Approach

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OT 7202 – Doctoral Capstone Experience

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Abstract

This Doctoral Capstone Experience involved developing and implementing a social skills group program for current clients at an occupational therapy outpatient pediatric clinic. The purpose was to provide an additional service for the clinic that clients could participate into further progress one's social-emotional and social interaction skills. The program was developed for peers alike to learn and enhance their social skills within a realistic and supportive environment. Based on the mentor and client's needs at Arcadia Center for OT, a social skill program was developed that integrated the bottom-up approach.

Introduction

This Doctoral Capstone Experience was completed at Arcadia Center for OT with a focus on program development and advanced clinical practice. Arcadia Center for OT is an outpatient pediatric clinic serving children from birth to 18 years old. Wendy Horton-Bierema was the site mentor for this capstone experience and is the owner of Arcadia Center for OT. She has her licenses and certifications for occupational therapy and counseling in psychology. She has been an occupational therapist (OT) for many years and dove into the Development Individual-Differences and Relationships based approach (DIRFloortime model), influencing her clinic values to be play-based and rooted in science. With her expertise in the DIRFloortime model, she wanted these social skill groups for children to have fun and get a chance to interact with peers alike.

Literature Review of Capstone Topic

Introduction

Social skills are what individuals use to communicate, learn, make friends, develop healthy relationships, and interact with others (Fox et al., 2020). Social skills groups are implemented to help individuals with attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), social anxiety disorder (SAD), and individuals in general that have difficulty interacting with those around them (Collet-Klingenberg, 2009). Social skills address a variety of social behaviors, including perspective-taking, conversation skills, friendship skills, problem-solving, social competence, emotion recognition, and turn-taking (Collet-Klingenberg, 2009; Fox et al., 2020). Social skills groups typically comprise two to eight individuals and a teacher or adult facilitator (Collet-Klingenberg, 2009). The structure of the group meetings included an

introduction, instructions, role-playing/practice, occupational participation, and feedback to promote positive social interaction (Collet-Klingenberg, 2009).

In the Kalamazoo area, there is a need for more places to offer social skills or group services that have an occupational therapy perspective. The outpatient pediatric clinic Arcadia Center for OT in Kalamazoo, Michigan, identified a need for a social skills group as an additional resource for their clients. This capstone aimed to develop and implement a social skills program to serve individuals who require social skills interventions at Arcadia Center for OT.

A Bottom-up Approach

The bottom-up approach was utilized to evaluate the foundational components of social skills and develop treatment plans based on the client's deficits (Bottom-Up vs. Top-Down Approach, n.d.). Working on the skills the client needs to engage in social interactions to allow increased performance during their daily lives. Treatment of the foundational components includes sensory integration techniques, emotional regulation, and executive functioning to improve their participation in social engagement. Compared to the top-down approach, which evaluates the client's functional ability and the occupations that are important and meaningful to them (Bottom-Up vs. Top-Down Approach, n.d.). The outcome is to increase existing skills and to adapt activities to allow independence in a client's occupation. The top-down approach focuses on increasing a client's skills necessary to participate in daily activities. In contrast, the bottom-up approach is based on the client's deficits and improving those for increased participation.

Attention Deficit Hyperactivity Disorder (ADHD)

The National Institute of Mental Health defines Attention Deficit Hyperactivity Disorder as an ongoing pattern of inattention and hyperactivity-impulsivity that interferes with functioning or development (U.S. Department of Health and Human Services). Children with ADHD experience inattention that can lead to difficulty staying on task, difficulty with organization, and becoming easily distracted (American Psychiatric Association, 2013). Children with deficits in maintaining attention lack the social skills necessary for engagement in social participation, leading them to experience peer rejection and a lack of close friendships (Mrug et al., 2012). Due to social rejection, these children are more likely to be excluded from social activities. As a result, they lack social experiences and opportunities to develop and refine their social skills (Mrug et al., 2012). Fox et al. (2020) found that pairing a typically developing peer with a child with ADHD in social skills treatment resulted in more consistent and significant improvements in social skill play, pragmatic language, and problem-solving skills. In addition, group interventions focused on social skills through meaningful occupations allowed children to improve their social difficulties in meaningful activities. (Gol & Jarus, 2005).

Autism Spectrum Disorder (ASD)

Autism spectrum disorder is a developmental disability marked by difficulties in social communication, restricted interests, and repetitive behaviors (Bohlander, 2012). Individuals abilities are broad and can range from low to high functioning, while also experiencing social skill deficits (Bohlander et al., 2012). Social skills for ASD include initiating and continuing communicative interactions and using nonverbal communication, such as facial expressions and gestures (Bohlander et al., 2012). Calder et al. (2013) found that children with ASD have fewer meaningful friendships and lower quality friendships than typically developing peers. Social

skills training can help facilitate socialization and, in a group setting, can create naturally occurring interactions with peers (Deckers et al., 2016). Deckers et al. (2016) found that social skills training can help children with ASD understand their social environment and identify how to engage appropriately.

Social Anxiety Disorders (SAD)

Social anxiety disorder is when a person has significant discomfort about being embarrassed, rejected, or looked down on in social situations (American Psychiatric Association, 2021). Social anxiety can lead to avoidance of social interactions that can disrupt someone's life and adversely affect relationships, daily routines, work, school, and even play (Mayo Foundation for Medical Education and Research, 2021). Olivarez et al. (2019) stated that social skills training included gradual exposure tasks with age-matched peers and under the control of a therapist to explain, instruct, model, orient and guide and reinforce social skill training protocol. The results had a clinical significance that increased the participant's execution of social skills and allowed the learning of new skills through modeling of peer coping and assistance through therapists (Olivarez et al., 2019).

Beidel et al. (2014) stated that social skills treatment for social anxiety disorder, whether the treatment was delivered alone or with additional treatment options or exposure-based interventions, significantly impacted the social skills of people with a socialized anxiety disorder (Beidel et al., 2014). Therefore, social skills training is essential for the treatment of socialized anxiety disorder as it teaches prosocial behaviors appear to be lacking in individuals with a socialized anxiety disorder (Beidel et al., 2014).

DIRFloortime

DIRFloortime is the Developmental, Individuals-differences, and Relationship-based model that provides a foundational framework for human development and how each client perceives and interacts with the world differently (Boshoff et al., 2020). The DIR model focuses on the power of relationships and emotional connections to increase social-emotional development compared to the traditional behavioral approaches. The creators of DIRFloortime, Greenspan, and Wider, 2006 stated that emotional development is critical for developmental areas such as language, cognition, visual-spatial, and motor development. In recent research, DIRFloortime has been shown to increase children's socio-emotional development and is the foundation for child development and learning (Boshoff et al., 2020). The DIRFloortime model was incorporated into each social skill group session to establish relationships and increase peer engagement.

Social Skill Programs

Corkum et al. (2010) used an established program, *Working Together: Building Children's Social Skills Through Folk Literature*, that focuses on skill development and performance of skills in the context of folk stories. The sessions' structure included a review of previous skills learned, a presentation of a new folktale, a discussion of a new folktale and its relationships to a new skill, a practice activity, and a maintenance activity (Corkum et al., 2010). The manual included five units covering 31 social skills, including making conversations, introducing yourself, making positive statements, using courtesy words, asking for help, and offering help (Corkum et al., 2010). Corkum et al. (2010) social skills program groups comprised four to seven students and took place for 1- hour sessions once a week for ten weeks. At the end of each session, parents and teachers were educated on specific skill steps that the participants

learned in the group to assist with generalization (Corkum et al., 2010). The *Working Together* program was found effective in increasing social skills in children with ADHD and reducing antisocial behaviors in children with emotional and behavioral disorders (Corkum et al., 2010). In addition, involving parents and teachers in pre-existing peer groups may increase the effectiveness of the social skills training program (Corkum et al., 2010).

Gokhale & Sawant (2015) developed a social skills program for children with ASD. The program ran for eight weeks and consisted of nine children with high-functioning ASD. The program included the principles of the neuro-developmental approach, sensory integration theory, cognitive-behavioral treatment, and behavioral techniques such as reward reinforcement (Gokhale & Sawant, 2015). The social skills intervention structure included greeting others in the group, taking turns, peer training, and play/interaction-focused interventions (Gokhale & Sawant, 2015). As a result, the children with ASD showed a positive change in social interaction skills, including greeting others, asking questions about peers, expressing sympathy, and offering help (Gokhale & Sawant, 2015).

Michelle Garcia Winters is the creator of Social Thinking Methodology, which provides evidence-based strategies to help individuals to develop social competencies (The Social Thinking Methodology, n.d.). Social Thinking utilizes its tools to break down complex social contexts into understandable and engaging ones to achieve one's social goals. (The Social Thinking Methodology, n.d.). The methodology foundation begins within an interaction, and an individual has to have social

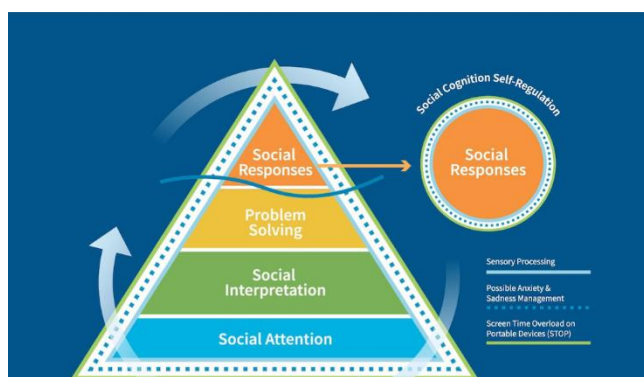


Figure 1 (*The Social Thinking Methodology, n.d.*)

attention to interpret the social situation. Then be able to problem solve and choose the appropriate social response. But if an individual has difficulty with sensory processing, anxiety, or executive functioning skills, the individual will have difficulty selecting the appropriate social response. See Figure 1.

Assessments

To establish a baseline and assess outcome measures of individuals completing social skills programs, the Social Skills Rating System (SSRS) and Social Skills Improvement System (SSIS) can be utilized. The Social Skills Rating System is a standardized questionnaire that gathers information from the child and the parent/caregiver (Corkum et al., 2010). The SSRS has three sections: social skills, problem behaviors, and academic competence (Corkum et al., 2010). The SSRS parent form is valid and reliable in measuring social skills (Corkum et al., 2010). The Social Skills Improvement System assesses social skills and problem behaviors (Klaussen & Rasmussen, 2013). The SSIS is a revised version of the SSRS and consists of three subscales: social skills, problem behaviors, and academics (Klaussen & Rasmussen, 2013). The SSIS is a valid and reliable assessment to identify the strengths and deficits of a child's social skill abilities (Klaussen & Rasmussen, 2013).

Needs Assessment

Strengths	Weaknesses
<ul style="list-style-type: none"> • Clients that were in the social skill groups are current clients at Arcadia Center for OT; Know the client's strengths and weaknesses. • Large clinic space and outdoor space to hold big social skill groups. • Occupational therapy perspective • Provide an opportunity to have social skill group within the natural environment of hanging out with peers alike and safely working on skills needed to be a part of “normal society” 	<ul style="list-style-type: none"> • Staff at Arcadia Center for OT have their own clients and busy schedules. <ul style="list-style-type: none"> ○ They don't have enough time to create a session plan for groups. • If groups are outside the weather could be an issue. • The clinic has a small parking lot, so it is unable to accommodate large groups. • The clinic is growing with staff being added, resulting in limited rooms to perform the smaller social skill groups. • Can't bill through insurance.
Opportunities	Threats
<ul style="list-style-type: none"> • Positive impact on the community that allows a chance for peers to interact within a safe environment. • Have social skill groups in the backyard of the clinic space. • Bringing future clients into the clinic for other services. • Educate families about OT and social skills. • Desire for future social skill groups 	<ul style="list-style-type: none"> • Lack of clients to come to the social skill groups. • Difficult clients requiring one on one support during groups. • Families might not be able to afford repeated social skill groups. • Clients and families are busy with current OT services so they may not be able to come to a social skill group. • Supply costs can get pricey. Therefore, you must increase the number of supplies depending on the group size.

Through the needs assessment process and talking with occupational therapists (OT) in the area of Kalamazoo, MI there are limited social skill groups with the occupational therapy perspective. Many of the social skill groups in the Kalamazoo area are led by counselors, speech therapists, or ABA programs. Also, since social skills cannot get covered through insurance, it is an out-of-pocket cost for many families. Many social skills groups have a set rate for a certain number of weekly sessions, which can get costly. Arcadia Center for OT wanted everyone to have an equal opportunity to experience social skill groups appropriate for their social-emotional

developmental level. At Arcadia Center for OT, they have OTs with many years of experience and additional training to run/create social skill groups. But their time is limited and mainly spent focused on their individual session. The OTs have some clients that are at the point in their growth where a social skills group would be beneficial for them. Meeting the clinic's needs by developing and implementing group sessions has benefited the clinic and the clients.

Objectives Achieved during the Capstone

Objective 1 was to develop and implement social skills groups for Arcadia Center for OT. Organizing the social skill groups, I created two types of groups (smaller dyad and triad groups and the larger social skill groups). The dyad and triad groups were individualized for the clients that registered for those specific groups. The smaller groups had 5 or 6 sessions, depending on their biweekly sign-up time. The larger social skill group was for ages 4-8 years old and another for ages 9-14. The larger social skill group was open to all the clients at the clinic, and they just had to reserve a spot to ensure we had enough clients to have the group.

To first create the social skill groups, I needed clients that would be interested in social skill groups. Wendy and the two other occupational therapists at the clinic recommended clients they thought would benefit from a social skills group. Then a social skills group list was created, where I was then able to shadow the potential client's occupational therapy sessions. Observing sessions allowed me to observe the clients to identify their strengths and deficits to target during their social skill group sessions. It also allowed me to identify what clients would complement each other to be in the smaller dyad and triad social skill groups.

Once the appropriate matches were solidified, parents and caregivers were contacted to set up scheduling and to complete the parent interview. Objective 3 was to develop a parent interview questionnaire (see Appendix A). The questionnaire was developed to identify the

client's availability, strengths, and weaknesses in social skills, how often the client engages with peers, the child's interests, and the parent's/ caregivers' goals for their child. The parent interview questionnaire was utilized to assist with setting the client's individual social skill goals, observations, and a pre-social skill checklist (see Appendix B). I utilized the social skill checklist to gain baseline information. Originally the plan with the social skill checklist was to complete a pre/post measure to identify progress in the clients, but in the final week of groups, many clients were unable to attend group, so there was not a post-measure to score.

Objective 4 was identifying and utilizing an outcome measure to track the client's progress. Goal Attainment Scaling (GAS) was utilized to document the dyad and triad groups. See Appendix C for the documentation template. GAS is an individualized outcome measure to score the client's goals throughout the intervention (Goal attainment scale, 2020). The goals identified were to fit within the client's current and expected levels of performance related to social skills. The GAS goals were documented after each session, including any significant event for the client, including emotional outbursts, difficulty with transitions, back-and-forth communication with peers, initiation of conversation or questions directed to peers, and any noticeable progress towards their social skill abilities.

Once the clients were set to start the social skills group, they were given a welcome letter (see Appendix D) with their group dates and times. Objective 2 was to develop modules/session plans for each social skill group. When developing the social skill groups at Arcadia Center for OT, I wanted the group to incorporate the clinic's values to be play-based and child-led. With this approach, the clients learned within the natural play environment with support from the group leader to enhance and learn new social skills appropriate to developmental levels. The big social skill group session occurred biweekly during the capstone experience. An example of a

big group session is in Appendix E. Appendix F is an example of the entire 6-week course of a small dyad group. The sessions were structured to include a welcoming, heavy work/ gross motor activity, focused activities, closing/ clean-up, and then an activity to try at home was given to the parent/caregivers (see Appendix G for group structure). Each session had a different social skill as the focus of the session (see Appendix G). These individualized sessions were based on the child's socio-emotional and developmental play levels (see Appendix H). Some sessions were focused on the same social skills for a few weeks, or their sessions were focused on play interactions with peers, all based on the child's skills. After each session, a slip was given to parents/caregivers, including the skills worked on in the session and a social skill activity to try at home (see Appendix I).

Objective 5 was to create a resources binder for the social skill program at Arcadia Center for OT. This binder was created as a resource for the staff to utilize after the capstone experience ended. See Appendix J for the table of contents. The binder included all the big and small group sessions, documentation from small group sessions, templates, 75 activities, and experiments. Also included in the binder is a social skill informational sheet for use in future social skill groups (see Appendix K). The activities format included the age, skills targeted, supplies required, number of participants, how to play, and reflection (see Appendix L). Activities that were included were ones utilized during group sessions, along with extras that the clinic could use in the future.

Implications of Capstone

The development of the social skill group programs has impacted the site to increase the services offered to clients at the clinic. They offer occupational therapy services and social skill groups that provided a safe area for diverse children to express themselves with support from

trained professionals to assist them in their social needs. They will be utilizing the group format in their summer programs. In addition, the dyad and triad groups cannot be reused as they were individualized to the specific clinics. However, the staff can utilize all the activities used in that group if it benefits that group's goals.

Conclusion

This doctoral capstone experience involved developing a social skills group at Arcadia Center for OT. I was able to fill the clinic's need by offering social skill group services in the Kalamazoo area for the clinic's current clientele. The clients in the social skill groups ranged from ages 4-14 with various diagnoses, including ADHD, Autism Spectrum Disorder, anxiety, and sensory processing disorder. Social skills groups were established to create an environment where children can interact, connect, and learn with peers alike within a supportive environment. The development of the groups included concepts from the social thinking curriculum, DIRFloortime, and the social skill program by Gokhale & Sawant (2015).

Throughout this DEC, I learned how to implement and lead a group specializing in social skills. When I started the groups, I knew how the structure and sessions would be formatted based on the research. After getting to experience leading a social skill group, I learned what needed to be incorporated for a successful group session. From an occupational therapy perspective, I included heavy work or gross motor movement activities to get the client regulated and to be able to focus. In developing big groups for younger clients, a set structure was not utilized, and those sessions were created to represent a storyline of activities. As a result, the activities would flow better together for easier transitions from one activity to the next. In

addition, it created the sessions to be more engaging and fostered interaction with the peers in the groups.

Recommendations for future groups offered at Arcadia Center for OT are to have weekly groups instead of biweekly. It would help families to remember their group time if it was set weekly for six sessions or however many sessions the group is offered. In addition, for payments, I had my groups pay per session when they registered for the dyad/ triad social skill groups. Instead of paying per session, have a one-time price for the whole social skill group sessions. A one-time payment may be a more significant amount upfront, but that way, time is not spent collecting payments from everyone at the beginning of each session. Lastly, if groups are offered to outside individuals not currently getting services at Arcadia Center for OT, to ensure a good fit, meet the client in person before accepting them into the groups. When I had an outside individual come for one of the big social skill groups, it became disorganized as we needed to learn about them. The client required extra one-on-one assistance to stay with the group, get regulated, and control outbursts. Nonetheless, being in a new environment with new people can be overwhelming, so allowing them to see the clinic and meet the group leader can ease some of those anxieties about the unknown. It will also allow you to observe the client and talk with the parents a little about them to see if they would be a good fit in the group.

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Appendix A**Social Skills Group- Parent Interview**

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____

Phone Number: _____ E-mail: _____

What are the best days that work for you/your child to come to a social skills group? Circle all that apply: Monday Tuesday Wednesday Thursday Friday

What times work best? _____

What are your child's strengths when it comes to social interaction with peers?

What does your child struggle with when it comes to social interaction with peers?

How often does your child engage in social interactions with peers?

Describe your child's friendship with their peers?

What are your child's interests?

What would you like your child to gain from attending these social skills groups? Or What would you like your child to approve upon to from attending these social skills groups?

Appendix B

SOCIAL SKILLS CHECKLIST (Secondary)

Name of child: _____ Date: _____

Birth date: _____ Assessor's name: _____

Instructions: For each question, check if that particular social skill occurs **Almost Always, Often, Sometimes, or Almost Never.**

RATING SCALE				
<i>Almost always</i> - the student consistently displays this skill in many settings and with a variety of people				
<i>Often</i> - the student displays this skill on a few occasions, settings and with a few people				
<i>Sometimes</i> - the student seldom displays this skill but may demonstrate it on infrequent occasions.				
<i>Almost Never</i> - the student never or rarely exhibits this skill. It is uncommon to see this in their daily routine.				
	Almost Always	Often	Sometimes	Almost Never
1. Conversational Skills (Verbal and Non-Verbal)				
1. Initiate conversation when it is appropriate to do so				
2. Initiates conversation around specific topic				
3. Asks "Wh" questions				
4. Responds to "Wh" questions				
5. Makes a variety of comments, related to the topic				
6. Introduces him/herself to someone new				
7. Introduces people to each other				
8. Ends conversations appropriately				
9. Waits to interject in a conversation				
10. Maintains appropriate proximity to conversation partner				
2. Problem Solving				
1. Seeks help from peers				
2. Seeks help from adult				
3. Plays a game successfully				
4. Identifies/defines problems				
5. Generates solutions to problems				
6. Carries out solutions by negotiating or compromising				
7. Understands impact his/her behavior has on peers				
3. Understanding Emotions				
1. Identifies likes and dislikes				
2. Identifies emotions in self				
3. Identifies emotions of others				
4. Justifies emotions once identified (eating because I'm hungry)				
5. Demonstrates affection and empathy toward peers				
6. Refrains from aggressive behaviors toward peers				

	Almost Always	Often	Sometimes	Almost Never
3. Understanding Emotions (continued)				
1. Refrains from aggressive behaviors toward self				
2. Does not exhibit intense fears or phobias				
3. Interprets body language				
4. Uses different tones of voice to convey messages				
4. Compliments				
1. Appropriately receives compliments				
2. Asks for a favor appropriately				
3. Apologizes independently				
4. Says thank you				
5. Gives compliments to peers				
6. Gives compliments to adults				
5. Flexibility				
1. Accepts making mistakes without becoming upset/angry				
2. Accepts consequences of his/her behavior				
3. Accepts unexpected changes				
4. Continues to try when something is difficult				
5. Ignores others or situations when it is desirable to do so				

SUMMARY OF SOCIAL SKILLS CHECKLIST	Total % Marked as Almost Always	Total % Marked as Often	Total % Marked as Sometimes	Total % Marked as Almost Never
1. Conversational Skills				
2. Problem Solving				
3. Understanding Emotions				
4. Compliments				
5. Flexibility				

Calculation: For each section, calculate the percentage of questions marked as Almost Always, Often, Sometimes, and Almost Never. To calculate, total the number of questions checked under the category in that specific section and divide by the total number of questions in the section, then multiply by 100.

Example:

To calculate the total % of components marked "Almost Always" under the Conversational Skills section, first total the # of questions checked "Almost Always" in that section. Then, determine the # of total questions under Conversational Skills. Divide the # of questions checked by the total # of questions and then multiply by 100.

_____ questions marked "Almost Always" ÷ 10 total questions, x 100 = _____ %

Appendix C

Social Skill Dyad/Triad Documentation

Name: _____ Date: _____

NAME has participated in a social skills group session with **1 of 2** children that attended this group.

Group Session

Gross Motor Activity:

- 1.
- 2.

Focus Activity:

- 1.
- 2.
- 3.

Significant Events:

Child's GAS Goals:

Score	GOAL 1	GOAL 2	GOAL 3	GOAL 4
+2				
+1				
0				
-1				
-2				

Progress:

GOAL 1: +2 +1 0 -1 -2

Comments:

GOAL 2: +2 +1 0 -1 -2

Comments:

GOAL 3: +2 +1 0 -1 -2

Comments:

GOAL 4: +2 +1 0 -1 -2

Comments:

Appendix D



Appendix E

Big Group Session Plan

Younger Group- Ages:4-8

- Bunny Hop
 - Hop on the easter eggs and carrots around the room scattered around the room without touching the floor or touching other bunnies.
 - When the music stops make sure you land on an easter egg and not a carrot.
- Straw Blow
 - Get the pom pom to cross the line! You can only use a straw to blow the pom across the room.
- Parachute activity
 - Collecting the eggs from the basket in the middle.
- Easter egg race
 - Walk across the balance beam while holding an egg on the spoon.
 - Don't let egg fall off
 - One kid at a time goes across the balance beam drops off the egg walk back across the beam hands the spoon over to the next person to go.
- DIY sensory bottles
 - Kids fill bottle with items (glitter, beads, food coloring, any little thing)
 - Fill with a little oil and water!
 - Tape the top.

Extra activities:

- Blow and pop bubbles.
- Chicken crack egg game

Older Group- Ages:9-14

- Zip-Zap-Boing (harder game)
 - How to Play:
 - If a player wants to choose the player to their left, they point and say Zip.
 - If they want to choose the player on their right, they point and say Zap.
 - If they want to choose the person that just pointed at them, they say Boing without pointing.
 - Each time another player is selected in this way, it is their turn to quickly Zip, Zap, or Boing.
 - If a player hesitates or doesn't respond when it is their turn, they get a strike. If a player's word doesn't match where they are pointing, they get a strike. The first player to three strikes loses, and the game ends.
 - After a round or two, mix things around and up the confusion by changing the rules: now, when a player Zips or Zaps, they DON'T point, and when the Boing, they DO point. Everyone's brain will get twisted into knots trying to relearn when to point and when not to, and the players to either side of the current player will have to be really paying attention because they have to rely on the words rather than the motions to know when it is their turn.

- Kemps Card game

This game is played like the card game spoons, but with a twist.

Before you Start:

- Create teams of 2 players.
- Each team of 2 will create a secret message or sign to be used during the game.
- The player that gets 4 of a kind, uses their secret signal to get their partner to say "KEMPS", wins the round.

How to Play:

- Players will sit in a circle across from their teammates.
 - To start the game each player is dealt 4 cards. The rest of the cards is in a pile next to the dealer.
 - The goal is to get 4 of a kind.
 - The dealer picks up the top card from the deck they can 1. put that card in their hand and discard another card or 2. pass it along to the next person.
 - Then the next person does the same with the cards.
 - The cards keep getting passed around until someone makes a 4 of a kind.
 - When a player gets a 4 of a kind, they use their signal to get their partner to say "KEMPS!"
 - When their partner says "KEMPS" the team won the round.
 - But the other teams can say "COUNTER KEMPS" if they think a team is using their signal.
 - If the player the called "COUNTER KEMPS" is correct and the team has 4 of a kind they don't get the point and team that called "COUNTER KEMPS" gets a point
 - If their guess was wrong no one gets any points.
- Bubble Gum Artist
 - Create art on a note card using gum and a toothpick.
 - Logo Trivia
 - Guess the variety of fast-food logos without the name.
 - French Fry Taste Test
 - Guess where the French fry came from.

Extra Games:

- Name 10- Category game from the alphabet

Appendix F

Session 1- Get to know each other.

Gross Motor Activity:

- Obstacle Course
- Space Race

Focused Activity:

- Feeling Charades
- City Planning
- Protect the fort

Session 2- Listening skills and whole body listening.

Gross Motor Activity:

- Ball pit
- 10lbs ball toss

Focused Activity:

- Listening body coloring
- Red light, green light
- Guess the Sound
- Trust walk
- Slime

Session 3- Body in/ out of group, listening, following directions, cooperation.

Gross Motor Activity:

- Heavy work- Balls toss
- Stomping car race

Focused Activity:

- Body in group vs body out of groups
 - Toss medicine ball for body in vs out of group.
- Freeze dance body in vs out of group- (song on YouTube, body in group song)
- Hot and cold- scavenger hunt activity
- DIY lava Lamp

Session 4- Turn taking, teamwork, flexibility, emotions.

Gross Motor Activity:

- Trampoline, punching bag

Focused Activity:

- Heavy work/gross motor movement
 - Crunchy snack
- Turn taking game (matching game)
- Make salt dough
- Emotions play with salt dough
- Play building- pushing acceptance of ideas

Session 5- Regulation, turn-taking, problem solving.

Gross Motor Activity:

- Floor is lava

Focused Activity:

- Color paper experiment
- Draw a picture
- Board game
- War card game

Appendix G

Session Structure

- Welcome- Updates- Last week discussion
- Gross Motor Movement/ Heavy Work Activity
- 1-3 Focused Activities
- Closing/Clean up and compliments
- A slip for an activity for families to try at home

Session Topics

Each group session topics are different based on the clients' goals and social skill level. Listed below are all of the session topics combined from all group sessions.

- Communication
- Engagement/ Attention
- Cooperation
- Active Listening/ Listening Body
- Body in the group
- Emotions and Regulation
- Asking for help
- Flexible vs. Stuck Thinking
- Sharing
- Respecting boundaries
- Initiating and continuing conversations
- Appropriate conversations

Appendix H

SOCIAL SKILL DEVELOPMENT

0-6 Months

- Eye contact
- Smiling at familiar faces
- Laughing when you try to make them laugh
- Making sounds to keep your attention

6-12 Months

- Becoming shy or fearful around strangers
- Reacting to their name being called
- Lifting arms to be picked up
- Mimics behaviors such as clapping and pointing

1-2 Years

- Show affection (hugs & kisses)
- Offer toys to engage others in role-playing
- Uses simple words to communicate
- Follows one-step directions
- Start to develop self-regulation skills

2-3 Years

- Notices when others are hurt or upset
- Plays next to another child (parallel play) and sometimes with them, and uses toys for pretend play
- Follows simple routines (clean-up times)
- Starts to share their own desires or feelings

3-4 Years

- Notices other children and joins them to play
- Engages in social play with dolls or stuffed animals.
- Asks "who", "what", "where", and "why" questions. (Where is mom/dad?)
- Start talking about their feelings

4-5 Years

- Engages in turn-taking and imaginative play by pretending to be someone else (teacher, barista)
- Plays games with simple rules (hide and seek)
- Talks about one thing that happened during their day.
- Answers simple questions ("What is a fork for")

5-6 Years

- Continue to engage in imaginative play with others and start playing board games with rules.
- Keeps a conversation going with 3+ back-and-forth exchanges that are more thoughtful.
- Begins to ask questions about other kids' interests and ideas.

6-7 Years

- Engage with bigger groups of peers
- Create games with their own rules
- Play cooperations games
- Learning to cope with losing.

7-8 Years

- Continue to play cooperative games with peers.
- Create their own games and rules
- Engage outside of their own personal experiences
- Play is more goal-directed and competitive
- Become aware of peoples feeling and perceptions.

Centers for Disease Control and Prevention. (2022, December 29). CDC's Developmental Milestones. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Powers, K. K. (2021). Social Skills for kids: From making friends and problem-solving to self-control and communication, 150+ activities to help your child develop essential social skills. Adams Media.

Appendix I

What we worked on today!

Cooperation	Voice tone	Decision Making	Boundaries
Active Listening	Regulation	Problem Solving	Vocalizing needs
Communication	Emotions	Self- Control	Flexible Thinking
Empathy	Body Signs/Cues	Maintain Conversations	Cause and effect
Engagement	Self-Control	Initiating Conversations	Friendship Skills
Acceptance	Appropriate conversations		

Try it at home: _____

Appendix J

Table of Contents

1. Documents and Templates
2. Group Session Plans

ACTIVITIES

3. Getting To Know You
4. Emotions and Regulation
5. Cooperation
6. Listening
7. Communication
8. Problem-Solving
9. Responsibility
10. Experiments
11. Social Stories
12. References

Appendix K

Social Skill Group Development

What to research:

- Social Thinking Curriculum
- DIR Floor time
- Play Project
- Social- emotional Milestones
- Play Milestones
- Developmental Milestones

Dyad and Triad Group Development

- Started with Wendy and other therapists recommending clients for social skill groups.
- Discussion with Wendy on what kiddos would be a good match together.
- If they come from the clinic observe their OT sessions.
- Matched the kiddos in dyad and triad groups.
- Contacted families to see if they were interested in a small social skills group.
 - If no: Say thank you and offer the bigger social skills group that occurred every other Wednesday.
 - If yes: Complete the parent interview form.
- After getting everyone's availability sessions were scheduled for every other week for a total of 5-6 sessions for each group.
- Set goals for each child related to social skills and the engagement/ interactions with peers.
- Welcome papers were given to each client with dates of their scheduled sessions.
- Text messages for group reminders happened the day of their session.
- After the sessions end document what you did and any significant events, and possibly any progress the children have made.

Big Group Development

- Discussed with therapists (that help run groups) about what days and times to schedule big group days.
 - I created big groups every other week.
 - The younger group was from 5pm-6pm, for children ages 4-8.
 - Then the older group was from 6pm-7pm, for children ages 9-14.
- Text messages for group reminders were sent out 2 days before the big group times, on a Monday.
- Families would confirm with the leader of the group sessions and reserve their spot in the group. To ensure there would be more than one group member.

Tips

- Create activities to flow together for easier transitions.
- Create a story when planning sessions for the younger group.
- Build the anticipation for something to get the children excited and more engaged.
- Give the children a purpose or a common goal to achieve.

- Start with the high energy activities first and then end the session with calm/relaxing activities to help children have a calmer easier transition out.
- Use an attention grabber.
- Ensure you have all supplies in the group room and easily assessable.

If there is only one person signed up.

- Continue the session with the one client.
 - You can discuss with other therapists if they have clients during that group time to schedule 15-minute activity with the 2 clients.
 - If not text the family letting them know that they could have an individual session for \$30 if they would like as no one else will be attending the group session tonight.

Or you can...

- Cancel the session letting everyone that was attending know not to come.

Environment Set-up

Have all the supplies and items you need ready to go in the room so you don't have to leave the room to get supplies.

- Big group- younger children
 - Groups were done in the front big room with everything cleared out.
 - A mat was used to block off the hole and the walkway into the big room.
 - The crash pad was placed inside the hole so if a child ran into the mat the crash pad was there to help the mat from falling inside.
- Big group- older children
 - A mat was used to block off access to the stairs.
 - Everything was put into the small room in the back corner.
 - Ball pit, elephant slide, wooden slide, pillows, balls, stuffed animals ect. was put in the back room.
 - The opening facing the big room gets blocked off with the use of the big mat.
 - A crash pad can be used to close off the opening to the small room that is closest to the basement door.
- Small groups
 - Use the smaller treatment rooms to assist with keeping everyone included into the group.

New Client protocol

- Parent Interview Form
- Schedule a time for you to meet the child before confirming and assigning them to a group.
 - Child and parent come to the clinic to meet the leader of social groups and explore the clinic.
 - It gives a chance to meet the child to determine if they would be a good fit for a social skill group.
 - Make connections with the child during the tour, maybe play a game with them and their parents to help them get to know you before bringing them into a session with all new people and a new leader.

- Interview the parent and ask if their child is currently receiving OT services and if so for what, and where?

Payments

- \$30.00 per child for each session.
- Payments can be made in cash, check, card and FSA cards /Flexible Spending Account.

Possibilities for Future groups:

- For smaller groups set weekly group sessions with a big fee for the total of sessions all 6 sessions.
- Possibly do the same time weekly instead of every other week. I think the repetition and the consistency would help families remember their session times.
 - For summer program you could do a summer special where they come 3 times a week for group sessions.
- It might be better to also include outside individuals, but they should go through the new client protocol.
 - I think this would also help to bring children in from the outside, so it doesn't have to interfere with other therapy sessions within the clinic. (It seemed to cause confusion for some families).
- We tried to get children that came to the smaller group sessions to also come to the bigger group sessions to use the skills they learned in small group and use them during the big group sessions.
- Feeding club- everyone comes and eats together.
- Cooking club.
- For older kids big group create separate boys and girls groups.

Appendix L

Space Race

Work together to collect all the rocket fuel for their spaceship. Communicate with your team, encourage each other, and offer feedback on strategies being used, which are great skills for any team or cooperative tasks.

Ages: 3+

Skills: Cooperation, Problem-solving, Self-control

Supplies: Balls or Foam blocks, A Hula-hoop

Number of participants: 2+

Before you Start:

- Let each player practice hopping in and out of the Hula-Hoop.
- Let the children give each other feedback or suggestions about how to play the game.

How to Play:

- Spread balls (objects) in your room/area. These are your rocket fuel.
- Set a Hula-Hoop up on cones. This is your spaceship.
- Players will work together to collect rocket fuel for their spaceship.
- Each player may only pick up one piece of fuel at a time.
- When a player picks up a piece of fuel, they must run to the spaceship, hop inside, drop the fuel, and hop out.
- If a player knocks the Hula-Hoop off the cones, you can either restart the game or choose to take one or two pieces of rocket fuel out and return them to the ground.
- The game ends when all the rocket fuel is in the spaceship.

Reflection:

- How did you work together for this?
- How did it feel when another player encouraged you?
- What would you do differently if you played again?