Social Skills: Achievement, Supports, and Interventions Across Childhood and Adolescence

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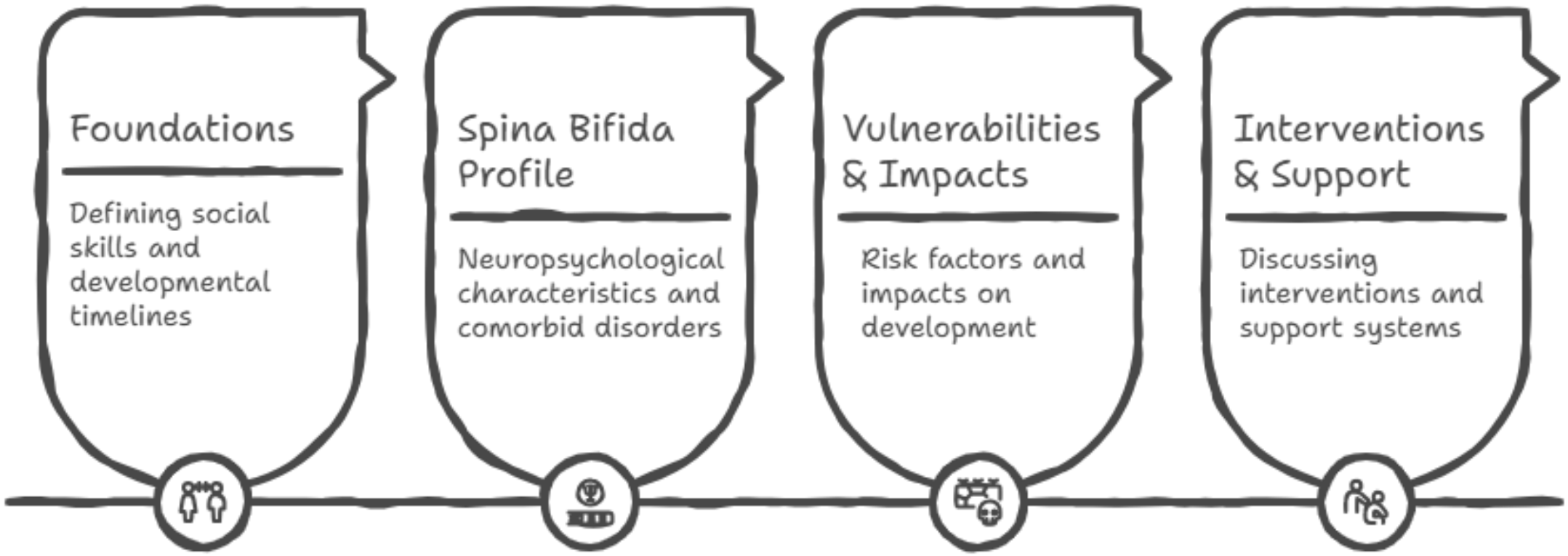
Objectives



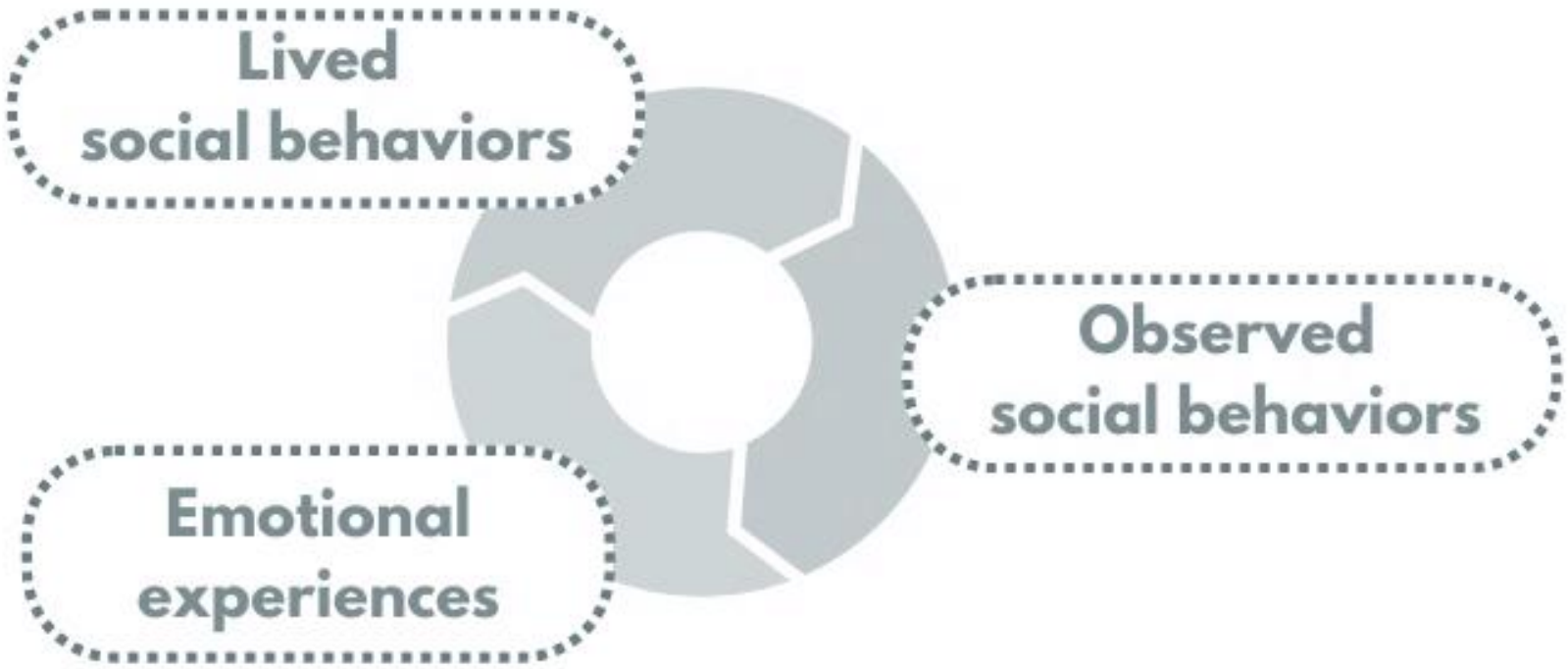
Social Skills

Interactions and behaviors that allow an individual to:	Implications
Initiate and maintain positive relationships	Positive social interactions help with self-esteem and belonging
Gain peer acceptance	Peer interactions replace family as the dominant social reference group for adolescents
Adapt to social environments	Impact on adulthood, employment, and life goals

Social Skills

- They form the foundation for overall social competence
- Consequences of social interactions can include
  - Mental health
  - Academic functioning
  - Health behaviors
- Long term impact into adulthood

Developing Social Skills



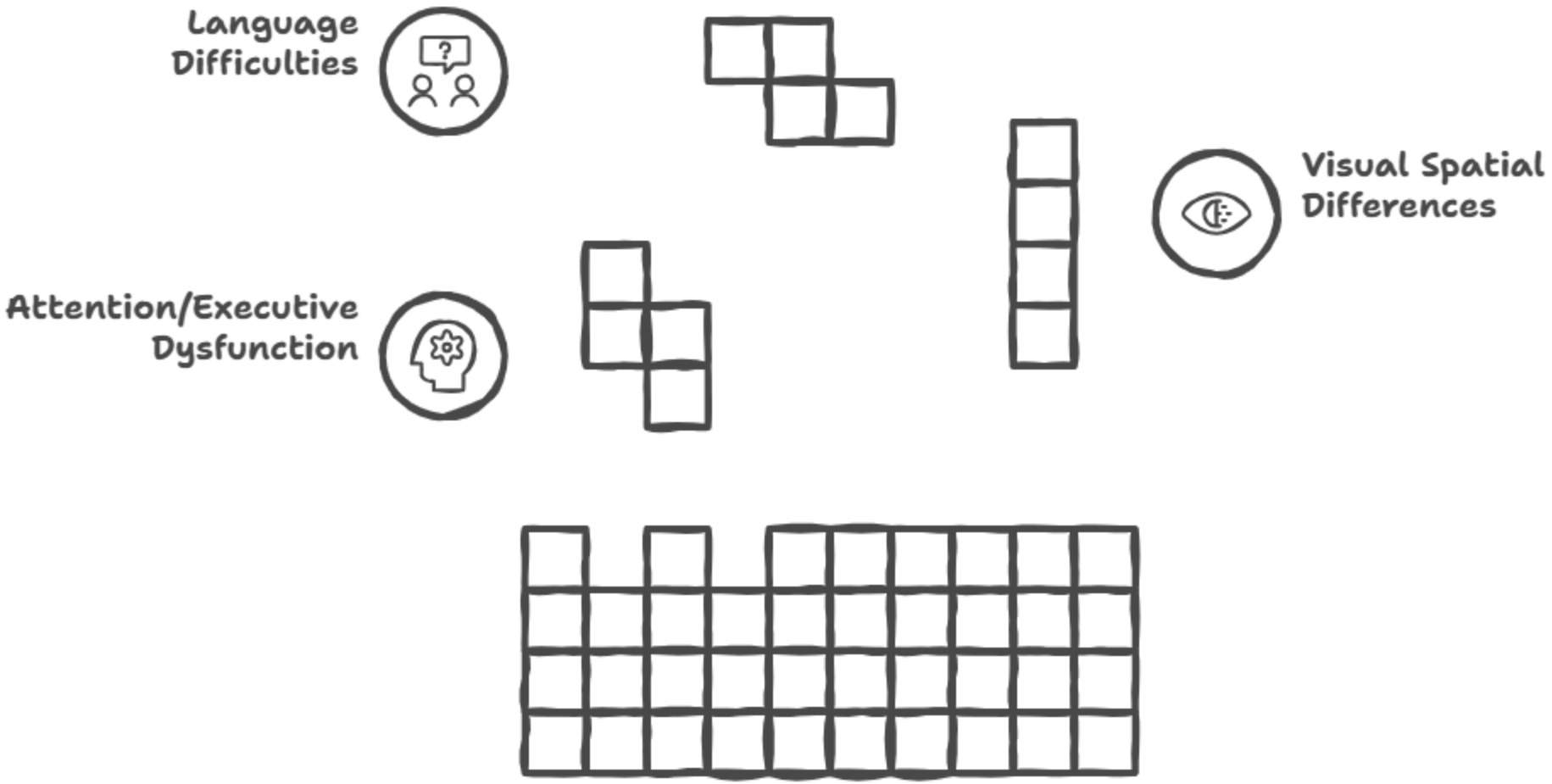
“Typical” Social Skill Progression

- Infancy (0-12months)
  - Security, attachment and self regulation
- Toddlerhood (1-3 years)
  - Growing autonomy, emotional expression, testing boundaries
- Preschool (3-5 years)
  - Play, friendship, empathy, belonging
- School-age (6-12 years)
  - Peer/group acceptance, form of self independent from parents, self esteem, complex social rules, morality, developing values and beliefs
- Adolescence and young adulthood (13- 18+ years)
  - Forming identity, desiring independence, reliance on peers, romantic and sexual relationships, interpersonal conflicts, employment, interactions co-workers

Neuropsychology of Spina Bifida

- Consider the severity/constellation of medical conditions (hydrocephalus, shunt, occulta, meningocele, Chiari malformation, type II)
- Strengths can include:
  - Concrete knowledge, resiliency, fostering strong family relationships
- Those with myelomeningocele can have difficulties with:
  - Visual reasoning/problem-solving
  - Word retrieval and fluency
  - Memory retrieval and visual memory
  - Abstract Verbal Language
  - **Attention (more inattentive than impulsive)**
  - **Executive Functioning**
  - Motor functioning and Fine motor dexterity
- Academic problems in mathematics, reading comprehension, and written expression
- Higher internalizing symptoms (low self-esteem, less social competence, anxiety and depression) Qualter, et al., Holmbeck et al, 2010).

Social Impacts from Spina Bifida

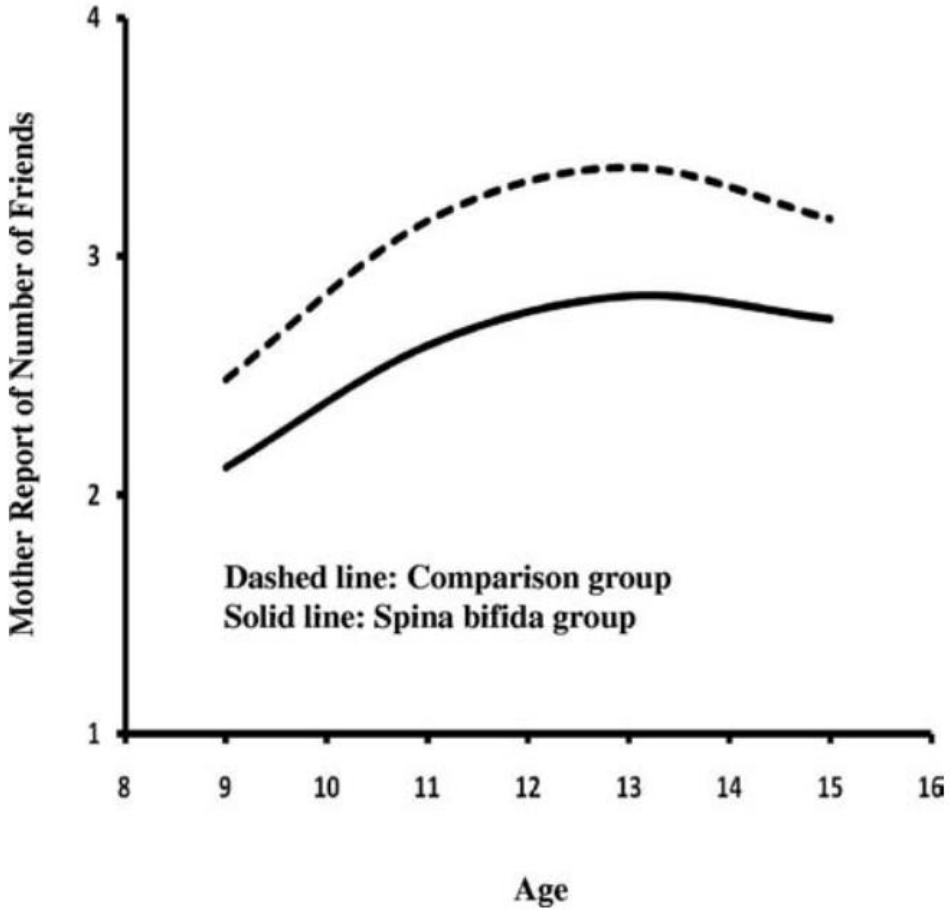


Social Risks from Spina Bifida

- Medical/physical barriers
  - Bowel and bladder incontinence → shame, rejection and social isolation
  - Mobility restrictions → limit (spontaneous) social interactions and opportunities
  - Busy schedules → appointments, therapies, hospitalizations
- Increased challenges with social difficulties (Kritikos, et al., 2020)
  - Social immaturity
  - Passivity
  - Fewer Friends
  - Loneliness
  - Parental Overprotection
  - More dependent on adult guidance (Holmbeck et al., 2003)

Social Impacts from Spina Bifida

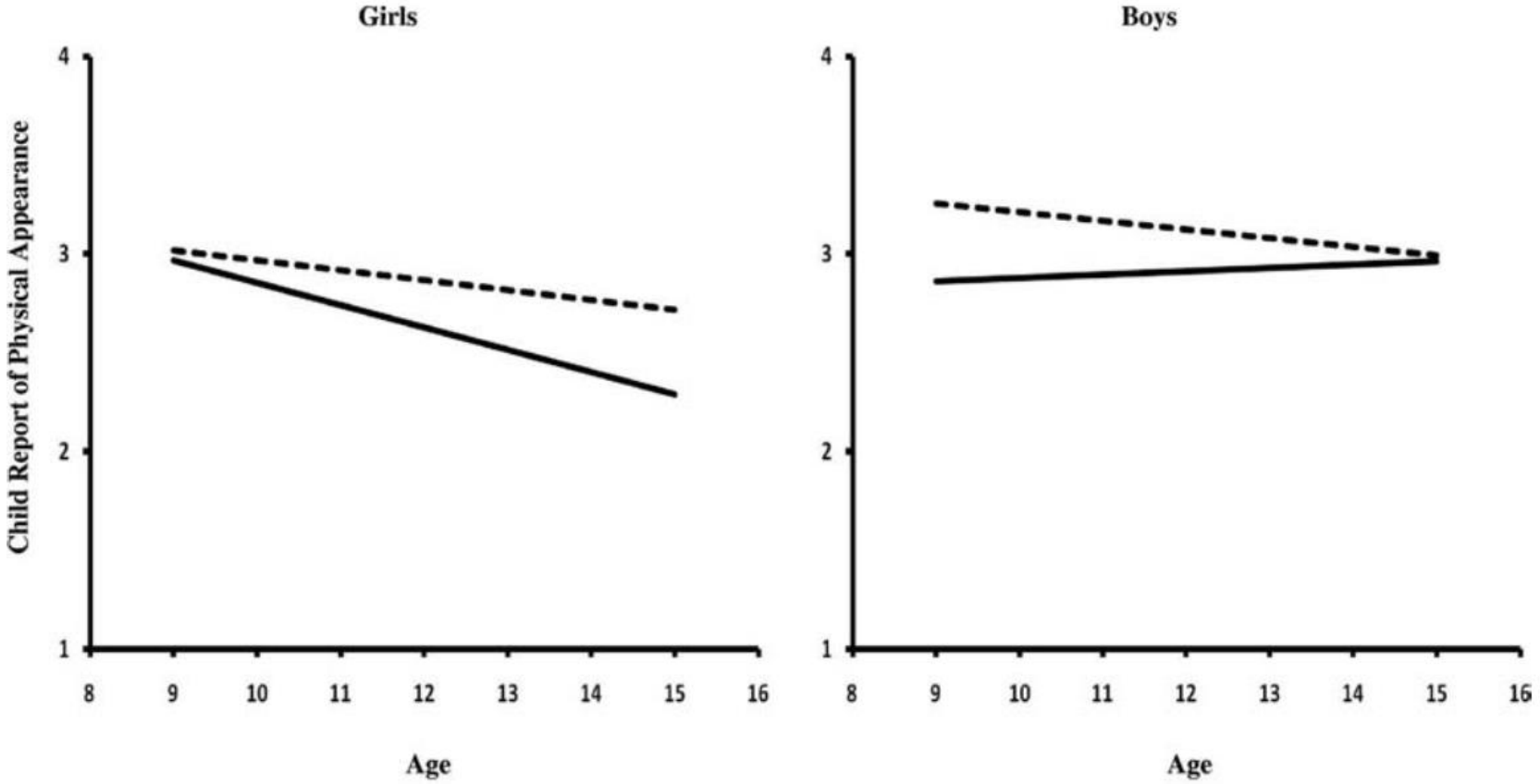
- Chronic conditions are at higher risk for
  - Bullying
  - Less closeness to friends
  - Lower “best friend” quality
- Improved quality of social interactions have been associated with better mental health and physical health



Holmbeck, et al., 2010

Gender Differences in Social Emotional Interactions

- Parents' perception of their daughters; level of social acceptance decreased more dramatically early on for girls with spina bifida
- Girls with SB are at higher risk for negative perception of physical appearance



Spina Bifida

1

85.3%

of youth with SB report having a “best friend” (often non-disabled), yet out-of-school contact and participation in organized social activities remain negligible.

2

73.5%

of adolescents with SB express a strong desire desire to marry. However, only 14.7% report having ever been on a date (compared to 44.1% of their peers).

3

43% to 77%

of adults with SB continue to live with their parents, struggling to achieve emerging adulthood milestones like independent living and full-time employment.

“Altered” Social Skill Timeline in Spina Bifida

Age	Break Down	Intervention
Ages 3-5 (early childhood/preschool)	• Mobility differences and medical appointments can impact social opportunities for exploratory play	• Encourage socialization and friendships
Ages 6-12 (school age)	• Social immature and passive • Start to see increased loneliness • Incontinence becomes a barrier	• Activities to support development of social skills • Monitor for cyberbullying • Adaptive sports

Kristikos, et al, 2020
Fischer et al., 2015

“Altered” Social Skill Timeline in Spina Bifida

Age	Break Down	Interventions/Next Steps
Ages 13-17 (adolescence)	• Fewer friends • Girls with SB are at higher risk • Lower sexual maturation • Less likely to date • Continued dependence on parents	• Social skills training • Peer mentoring with another teen • Discussion about relationship and mental health
Ages 18+ (young adult)	• Compounding factors at this age • Challenges continue to impact social interactions • Independent employment rates	• There were improvements later in life in social interaction in relate to independence • Support occupational/vocational goals

Kristikos, et al, 2020
Fischer et al., 2015
Fremion et al., 2023

Neurodevelopmental/Comorbid disorder associated with SB

Neurodevelopmental/Comorbid Disorders

ADHD	Autism Spectrum Disorder	Learning Disorder	Intellectual Disability
Depression	Anxiety	Executive Function Deficits	Developmental Delays

Anxiety/Depression and Social Skills

- Challenges with social skills can increase anxiety (Habibi Asgaraba et al., 2023)
- Increased peer rejection, negative self-evaluation, bullying
- Those with depression and anxiety are more likely to believe they will be victimized by peers

Interventions/Supports

- Social inclusion interventions have been shown to be helpful for those with anxiety/depression
- The social skills intervention support the symptoms
- Cognitive behavioral social skills programs
- Groups skills
- Interpersonal Psychotherapy for Adolescents

Autism and Social Skills

- SB and ASD have overlapping features
- Shared difficulties with reading social cues, joint attention and executive functioning
- Social impairment in ASD > SB

Interventions/Supports

- Programs validated in ASD can be used while adapting interventions to accommodate for SB
- Social skill training
- Varied experiences help in generalizing skills to different settings

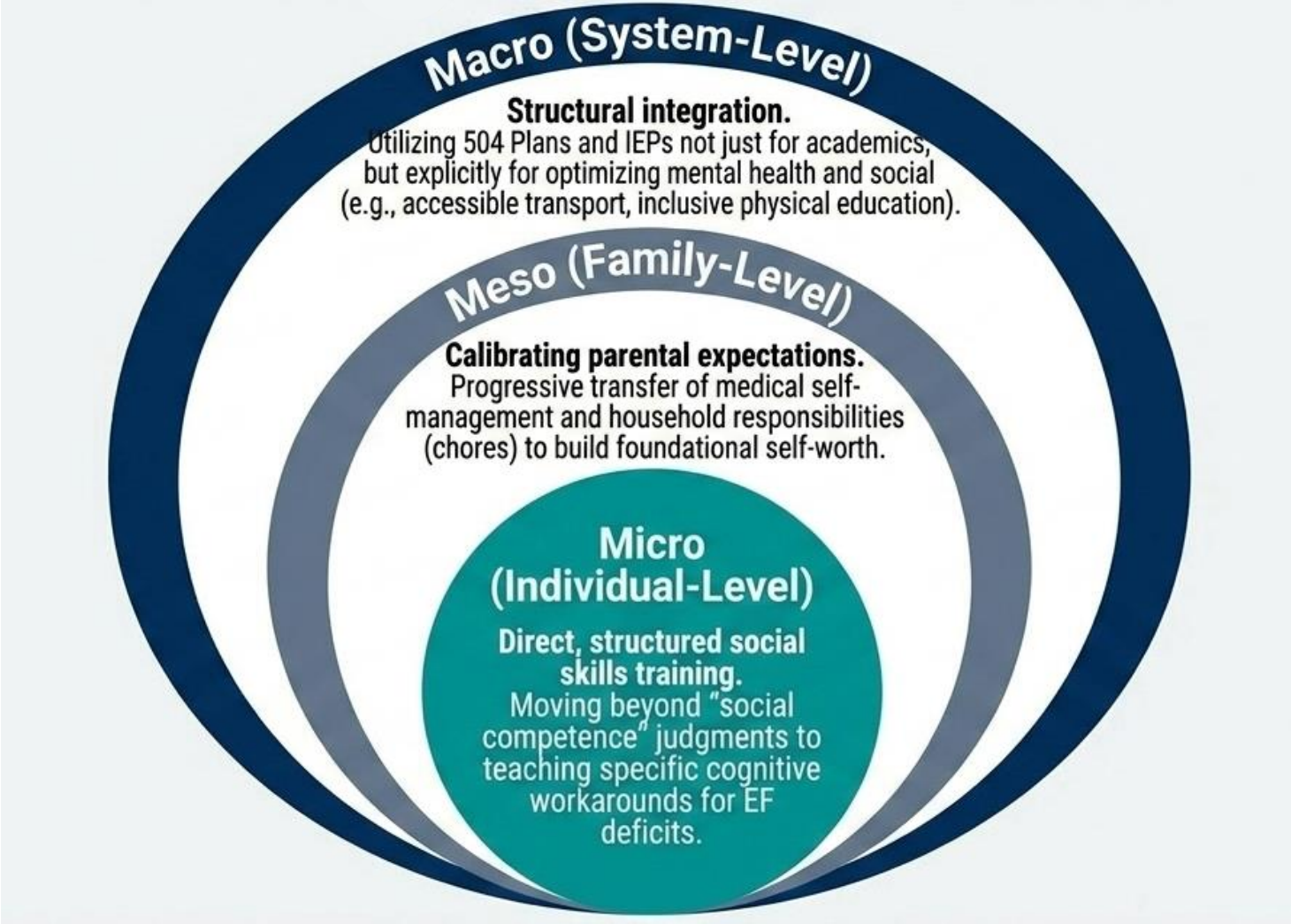
ADHD and Social Skills

- Increased incidence of ADHD in SB
- Aligns more with Inattentive subtype than the Hyperactive/Impulsive subtype
- EF related difficulties with working memory, planning and talk initiation interfere with social competence
- Front lone dysfunction and posterior brain malformations can cause inattention in ADHD vs SB respectively

Interventions/Supports

- Teaching socially relevant EF strategies
- Skill training + medication management
- Accommodations and environmental modifications
- Neurosurgical monitoring and follow up

Layers of Support



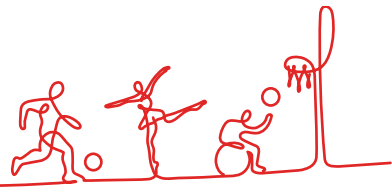
Social Skills Interventions

- Utilize direct instruction, modeling and coaching to build skills
- Adapted to specific deficits and strengths of the individual
- Community interventions
  - Camp programs
  - Adaptive sports
  - Social skills groups

Social Skills Interventions

What are **structured** social skills interventions?

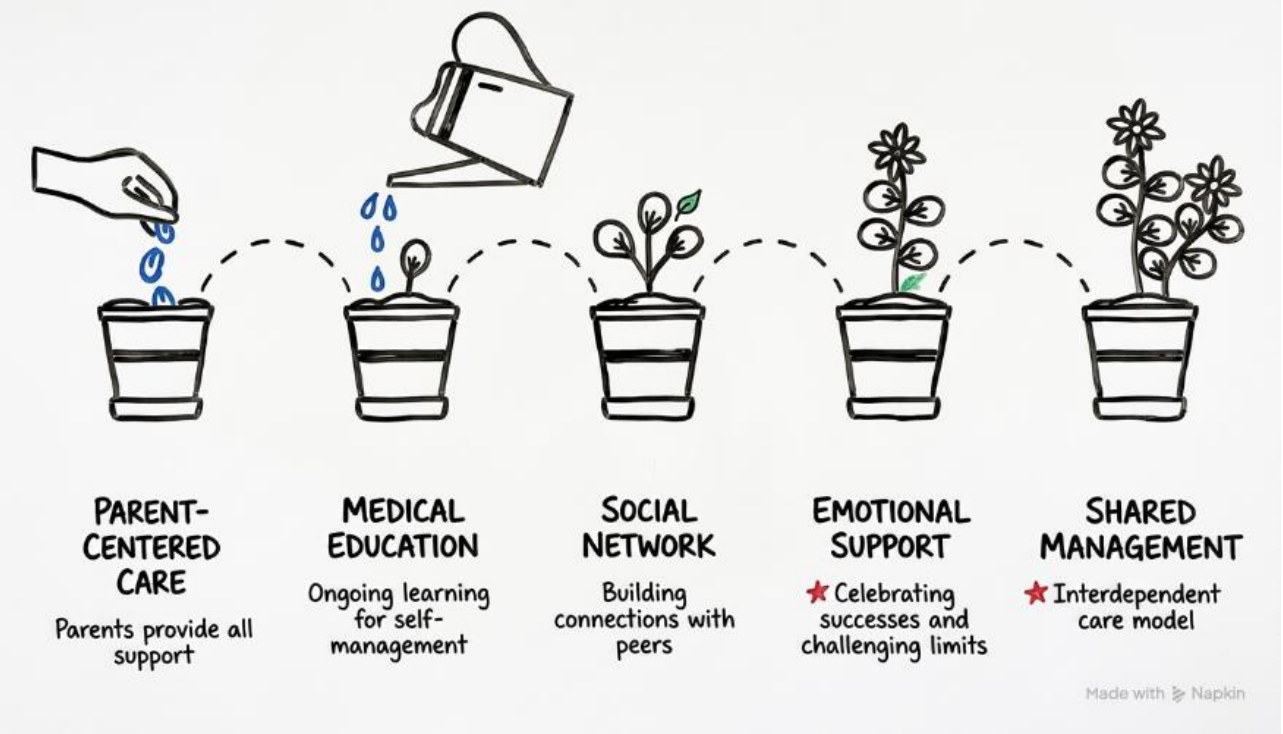
- Teaches skills (managing rejection, exiting conversations)
- Help make connections between feelings and behaviors
- Examples of Social Skills curriculums
  - PEERS (Program for the Education and Enrichment of Relational Skills)
  - Interpersonal Psychotherapy for Adolescents
  - Super Skills for Life (SSL)
  - Group Social Skills



In Summary

- Support activities
- Girls are at a higher risk for social differences
- Social Skills training can be helpful

Helping gradually shift responsibility from parents being the primary decision-makers to an inter-dependent approach



Questions?

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