



# Participation in a Social Competence Intervention in a Private Clinical Setting and the Impact of Co-occurring Clinical Symptomatology in ASD

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## Background and Objectives

Research has indicated high rates of co-occurring behavioral and affective symptomatology in ASD (Matson & Lovullo, 2008). One study utilizing the Behavior Assessment System for Children, 2<sup>nd</sup> Edition (BASC-2; Reynolds, C.R. & Kamphaus, 2006) found that compared to typically developing children, children with ASD presented with significantly higher symptoms on clinical subscales such as aggression, hyperactivity, adaptability, and functional communication (Goldin, Matson, Konst, & Adams, 2014). Little is known about comorbidity in ASD youth receiving services in clinical settings, as opposed to controlled research settings (Habayeb, Rich, & Alvord, 2014), or how these co-occurring clinical challenges may impact the effectiveness of interventions. This study aimed to understand the heterogeneous clinical profile of children with ASD receiving services in a community setting and to assess the effectiveness of the Resilience Builder Program® (RBP; Alvord, Zucker, & Grados, 2011) in alleviating such symptoms.

## Participant Characterization

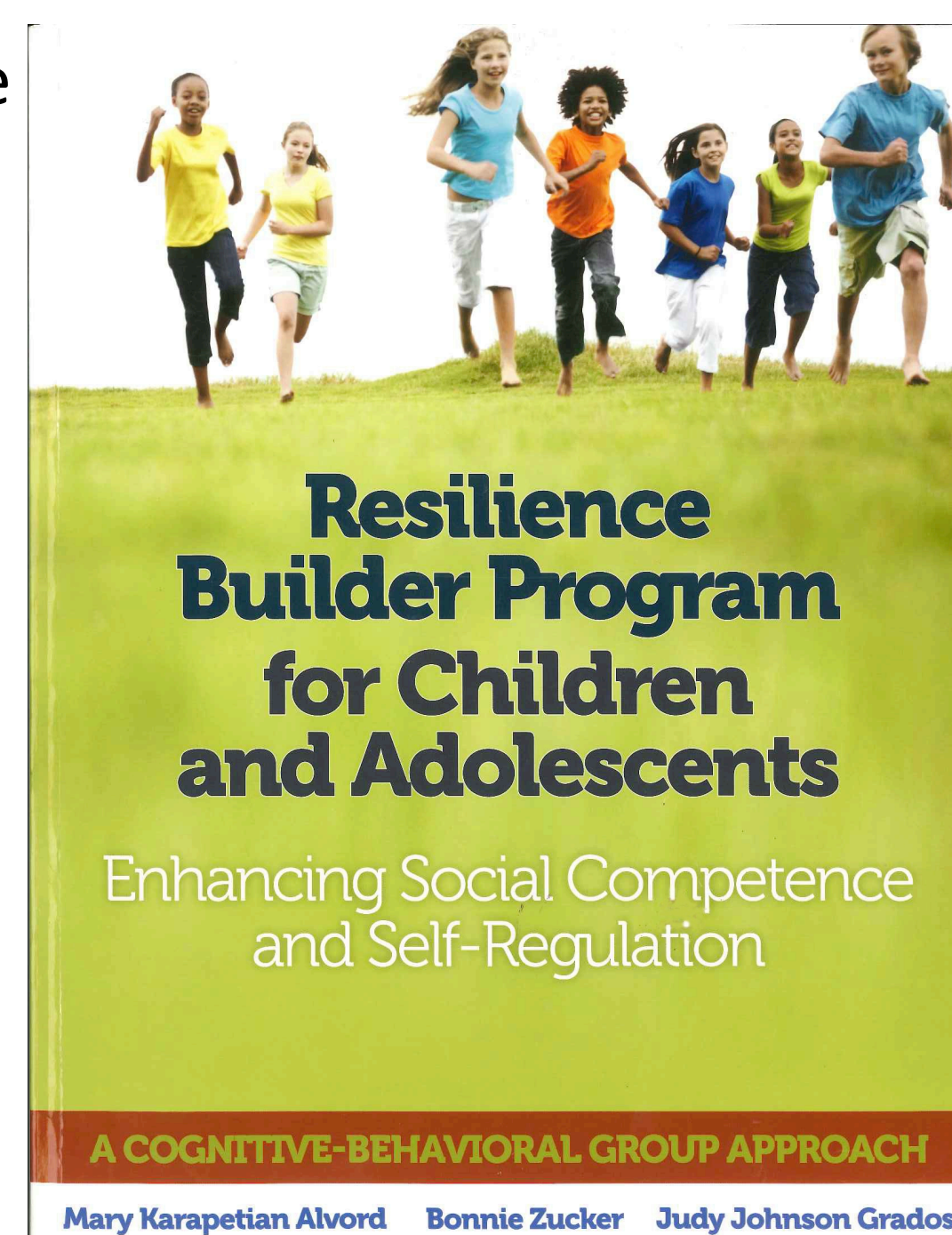
N	39
Age, Years (SD)	10.02 (1.56)
Sex (% Male)	82.1
SRS Autism Symptomatology (SD)	74.13 (9.76)
SCQ Autism Symptomatology (SD)	12.20 (4.92)
HIF Emotional Control (SD)	17.30 (9.01)

## Co-Morbid Diagnoses

Disorder	N	% of Sample
ADHD	21	53.8
Oppositional Defiant Disorder	1	2.6
Learning Disability	5	12.8
Depression	1	2.6
Generalized Anxiety Disorder	10	25.6
Obsessive Compulsive Disorder	3	7.7

## Methods

Children with ASD were treated in a large private practice with the RBP, a manualized group therapy that targets social competence and resilience-based skills. Pre- and post-treatment questionnaires included the **BASC-2** (Reynolds, C.R. & Kamphaus, 2006), which measured social, emotional and behavioral functioning, **How I Feel** questionnaire (HIF; Walden, Harris, & Catron, 2003), which assessed positive and negative emotionality as well as emotion control, and the **Social Responsiveness Scale, 2<sup>nd</sup> Edition** (SRS-2; Constantino, 2002) and **Social Communication Questionnaire** (SCQ; Rutter, Bailey, & Lord, 2003) which both measured social impairments indicative of ASD. Pre- to post-treatment changes were assessed using paired samples t-tests.



## BASC-2 At Risk and Clinically Significant Symptom Presentations

	Mean T-Score (SD)	% At Risk	%Clinically Significant
Clinical Scales			
Externalizing Behaviors	58.20 (8.01)	22.86	8.57
Hyperactivity	63.39 (10.47)	36.11	25.00
Aggression	58.61 (9.35)	33.33	19.44
Conduct Problems	52.49 (9.36)	11.43	5.71
Internalizing Behaviors	56.38 (9.58)	26.47	11.76
Anxiety	54.65 (8.44)	23.53	8.82
Depression	62.17 (10.59)	28.57	28.57
Somatization	49.17 (10.83)	11.43	2.86
Behavior Symptoms Index	66.91 (7.80)	50.00	32.35
Atypicality	64.94 (10.68)	38.24	32.35
Withdrawal	67.66 (12.22)	42.86	34.29
Attention Problems	65.50 (7.28)	50.00	33.33
Adaptive Scales			
Adaptive Behavior	34.91 (6.95)	61.76	20.59
Adaptability	36.83 (6.20)	51.43	17.14
Social Skills	37.50 (9.78)	41.67	19.44
Activities of Daily Living	35.39 (10.56)	36.11	30.56
Functional Communication	37.89 (8.79)	48.57	20.00
Leadership	39.11 (6.37)	58.33	8.33

## Conclusions

Compounding the inherent challenges of ASD, our findings indicate that a number of children with ASD receiving services in a clinical service setting present with additional emotional and behavioral challenges. A large proportion of these ASD youth had at-risk or clinically significant elevations in domains including atypicality, aggression and attention problems. Therapy effectiveness data found that children with ASD showed significantly improved emotion self-control and resilience following the RBP as well as decreased levels of attention and aggression problems. While the intervention did not target ASD symptoms specifically, behavioral improvements generalized to a significant decrease in ASD symptomatology following treatment. Such research provides insight on the importance of understanding the heterogeneous clinical profiles of children with ASD in real-life clinical service settings and shines light on the importance of conducting intervention research in such environments.

### References:

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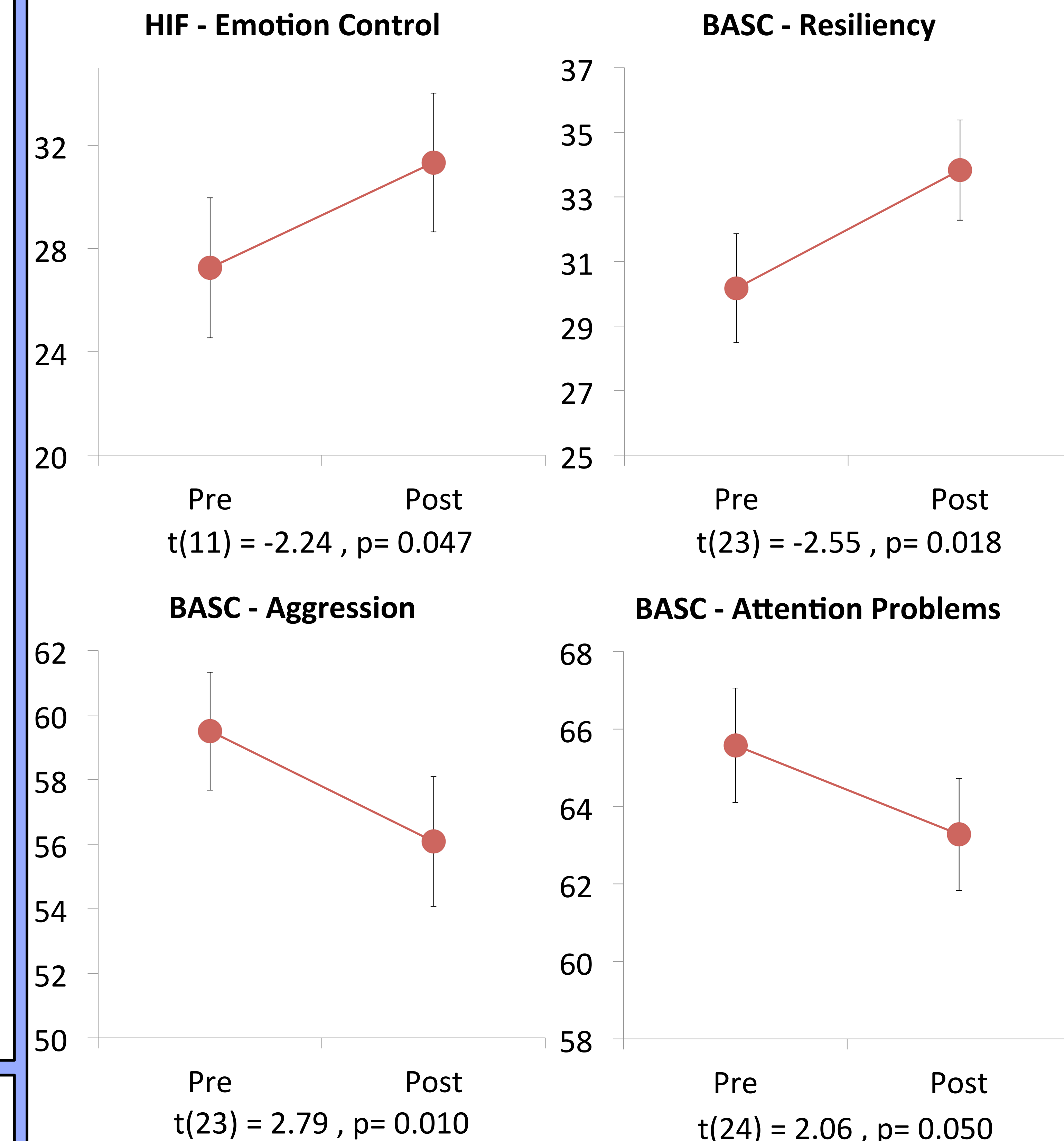
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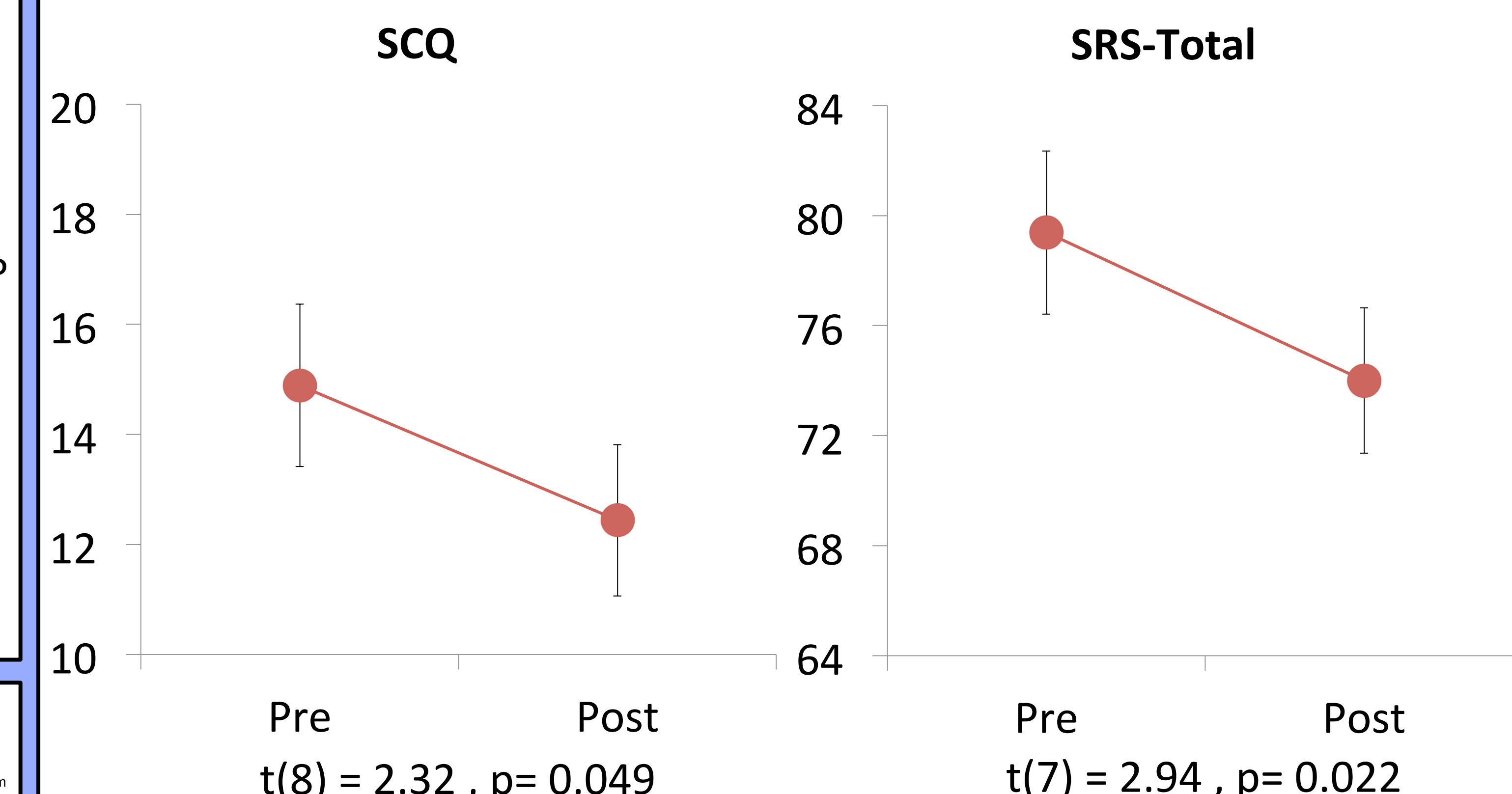
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## Pre- to Post-Treatment Changes – Behavioral Symptomatology



## Pre- to Post-Treatment Changes – ASD Symptomatology



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