Title: Examining Treatment Gains over the Lifespan in Individuals with ASD Following the UCLA PEERS® Intervention

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Introduction: Prior research shows that psychiatric disorders may be triggered by stress in adolescence, and that social stress in particular is thought to have a disproportionate impact during this time (Anderson & Teicher 2008). It has also been suggested that while early childhood is a sensitive time for sensory, motor, and language development, adolescence may be a second “window of opportunity” in brain development, particularly for improving social skills (Fuhrmann, Knoll, Blakemore 2015), a factor that is known to be associated with better psychiatric outcomes (Hawker & Boulton 2000). However, there is a dearth of research comparing social skills treatment outcomes across different developmental stages to examine age as a predictor of success in social skills training. The purpose of this study was to compare differences in treatment gains from a parent-assisted social skills intervention across three age groups (preschool, adolescent, young adult). We hypothesized that the adolescent group would demonstrate the greatest treatment gains across these three conditions.

Method: Participants included 28 preschoolers (85.71% male; mean age=4.50, SD=0.75), 181 adolescents (79.9% male; mean age= 13.73, SD= 1.80), and 76 young adults (77.6% male; mean age= 20.92 , SD= 2.34) with Autism Spectrum Disorder (ASD), presenting for treatment through the UCLA Program for the Education and Enrichment of Relational Skills (PEERS®; Laugeson & Frankel, 2010), an evidence-based, parent-assisted social skills program. All participants had clinically elevated ASD symptoms at baseline, as determined by a Total Score ≥ 60 on the Social Responsiveness Scale-Second Edition (SRS-2; Constano2012). Treatment gains were assessed using parent-reports on the SRS-2 pre- and post-treatment. Results were examined using repeated measures ANOVA to compare changes in SRS-2 Total Scores across groups.

Results: Paired samples t-tests revealed significant decreases in SRS-2 Total Scores pre- to post-treatment in all three age groups: preschool (t=2.48, p<.001), adolescent (t=10.17, p<.001), and young adult (t=6.87, p<.001). A repeated measures ANOVA compared change in SRS-2 Total Scores between groups and revealed a significant difference in amount of change between the adolescent and young adult groups (F=5.02, p<.01), such that SRS-2 Total Scores improved more in the adolescent group than the young adult group, supporting the original hypothesis. However, there were not significant differences in amount of change between the preschool group and the adolescent group or the preschool group and the young adult group.

Discussion: These results suggest that the adolescent group did benefit more from treatment than the young adult group. This is consistent with the research advocating adolescence is a critical age for social skills development. This study demonstrates the importance of social skills treatment during adolescence. Future research might examine other social skills gains following the PEERS® intervention to determine if these differences are consistent across other domains.

References/Citations: