

“What Works?”:

A program evaluation of social skills training for children experiencing ADHD and/or LD

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An evaluation of the 2015 Let’s Be Social program operated by Foothills Academy to encourage prosocial behaviours and enhance social skill competency among elementary school children experiencing symptoms of ADHD and/or LD

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EXECUTIVE SUMMARY

The Let's Be Social program is a well-established social skills training (SST) program that serves children experiencing symptoms of attention deficit/hyperactivity disorder (ADHD) and/or learning disabilities (LD) in the Calgary region. Fundamental psychological theories of behavioural modification, social learning, and cognitive behavioural therapy along with a strength-based, systemic logic model guide weekly group based interventions over the course of the eight-week Let's Be Social program. Furthermore, the program also encourages parents and guardians to be active facilitators of social skill competency, providing reinforcing handouts, homework activities, and opportunities to view psychoeducational videos that run concurrent to the children's group. Although a popular method of intervention, researchers continue to debate the effectiveness of SST programs, with many studies relying solely on quantitative indicators of success within clinically contrived environments (Corkum, Corbin, & Pike, 2010; Durlak, Weissberg, & Pachan, 2010). Furthermore, while literature outlines the importance of parental engagement, few studies have examined the additive value of parental involvement in facilitating social skill development (de Boo & Prins, 2007). Given these factors, program staff sought a formal outcome and process evaluation to identify beneficial program features that can be used to inform program enhancements, attract future participants, and help secure program funding.

Based on the objectives of this evaluation and the mission statement of the Let's Be Social program, this evaluation was constructed to answer the following research questions:

- Is the Let's Be Social program effective at improving social skills of elementary school children experiencing symptoms of ADHD and/or LD?
- According to participants and parents, which areas of social competence change over the course of the Let's Be Social program?
- What kind of relationships exist between participants and parents' reports of social skill competency as measured by the SSIS?
- What are participants and parents' experiences of the Let's Be Social program?
- What program features do graduated participants and parents recognize as most beneficial to improving social skill competencies?
- How have parents' experiences with Let's Be Social impacted their ability to support and structure their child's social skill development?

Utilizing a mixed-methods design, a total of 20 children and 18 parents completed quantitative and qualitative measures assessing the effectiveness of program interventions in targeting the child's social skill competency, changes in participants' social skill functioning, and the experiences of both children and parents over the course of the program (Gresham & Elliot, 2008; BarOn & Parker, 2000). Quantitative data was examined using statistical analyses, including paired sample t-tests and correlational analyses, while Braun and Clarke's (2006) thematic analysis was used to interpret participant responses to qualitative questionnaires. A between-methods triangulation analysis was employed to adequately combine quantitative and qualitative data and concurrently analyze results to provide the richest and most comprehensive depiction of

outcome and process findings (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

Overall, both child participants and parents reported a positive experience of the Let's Be Social program which appears effective in increasing social skill competencies for school-aged children suffering from symptoms consistent with ADHD and/or LD. Further, the topics of self-esteem, emotions, and behavioural regulation appeared to be the most influential components of improving social skill competency. This evaluation's mixed-methods design not only boasts robustly supported quantitative measures that improve generalizability of results (Corkum et al., 2010; Rao & Woodcock, 2003) but the addition of the qualitative component accesses the experiences of both child and parent participants that are often excluded from SST evaluation research (Spence, 2003). Although the unique evaluation design expands the range of findings, conclusions, and recommendations that can be used in advancing the Let's Be Social program, several limitations impacting the reliability and validity of results should also be acknowledged (Shenton, 2004). Convenience sampling resulted in an array of child diagnoses and a skewed gender distribution; however, given that the current evaluation did not assess the impacts of diversity, an accumulation of demographic factors should be considered in discussing the reliability and transferability of results to other SST programs (Cartledge & Loe, 2001; Hoza, 2007; Hoza et al., 2004). Shortcomings related to data collection, along with social desirability bias and evaluator influence, may have also influenced the validity of quantitative results and credibility of qualitative results (Nederhof, 1985; Webster, 1997).

It is recommended that the Let's Be Social program continue to target several existing weekly topics including reading the emotions and feelings of others, self-control, the management of bullying and teasing, behavioural regulation, positive-self talk, and communication skill development. Findings of this evaluation indicate that it may be advantageous for the program to increase attention to topics such as problem solving and dealing with strong emotions and adjust emphasis on traditional written or didactic activities and assignments (Durlak et al., 2010; Villodas, McBurnett, Kaiser, Rooney, & Piffner, 2014). Given the overwhelmingly positive reported experiences of parents that engaged with their child's homework assignments and viewed psychoeducational videos, we would recommend a continuation of these parent components in a more intentional format that includes ongoing reminders and expands accessibility to parental engagement opportunities (Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004; Spence, 2003).