Funding Standards: Social Skills Service Code: 028

DEFINITION

Social Skills Training (SST) is a service supported by evidence based research that promotes the development of interpersonal and communication skills necessary for successful interactions within home and community settings. The objective of this service is to teach critical elements that comprise social skills as a whole. Some of these elements include but are not limited to eye contact, listening, sharing, turn taking, greetings, interpreting facial expressions, making friends, initiating and maintaining conversation, self-advocacy and otherwise developing cooperative and meaningful social interactions with others. Developing these important skills, in turn, may maximize an individual's social interaction potential across environments and increase the likelihood of successful integration within his/her community. Learning occurs via direct teaching of integrated social/play activities and the social communication skills needed to be successful in social interaction. Social Skills Training is provided in a group format. The consumer's current skill level must be considered prior to referring for social skills training, including prerequisite skills for learning in a group environment.

SST is a short-term, time limited service typically provided in small groups (2-8 consumers). Group members should be similar in age, intellectual ability, and goals. Direct instruction, role-playing, rehearsal and other evidence-based practices are used to promote social learning.

Parent participation is required for social skills training programs to be successful. Parent participation may include attending parent consultation sessions, completing homework assignments in which newly acquired social skills are practiced such as taking the child on a play date, data collection, team meetings, and community based instruction to help promote generalization and maintenance of skills.

SST programs are conducted by qualified professionals, are time-limited, and use objectives which are defined, measurable, and used to ensure effective outcomes.

Age Range Guidelines

The following age range guidelines may vary, depending on individual consumer needs and cognitive abilities.

Child Groups (3 to 10 years old):

Treatment for this age range typically targets the social/play milestones that foster independence in the child's natural social setting.

Youth Groups (11 to 17 years old):

The focus of social skills training for this age range is on the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include an emphasis on skill generalization across settings.

Adult Groups

The focus of social skills training for this age range is on the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include an emphasis on preparation for social interaction in the least restrictive adult setting.

Criteria for Services

Social skills are typically assessed with standardized instruments such as the Social Domain of the Vineland Adaptive Behavior Scale and the Social Domain of the Adaptive Behavior Assessment System (ABAS), as part of psychological assessments to determine eligibility for regional center services. Autism Spectrum Disorders (ASD) includes as part of the definition for that disorder significant deficits in social skills and communication skills. As such, all regional center consumers with diagnoses of ASD have significant social skills deficits. Similarly the definition of Intellectual Disability (ID) includes deficits in adaptive skills, including social skills.

Social Skills Training may be funded when a consumer's skill deficits preclude him or her from participating in activities in which same aged typical peers would be able to participate, and when such training may reasonably be assessed to result in significant improvements in independent participation or in the reduction of supports to enable that participation.

Social Skills Training can only be funded when skill deficits are not already addressed by generic services or by other regional center-funded services. In addition to the Social Skills Training discussed in this policy, SCLARC funds training in some social skills which is addressed in other policies. These are:

- ❖ Independent Living Skills Provided for consumers over the age of 18 for whom movement out of their family home into a more independent living setting is contemplated. This training focuses on skills which are important for independent living, such as food purchasing and preparation, money management, mobility training, and care of personal possessions and an apartment or house, as well as social skills to enable positive interactions with neighbors.
- ❖ Supported Living Skills Provided for consumers over the age of 18 who are living away from their family in an apartment or house. The focus is on supporting

- consumers in those same areas identified for training by Independent Living Skills training, in order to maintain or improve their level of independence living in the community.
- ❖ Discrete Trial Training Early Intensive Behavior Intervention for children who are identified as having Autism Spectrum Disorder or are at risk for this condition. Training focuses on teaching skills that address deficits associated with autism—communication and social skill deficits. It is generally provided for children younger than 7 years old.
- ❖ Parent Support Services Provided for consumers who are parents or prospective parents to teach them how to care for their children.
- ❖ Developmental Individual Differences Relationship Model (DIR) Provided for children from ages 3 to 10 who have been diagnosed with Autism Spectrum Disorder or are at risk for that disorder. Focus is on teaching communication and relationship skills.
- ❖ Human Sexuality training Provided on an individual basis, particularly when sexuality issues are related to behavior problems, and also in group

Social Skills training may be appropriate to consumers who meet the following:

- 1. The consumer is school-aged and the social skills which are the subject of the proposed intervention are not provided via the consumer's Individual Education Plan, Vocational/Transitional Plan, ILS/SLS plan, or by other social programs. Funding of new services which are already addressed by these other services would be considered a duplication of services. If the consumer has Autism Spectrum and is under age 21, insurance funding must be utilized or a written denial from the insurance (submitted by the family) is required prior to Regional Center funding consideration. All such generic services must be explored, including training provided by circles of support and other natural supports, prior to funding Social Skills Training. SST shall not supplant parental responsibility to provide similar supports equivalent to those which are provided to a neurotypical child.
- 2. If the consumer has parent(s) or primary caregiver(s) who is/are also diagnosed with a developmental disability and lacks the ability to understand or respond to his/her child's needs, and s/he requires outside supports to assist in the community or social interaction of consumer, then vendored skill training may be provided, even though neurotypical parents would normally provide that training.
- 3. Consumer does not have medical, behavioral or other limitations which would prevent one from learning and using the targeted social skills. Social Skills Trainings is not recommended for persons with aggressive or disruptive behaviors as this may interfere with the group dynamic. Social Skills Training may, however, be appropriate for a

person who has successfully completed a behavior intervention program and for whom the social skills program had been prohibited prior to intervention.

- 4. Consumer has the basic precursor skills in the areas of language and reciprocity.
- 5. Social Skills Training cannot serve as respite or day care or social recreation (camping, swimming, dance etc.)

Procedure

When Social Skills Training is requested, the SC shall discuss with the care provider(s) whether the request meets the criteria in this policy. The SC shall collaborate with the family to identify skill areas which meet policy criteria and for which successful training to improve those deficits can significantly benefit the consumer.

SC shall review the consumer's current supports and services and will explore all generic resources. If it is decided to go forward with the request for services, the SC shall fill out the Social Skills referral form and forward it, along with supportive documents to the case management unit's clinician assigned to review Social Skills Training Supportive documents should include a listing of relevant current supports and services, the most recent psychological evaluation, the most recent IPP, and the most recent IEP. Any other recent (within the past two years) evaluations and progress reports for services (e.g. speech, OT, behavior intervention) should also be included.

The assigned clinician who receives the referral shall review all referral documents and make a recommendation regarding funding of Social Skills Training. If SST is recommended, a provider will then be determined, and the authorization for an assessment for social skills training will be made to address those specific skills which are referred to the vendor for training.

After one month, an assessment report must be submitted to the Clinical Department assigned clinician for review and approval for intervention. A POS will then be generated for a 6 month period for the number of hours per month to be recommended by the clinician, in consideration of the vendor's recommendation and in collaboration with the vendor, the SC, and the family. Specific goals for each target skill should be identified by the vendor and approved. Maximum funding for Social Skills Training is for up to two years. The long-range goal for each skill should be listed in the assessment, along with a benchmark for the first sixmonth period.

After 6 months, a progress report must be submitted to the Clinical Department assigned clinician to assess whether the consumer is making sufficient progress in the program, considering performance with respect to the initial six-month benchmark, to justify continued

funding. Recommendations will be made by the reviewing assigned clinician. Subsequent progress reports shall be submitted at six-month intervals, with a determination at each 6 month period regarding continuation of the intervention, for up to two years. Each progress report shall propose a benchmark as to rate of progress for the next six month period toward the long-term goal. Exceptions to the two-year limit;

- 1. Justification by identification of barriers not related to consumer's skills or motivation which have prevented attainment of skill objectives, despite adequate involvement of care providers).
- 2. An explanation as to why those barriers will no longer prevent consumer's learning and skill attainment in the future.

Termination of Service

Upon completion or termination of Social Skills Training services the SC shall cancel any open POS.

Termination of Social Skills Training will occur when any of the following occur

- 1. Consumer attains the age of 23 years of age.
- 2. The objectives identified by the provider in the assessment report are met
- 3. There is documented evidence that reasonable progress is not occurring
- 4. The course has ended as outlined in the provider's program design
- 5. The parent's/guardian's knowledge of Social Skills Training has improved such that program participation is no longer warranted. The parent's/guardian's knowledge can be measured by meeting the training competency criteria developed by the service provider
- 6. The consumer and/or parent is unable to follow the service provider's attendance policy
- 7. The parent or adult consumer wishes to terminate the service
- 8. There is inconsistent follow through by family member/care provider
- 9. The health or medical condition of a consumer deteriorates to a level that precludes program participation