

# The Effectiveness of PEERS®: In-Person vs. Telehealth

Kara Dion & Amy Van Hecke, Ph.D.

## **Marquette University**



## Introduction

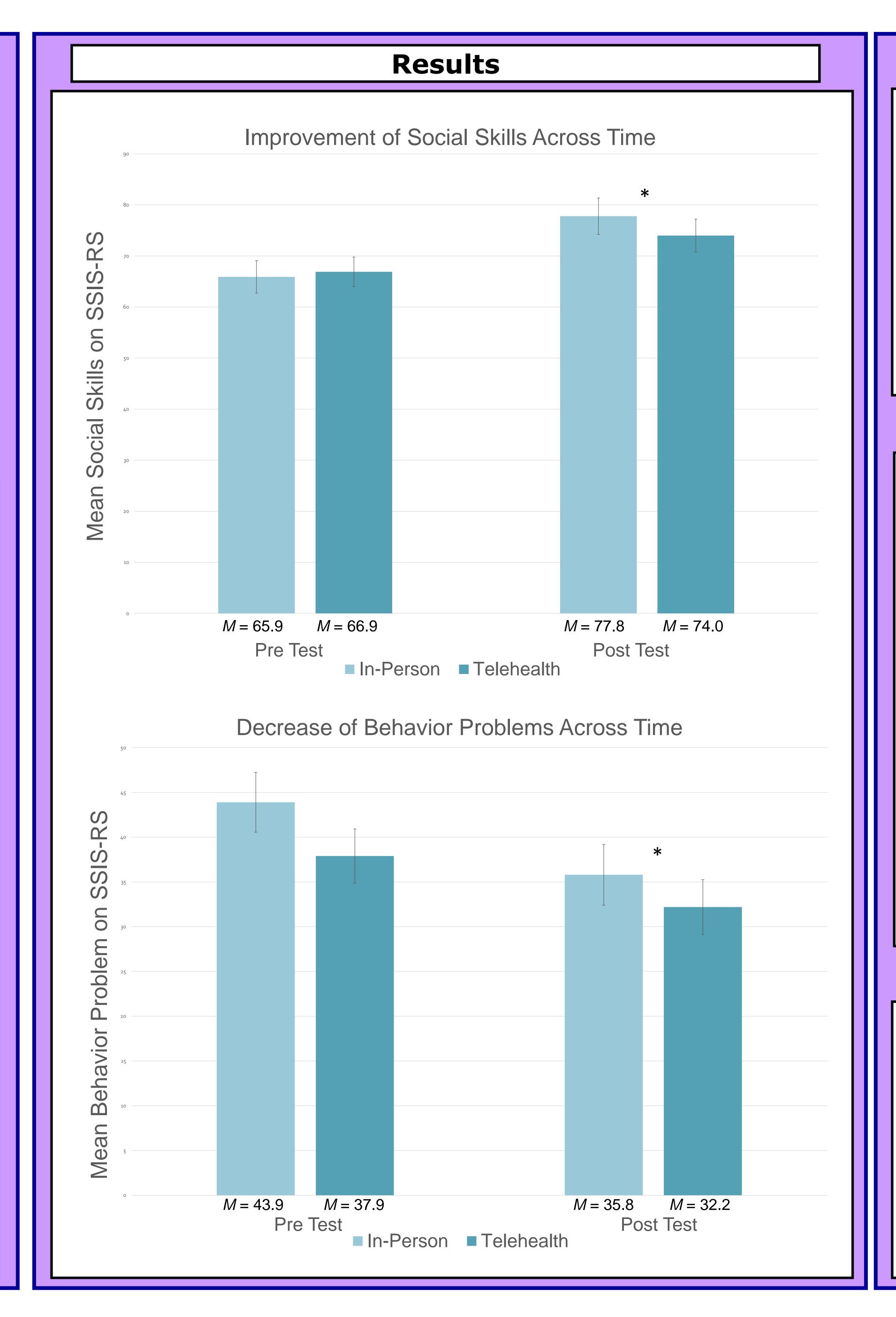
- ASD is a common and pervasive disorder facing many social deficits. This poses negative consequences as these individuals lack a sense of community.
- COVID-19 placed many barriers to accessing essential interventions.
- PEERS® has been successful in improving social skills and decreasing problem behaviors.
- PEERS® had primarily been completed in-person.
- With increased use of online platforms, this study looks at if the telehealth version of PEERS® is as effective as the in-person version.

### Method

• Participants consisted of adolescents with ASD ages 11-17 who were accompanied by their caregivers. The total sample contained 40 adolescents, broken into two groups: in-person, n = 18 and telehealth, n = 22.

| Demographic characteristic    | In-Person | Telehealth |                  |
|-------------------------------|-----------|------------|------------------|
| Child age at intake           | M = 13.8  | M = 14.0   | <i>p</i> = 0.934 |
|                               | n = 18    | n = 22     |                  |
| Primary parent education      |           |            | <i>p</i> = 0.04  |
| 12 <sup>th</sup> grade        | 0.00%     | 4.55%      |                  |
| Vocational/technical training | 0.00%     | 4.55%      |                  |
| Some college                  | 22.2%     | 0.00%      |                  |
| Associates degree             | 16.7%     | 0.00%      |                  |
| Bachelor's degree             | 27.8%     | 13.6%      |                  |
| Master's degree               | 27.8%     | 50.0%      |                  |
| Ph.D./M.D./J.D.               | 5.56%     | 18.2%      |                  |
| Did not identify              | 0.00%     | 9.10%      |                  |
| Family income                 |           |            | <i>p</i> = 0.43  |
| Under 25k                     | 0.00%     | 0.00%      |                  |
| 25k-50k                       | 5.56%     | 0.00%      |                  |
| 50k-75k                       | 11.1%     | 9.10%      |                  |
| 75k-100k                      | 27.8%     | 13.6%      |                  |
| 100k+                         | 55.6%     | 77.3%      |                  |
| Child race                    |           |            | <i>p</i> = 0.79  |
| American Indian/Alaskan       | 0.00%     | 0.00%      |                  |
| Asian                         | 5.56%     | 9.10%      |                  |
| Hawaiian/Islander             | 0.00%     | 0.00%      |                  |
| Black                         | 5.56%     | 4.55%      |                  |
| Middle Eastern                | 0.00%     | 0.00%      |                  |
| White                         | 88.9%     | 81.8%      |                  |
| Biracial/Multiracial          | 0.00%     | 0.00%      |                  |
| Did not identify              | 0.00%     | 4.55%      |                  |
| Child ethnicity               |           |            | <i>p</i> = 0.06  |
| Hispanic                      | 5.56%     | 0.00%      |                  |
| Not Hispanic                  | 94.4%     | 77.3%      |                  |
| Did not identify              | 0.00%     | 22.7%      |                  |
| Child gender                  |           |            | p = 0.60         |
| Male                          | 88.9%     | 86.4%      |                  |
| Female                        | 11.1%     | 13.6%      |                  |

 Caregivers were asked to complete a lab-created descriptive measure and the Social Skills Improvement System-Rating Scales (SSIS-RS).



## Results

#### Social skills

- There was a main effect of time, F(1,38) = 26.9, p = 200
- There was not a significant main effect across groups nor on the interaction between time and group.

#### **Problem behaviors**

- There was a main effect of time, F(1,38) = 21.2, p = .00
- There was neither a main effect of group nor on the interaction between time and group.

#### Discussion

- It does not appear that choice of modality resulted in different effects.
- PEERS® significantly improved social skills in both the in-person and the telehealth groups over time.
- PEERS® significantly decreased problem behaviors in both groups over the course of the intervention.
- It is evident that PEERS® serves as a strong resource for adolescents with ASD to help meet their needs, serving as a protective factor to the COVID-19 stressors.
- This study suggests that given the right resources, adolescents can strive even with compounding stress.

#### **Future Directions**

 Future studies should include unbiased reporters and a waitlist comparison group in order to ensure that results are due to the intervention and not any external sources.

#### References

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