Social Cognition Interactive Training (SCIT) for children with special educational needs

Introduction
Competence in social functioning is a critical ability and building block in children for their future development. Children with impaired or suboptimal performance in social functioning, inevitably, results in adverse future development and poor long-term outcomes in various aspects of one’s adult life. Children with special educational needs including those with autistic spectrum disorder, attention deficit hyperactivity disorder and specific learning disabilities often demonstrate fair social skills compared to their peers. Traditional social skills training groups mostly based on the social skills deficit model. Skill based practices are highly advocated in these training groups. Regrettably, little emphasize is put on the thinking process during social situations, which is known as social cognition. Social Cognition Interactive Training (SCIT, Roberts et al., 2006) is a manualized group intervention that targets dysfunctional social cognitive processes. It was developed for adult psychiatric patients originally. Upon approval of the author, the original training content of SCIT was modified to fit children needs. SCIT is believed to be able to produce more favorable outcomes compared to traditional social skills training groups.

Objectives
This abstract aims at summarizing the adaptation of SCIT and presenting data on its feasibility of application to children population in out-patient units in Hong Kong.

Methodology
The original SCIT was modified as follows. (1) Translation to Chinese to fit cultural needs (2) Simplification on content to match children chronological and
developmental age levels (3) Replacement of teaching materials to fit social situations in children world e.g. vignettes, pictures etc. (4) Incorporating games, role-play activities and token economy system to promote motivation and active learning in children population (5) Involvement of parents in implementing home program to promote generalization and parenting skills. The training program included twelve weekly 90 minutes sessions. A total of five training series were conducted in out-patient units of Child and Adolescent Mental Health Service in Castle Peak Hospital during 2013 to 2014.

**Result**
It is feasible to apply modified SCIT in children population in out-patient units in Hong Kong. Children were able to learn the skills taught and could readily apply to their daily lives. According to parents’ report, improvement in social competence was observed when the group progressed. Children and their parents provided positive feedback on the effectiveness of the training groups. Further study on comparing the effectiveness of SCIT and traditional social skills training will be warranted.