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| Outcome Measure | PEERS and PEERS-Q |
| Sensitivity to Change | Unknown |
| Population | Pediatrics |
| Type of Measure | Self-report scale or parent interview + performance test |
| Description | <p>The Pediatric Evaluation of Emotions Relationships and Socialization (PEERS®) is a direct, interactive, individually administered assessment of social skills delivered via iPad by a trained assessor designed to focus on an individual's strengths and weaknesses to facilitate identification of children at-risk for social difficulties and referral for tailored interventions rather than a clinical diagnosis. It is comprised of 12 subtests that tap three social domains</p> <p>Attention/executive</p> <p><u>Basic skills</u></p> <ol style="list-style-type: none"> 1) Friend find (selective attention) 2) Move fast (reaction time) 3) Think fast (Information processing) <p>Social cognition</p> <p><u>Basic skills</u></p> <ol style="list-style-type: none"> 4) matching Emo (emotion perception) 5) Finding Emo (emotion recognition) <p><u>Complex skills</u></p> <ol style="list-style-type: none"> 6) Social Intent (social Information processing) 7) Mind Read (Theory of Mind) 8) Multiple Morals (moral reasoning) <p>Social communication</p> <p><u>Basic skills</u></p> <ol style="list-style-type: none"> 9) Odd one (non-verbal gesture) 10) Social Scenes (social perception) <p><u>Complex skills</u></p> <ol style="list-style-type: none"> 11) Get This (social interpretation) 12) Say what (prosody) <p>To optimize ecological validity, the PEERS® subtests are mainly delivered from first person perspective, using photographs and video vignettes, encouraging the examinee to imagine they are embedded in the social situation they are viewing.</p> <p>The PEERS® can be administered in full (all subtests) to derive a global social composite (mean [<i>M</i>] =100, standard deviation [<i>SD</i>] = 15) and domain scores (<i>M</i> =100, <i>SD</i> =15), or where specific concerns arise, select subtests (<i>M</i> =10, <i>SD</i> =3) can be administered to efficiently and directly test a clinical hypothesis (see Figure 2). All scoring is done automatically by the app, and children's individual responses to sub-test items can be reviewed in the results screen.</p> <p>The PEERS Q, previously known as the DASC (Muscara, Catroppa, Beauchamp, & Anderson, 2010) aims to assess social competence and the quality of relationships of children and adolescents between the ages of 5 and 18 years with parent-report, teacher-report and self-report versions for older children and adolescents. Items cover 6 different domains that correspond to dimensions in the biosocial model proposed by (Beauchamp & Anderson, 2010):</p> <ol style="list-style-type: none"> (1) Relationships and prosocial behaviour, factors within the social interaction domain, as well as problem solving, aggression, social maturity, and social participation; (2) Social communication and information processing, such as language pragmatics and an understanding of social norms; (3) Coping skills and resilience, as well as aspects of emotional control, and antisocial behaviours |

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| | <p>(4) Temperament and aspects of the child’s personality, such as internalising and externalizing behaviours</p> <p>(5) Self and internal factors, such as their ability to fit in, or any medical or physical factors that might impact on their social functioning, associated with the social interaction and social adjustment domains; and</p> <p>(6) Social environment and non-injury related risk and resilience factors, such as SES, family environment, and exposure to social situations.</p> <p>Each item is scored on a 5-point Likert scale, where 1 = Strongly disagree, and 5 = Strongly agree.</p> |
| Properties | <p>PEERS: Psychometric data for n=724 typically developing children and 150 children with clinical diagnoses (e.g. ADHD, ASD, LD, anxiety disorder, ABI) aged 5-13 years.</p> <p>PEERS Q (DASC): <u>Validity</u>: correlates with sub scores of the Adaptive Behavior Assessment System (second edition (ABAS-II) (Muscara et al., 2010).</p> |
| Advantages | <p>Electronic (available as an app)</p> <p>Engaging for children and adolescents</p> <p>Specifically designed for use in child TBI</p> |
| Disadvantages | <p>No norms available as yet. Still in development.</p> |

References

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- Beauchamp, M. H., & Anderson, V. (2010). SOCIAL: an integrative framework for the development of social skills. *Psychological Bulletin*, 136(1), 39-64. doi:10.1037/a0017768
- Muscara, F., Catroppa, C., Beauchamp, M., & Anderson, V. (2010). Challenges Faced and Lessons Learned in the Development of a New Measure of Social Competence for Children and Adolescents With Acquired Brain Injury (ABI). *Brain Impairment*, 11(3), 162-170. doi:10.1375/brim.11.2.162
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