Evidence-Based Social Skills Curricula for Adolescents With Autism and Developmental Disabilities: A Literature Review

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Abstract

A literature review of evidence-based social skills curricula that support adolescents with autism and developmental disabilities (ASD/DD) is presented. This article provides an overview of peer-reviewed articles and evaluation of the feasibility of implementing evidence-based interventions for social skills within the academic setting for adolescents in need of such interventions. The intent of this article is inform school counselors of these resources and curricula.

Keywords: social skills, adolescents with disabilities, stakeholders, evidence-based curriculum, social skills, school counseling

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Adolescents with disabilities often face various challenges within the academic and social domains, requiring additional supports to be successful (Auger, 2013; Stephens, Jain, & Kim, 2010). The number of students with autism spectrum disorder and developmental disabilities (ASD/DD) in schools who receive special education services is on the rise (Hall, 2015; Owens, Thomas, & Strong, 2011). With that, comes the challenge of supporting students in the social-emotional domain. Therefore, it is important that schools and stakeholders (special education teachers, school counselors, administrators, and other professionals) remain acutely aware of students' needs and find ways to support students within the school setting.

Supportive activities may include individual meetings, group work, classroom instruction, and facilitation of social skills. For some individuals, including those with ASD/DD, research indicates that training in social skills yields positive results when taught in a didactic manner using direct instruction strategies for those with social challenges (Banda & Hart, 2010; Laugeson, 2014; Matson, 2007). It is the purpose of this article to examine social skills programs and their feasibility for use by school counselors and staff.

Deficits in social skills are a hallmark of individuals with autism (APA, 2013) and common with other disabilities, such as intellectual disability, attention deficit hyperactivity disorder [ADHD], and oppositional defiant disorder [ODD] (Gumpel, 2007; Plavnick, Kaid, & McFarland, 2015). These deficits may present barriers for students with regard to making and keeping friends, community inclusion (Gresham, 1981),

employment, and general quality of life (Guralnick, 2000). The gap in social skills can become more pronounced during adolescence, and individuals with social deficits (a core deficit of autism; APA, 2013) can become the target of bullying (Rosenblatt & Carbone, 2013). One popular approach to teaching social skills is the use of direct instruction in small groups usually consisting of three or more students (Leaf et al., 2017). An implementation of social skills groups has been increasing, along with an increase in empirical studies investigating their effectiveness for those with disabilities, including descriptive analyses, single-subject designs, and group designs (Matson et al., 2007; Sartini, Knight, & Collins, 2013; Kassardjiin et al., 2014; Laugeson, Frankel, Gantman, Dillon, & Mogil, 2012). Although most studies occur in the clinical setting as shown in this review, the hallmark of these programs includes a variety of procedures implemented within an applied behavior analysis (ABA) framework, such as direct instruction, pivotal response treatment, prompting, reinforcement, corrective feedback, behavioral skills training, and incidental teaching (Rosenblatt & Carbone, 2013; Genc & Vuran, 2013; Pence, Krubinski, Toner, & Hill, 2018).

Many adolescents who receive social skills training early in life as a preventative measure are able to gain skills to assist in navigating future challenges (Vernon, Miller, Ko, & Wu, 2016). This is important to note because adolescents with ASD/DD face challenges with demonstrating social skills to a greater degree than typical peers, which may impact relationships with peers, adults, and future employment. Social skills are vital in assisting and equipping adolescents with techniques as they seek to build friendships, acceptance into peer groups, and future work opportunities (Schohl et al., 2014).

Many individuals with ASD/DD believe challenges involving communication and social interaction are the most restricting components of their disorder (Lai, Lombardo, & Baron-Cohen, 2014), which may be associated with decreased participation and inclusion in social events or activities, and difficulty in forming and maintaining relationships with peers (Petrina, Carter, & Stephenson, 2014). For all individuals, adolescence is an important time of life for developing social and communication skills. Through interactions with peers, social norms and unwritten rules of appropriate social behavior are learned (McDonald & Crandall, 2015). For adolescents with ASD/DD in particular, this time can be challenging as they reportedly experience high levels of loneliness, low life satisfaction, anxiety, and depression (Murphy, Burns & Kilbey, 2017). Petrina, Carter, Stephenson, and Sweller (2016) explain through their research that frequency, quality, and reciprocity of friendships in children and adolescents with ASD/DD are often lower than those of their peers who do not have ASD/DD. Research has also been done to show that low friendship quality for children with ASD/DD is positively correlated with self-reported depressive symptoms in these individuals (Pouw, Rieffe, Stockmann, & Gadow, 2013).

Social Skills Programs

The authors of this article conducted a review of the literature during 2018 and 2019 (using a university library system data base and the search terms social skills, school-based, evidence-based, disabilities, anxiety, autism, and school counseling). Following the recommendations of school counseling researchers, evidence-based social skills programs and interventions were examined (Carey, Dimmit, Hatch, Lapan, & Whiston, 2008; McMahon & Patel, 2019). The authors focused on research in social

skills programs for pre-adolescents (ages 9-12) and adolescents (ages 13-19) with ASD/DD (Table A1).

Social skills deficits seen in students with ASD were explored by Camargo, Rispoli, Ganz, Hong, Davis, and Mason (2014) in their review of interventions using single-case research design that targeted social interaction skills. The authors analyzed previous research that employed behaviorally-based interventions to determine the quality of such interventions used with children with ASD. Out of the 30 studies that that were considered, 74 percent reported positive results, 21 percent reported mixed results, and one study presented negative results from their interventions. It is important to note that 74 percent of the studies considered also reported maintenance of social skills learned from the interventions and that the majority of studies included male participants at the preschool or elementary school level.

Several different social learning programs have been created and implemented for children and adolescents with ASD/DD using interventions involving experiential learning, modeling (including peer and video modeling), and behavior-based techniques such as direct instruction and behavioral skills training. In 2011, DeRosier, Swick, Davis, McMillen, and Matthews examined the efficacy of an intervention called Social Skills GRoup INtervention-High Functioning Autism (S.S.GRIN-HFA) conducted in a clinical small-group setting. Results from this video-based social skills intervention indicated that those in the HFA group (compared to a control group) showed significant improvement in social awareness, motivation for social interaction, communication and mannerisms.

In order to facilitate the social motivation and skillset to appropriately immerse themselves in social experiences, adolescents (ages 12-17) with ASD participated in the Social Tools and Rules for Teens (START) program in a clinical small group “club-like” setting. Vernon and colleagues (2016) used experiential learning, which incorporates the act of reflection and active experimentation (Kolb, 1984), with adolescents with ASD to participate in the START Program. The START program uses a multi-component intervention to improve motivational, conceptual, and skill deficits in adolescents with ASD. During this process, the participants learned through authentic social experiences and reflections on these experiences. Individuals who participated in the START program suggest that interaction with peers using an experiential learning approach to teach adolescents how to effectively socialize with others is a helpful intervention. Following participation, individuals showed improved social skills, social motivation, and understanding of rules and expectations (Vernon et al., 2016).

In an effort to followup the Vernon et al (2016) study, a separate study was conducted using randomized control trials (RCT) over 20 weeks with the same age group as participants with ASD (12-17 years of age) (Vernon, Miller, Ko, Barrett & McGarry, 2018). Results showed improvements in the intervention group when comparing scores using SSIS scores (which moved from below average to average), but the authors conceded that selection bias was a concern since there was a reliance on parent and adolescent survey-based measures. Cotugno (2009) implemented a 30 week intervention for 18 students (intervention and control groups). Students in the intervention group showed improvements in social skills compared to the control group based on teacher/parent ratings. Tse, Strulovitch, Tagalakis, Linyan, & Fombonne

(2007) found similar results using a published Skillstreaming curriculum across 12 weeks (90-minute sessions) with students 13-18 years of age (46 total students). This intervention was conducted in a clinical setting after the regular school day.

Recent research suggests that behavioral skills training (BST) can be effective in supporting the learning and maintenance of social skills for those impacted by ASD/DD (Nuhu, Niefield, Palmier, Pence, & Hill, 2017). One study found that teaching caregivers how to use BST supports development in the individual with ASD/DD as they learn specific social skills, and in situ training can be used for generalization of these skills to the child's natural environment (Hassan et al., 2018). A similar study was conducted by Dogan et al. (2017) where parents were trained to use BST as an intervention for their child with ASD/DD who was learning social skills. This study demonstrated that parents were successfully able to use behavioral skills training as a useful intervention for their children with social skill deficits due to ASD/DD.

Tiura, Kim, Detmers, and Baldi (2017) took a longitudinal approach to evaluating the outcomes of ABA treatment outcomes for children with ASD. Children who received ABA therapy were measured before and after treatment for communication skills, social-emotional, adaptive behavior, and physical development. The study found that through longitudinal analysis and by examining participants' differing characteristics, ABA therapy was long-lasting for children and adolescents with ASD (Tiura et al., 2017). These studies also took place in clinical settings. Even interventions involving theater participation for individuals with ASD/DD (ages 12-17) in a community setting incorporated behavioral strategies such as peer modeling and video modeling (Corbett et al., 2011).

Wolstencroft, Robinson, Srinivasan, Kerry, Mandy, and Skuse (2018) examined group social skills programs (ages 6-25) that used randomized control trials (RCTs). They found 10 studies that fit their criteria and studied whether intervention-specific factors (e.g., type of parent group, delivery method, or duration) had a moderating impact on knowledge or performance improvement. One of the concerns that this study noted was risk of parent response bias since they were participants in parent facilitation interventions (McMahon, Lerner, & Britton, 2013; Wolstencroft et al., 2018). All studies included in the Wolstencroft et al. (2018) and McMahon et al. (2013) syntheses were conducted outside the school setting.

Several studies evaluated *manualized* social skills programs. An intervention titled the Superheroes Social Skills Program (Jenson et al., 2011; Murphy, Radley, & Helbig, 2017) used a bi-weekly manualized training and was implemented with four adolescents (middle school aged) with ASD across 9 weeks (20-30 minute sessions) that targeted behaviors such as body basics (body language), participation, and communicating wants and needs. These skills were taught to the adolescents participating through modeling and videos of superhero characters acting out specific skills. Demonstration of social skill accuracy increased as a result of the study, but except for one participant, sociometric status did not change from pre- to post-tests. One school psychologist implemented a pull-out program in school with four children with high-incidence disabilities and four typically developing peers at a public elementary school. This program also used evidence-based practices (e.g., video-modeling, peer mediation, social stories, and self-management). Two sessions were taught per week. Results indicated that this intervention was effective for decreasing

aggressive behaviors and increasing positive responses in both the treatment setting and the generalized school *recess* setting. Results were also maintained at a follow-up measurement conducted two weeks later. Overall, this study found that the Superheroes Social Skills Program was an effective intervention for children with high-incidence disabilities and externalizing behaviors in a school setting (Hood, 2011).

A second manualized peer-reviewed program to teach social skills is called ACCESS (adolescent curriculum for communication and effective social skills; Walker, Todis, Holmes, & Horton, 1988). This program was designed to teach the social skills necessary to support individuals with mild and moderate learning disabilities and includes skills important for school, community, and employment environments. There are 31 social communication skills within ACCESS distributed across 3 primary domains, (1) peer-related social skills, (2) adult-related social skills, and (3) self-related social skills (Table A2). Walsh, Holloway, and Lydon (2018) evaluated this program and added video modeling. Pre- and post-test results (direct observation and rating scales) and a multiple probe design were used while working with young adults with autism (ages 18-22) seeking employment. Results showed significant increases in target social skills and a significant decrease in problem behaviors following the ACCESS intervention. Evidence of maintenance and generalization were also demonstrated in this study. The ACCESS social skills curriculum identified is designed to teach skills in the school, community, and employment setting (Walker et al., 1988; Walsh, Holloway, & Lydon, 2017).

The CONNECTIONS Social Skills Program is unique in that it has been offered as part of transition services through vocational rehabilitation in one southeastern state

since 2009. The curriculum focuses on social skills with the goal of attaining and maintaining employment (Wadsworth, Nelson, Rossi, & Hill, 2016). If offered in a school setting, it could be a focus for transition age youth. It is currently offered in the community setting in the evening. Table A3 outlines the didactic lessons of the CONNECTIONS curriculum.

The Program for the Evaluation and Enrichment of Relational Skills (PEERS®) provides social skills learning in a manualized format for adolescents and their parents (Laugeson & Frankel, 2010). *Social Skills for Teenagers with Developmental and Autism Spectrum Disorders: The PEERS® Treatment Manual* is a research-based, parent-assisted, social skills program for teens (ages 13-18) with ASD/DD and social challenges. The curriculum was developed to assist teens with ASD/DD to develop social skills, including conversational skills, using humor, and handling disagreements and rejection (Laugeson & Frankel, 2010; Schohl et al., 2014; Semel Institute for Neuroscience and Human Behavior, 2019). The original PEERS® curriculum is implemented once a week for fourteen-weeks with each session lasting ninety minutes and is offered outside of school. Table A4 outlines PEERS™ didactic lessons, sessions and topics. The research base for PEERS® includes the use of randomized waitlist-controlled trials both in the United States and China, pre- to post-testing reports by parents on social responsiveness, and other social scales as well as autistic symptoms (Laugeson, 2014; Laugeson, Ellingsen, Sanderson, Tucci, & Bates, 2014; Schohl et al., 2014; Shum et al., 2019).

PEERS® In the School Setting

In addition to the out of school curriculum, The *PEERS® Curriculum for School-Based Professionals* was developed based on a need identified while implementing the original curriculum and is an option for schools to implement the program within the school day (Laugeson, 2014). The school-based curriculum was adapted by the original authors of PEERS® to include a teacher-facilitated model conducted in the school setting. The school-based curriculum is presented daily for 30-60 minutes compared to the 90-minute weekly model and consists of 16-weeks of lessons. This school-based version also includes "perspective taking" lessons to teach how the other person feels when in similar situations. Laugeson's (2014) school-based curriculum discusses the challenge and the need for active collaboration between professionals and families for such a program to be effective. The PEERS® curriculum addresses many areas through a didactic format. Additionally, since stakeholders such as school counselors are specifically trained to work with students by building relationships and evoking self-reflection, they are ideally positioned to provide social skills training (Kozlowski, 2013).

Collaboration

It is imperative that a collaborative approach take place to foster success for school counselors when seeking social skills interventions for students, especially students with ASD/DD. Friend and Cook (2013) discuss the importance of school professionals to collaborate when working with one another. Therefore, key stakeholders (e.g., school counselors, special education teachers, classroom teachers, and parents) are in a position to identify the strengths and needs of students with ASD/DD while helping students set goals related to their academic, social/emotional,

and career readiness (ASCA, 2012; Friend & Cook, 2013). As collaborators and consultants, school counselors are able to build partnerships and relationships with key stakeholders in order to serve all students' needs.

Collaboration is essential when implementing programs that impact students whose needs are addressed by various school stakeholders. Collaboration across disciplines such as school counseling, special education, speech, occupational therapists, mental health, and board certified behavior analysts may be highly beneficial, considering that school counselors' time may be limited as it pertains to facilitating small groups. Therefore, these groups could be co-led by stakeholders, such as speech pathologists and special education teachers.

Delivering such small group interventions in the school setting can be challenging and may require collaboration. With the focus on academics and statewide testing, social skills training often may not be considered a priority. But deficits in social skills will impact an individual for life (e.g., establishing lasting friendships, building relationships, becoming involved in the community, gaining long-term employment, and reducing social anxiety and depression) across many contexts (Walsh et al., 2018). If the time and commitment necessary to deliver such a program is given, there is potential to yield long-term results for individuals with disabilities as they transition to adulthood.

Implications for School Counselors

School counselors are positioned and skilled to support students with disabilities particularly in the academic, career, and social-emotional domains (ASCA, 2012, ASCA, 2016). The American School Counselor Association's [ASCA] position statement "The

School Counselor and Students with Disabilities" (2016) outlines the role school counselors play as advocates for students with disabilities. The position statement specifically claims that "school counselors are committed to helping all students realize their potential and meet or exceed academic standards with consideration for both the strengths and challenges resulting from disabilities and other special needs" (2016, para. 1). The challenge is finding the time and resources to implement effective programs.

School counselors often work with children and adolescents with disabilities (e.g., ASD) in the areas of social skills (Auger, 2013). Social skills training may be provided through individual counseling, group counseling, classroom curriculum lessons, and/or other elements of a comprehensive school counseling program (ASCA, 2012). Although school counselors are able to provide social skills training to students, time constraints limit the depth and duration of these services. Individual and group counseling sessions typically last for 30 to 45 minutes within the school setting for a determined amount of sessions. Classroom core curriculum lessons are an opportunity for school counselors to provide services to assist student social-emotional development; however, this might not always be an possibility since academic time is precious and recognized as a priority over counseling-based activities (Kozlowski, 2013).

Previous research indicates the value and power of small group counseling, especially for adolescents with disabilities (Stephens et al., 2010). Students with disabilities who face challenges in interacting with peers and adults, navigating social norms, and forming friendships are in the position to benefit from receiving social skills interventions (Auger, 2013). Several social skills curricula and programs are available

for school counselors to utilize when working with students either in classroom core curriculum lessons, small groups, and/or individual counseling sessions.

These resources are often created by the school counselor or purchased through publication companies or from practitioners in the field; however, evidence-based resources are most likely to provide appropriate and meaningful interventions to support students with ASD/DD. Furthermore, school counselors should remain cognizant when selecting interventions to ensure that the skills addressed equip students with real world situations which realistically portray what occurs in the school setting.

Summary

School stakeholders are in a position to provide evidence-based social skills learning opportunities for students with ASD/DD in order to enhance not only school success, but success in relationships, the community, and work. This review of existing interventions highlights those using a manualized curriculum as effective. Furthermore, collaboration among school stakeholders allows continuity of care and integration of specialty areas as well as social skills training as outlined in a student's IEP and practice and generalization in authentic school versus clinical settings.

Since many studies used parent ratings from the social responsiveness scale (SRS) and social skills rating system (SSRS) as assessment measures, there exists a risk of assessment bias since parents are often program participants (which is a limitation of most of the research included in this review). This bias is considered to be a weakness of many social skills studies and should be taken into consideration when choosing an intervention. In addition, without information regarding evidenced-based interventions (within school settings) that address adolescent social skills deficits,

stakeholders may have fewer effective interventions for their target population (Camargo et al., 2014). It was the purpose of this article to provide guidance on available evidence-based social skills interventions and the allocation of time required in the school setting to assist stakeholders in selecting effective interventions. The results of this review point to the use of manualized instruction in social skills for those with ASD/DD as an effective intervention. These manualized interventions, when taught in a didactic manner using direct instruction strategies for those with social challenges appear to yield positive results (Banda & Hart, 2010; Laugeson, 2014; Matson, 2007).

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Appendix

Table A1

Comparison of Social Skills Programs

Study	Independent Variable(s)	Results
Carmago et al. (2014) ABA	*ABA therapy interventions for social-emotional development (30 studies)	Improved outcomes compared to baseline for target behaviors of 55 students ages 3-21 with ASD
Cotugno, A.J. (2009) Group Intervention	*30-week, group-based intervention for 18 students 7-11 years old with ASD	Use of intervention and control group with pre- and post-intervention results for both groups showed improvements in social skills based on parent and teacher ratings
Corbett et al. (2010) SENSE Theater	Theater based intervention using Peer-models and video modeling	Improvements in facial recognition and theory of mind skills for 8 individuals (ages 6-17) with ASD
DeRosier et al. (2011) S.S.GRIN-HFA	*15-week curriculum intervention with three modules for children	Increased social skills for children 8-12 years old for targeted group (n=27) compared to control group (n=28) based on parent feedback
Dogan et al. (2017) BST	*Parent implemented BST to teach social skills	Parents (n=4) were trained to implement BST with their children with ASD. Non-concurrent MBL across parent/child dyads showing improvement in social skills teaching
Genc & Vuran (2013) PRT	*Meta-analysis of studies using PRT to teach targeted social skills	23 studies met criteria for inclusion (single subject) with varying degrees of rigor and success
Hassan et al. (2018) BST	*BST for caregivers with generalization in natural environments for children with ASD	Parent success of implementation was dependent on the in-situ (natural environment) component
Laugeson et al. (2014) PEERS	*School-based intervention for PEERS	73 adolescent participants, parents and teachers
	*30 min. each day across 14 weeks	Increase in independent social skills interactions through an effective teacher facilitated curriculum
Laugeson & Frankel (2010) PEERS	*Direct instruction of specific social skills with parent facilitation after training both parents and adolescents	Parent/student reporting of increased independent friend-making skills
Murphy et al. (2017) Superheroes Social Skills Program	*Curricula presented twice a week (20-30 min) for 9 weeks (4 participants). Percentage of accurate skill-steps measured	Multiple baseline across behaviors (skill-steps) improved social skill accuracy but did not change sociometric status from pre to post-test
Tiura et al. (2017)	*ABA therapy interventions for 9 social-emotional development	Improved outcomes compared to baseline for target behaviors

Study	Independent Variable(s)	Results
Tse et al. (2007) Skillstreaming	*Use of manual "Skillstreaming the Adolescent" (90 min. 12-week program)	Students with HFA showed improvement using a small group (7-8 students) and pre- and post-test results (46 total students)
Vernon et al (2016; 2018) START Program	*Experiential Learning (from Kolb, 1984) 90 min. ea. week for 20 weeks Comparison of SSIS/SRS scores RCT used in 2018 study	Improved social skills, social motivation, and understanding of rules and expectations for 6 (2016) and 44 (2018) participants (ages 12-17). Surveys indicated satisfaction by parents and participants
Vernon el al. (2017) ACCESS Program	*Use of ACCESS social skills curriculum for school, community, and employment 31 skills across 3 domains	Pre- and post-tests and multi-probe design showed decline in problem behavior and increase in social skills
Wadsworth et al. (2016) CONNECTIONS	*Use of CONNECTIONS social skill for individuals qualified through Vocational Rehabilitation	Securing of employment is the outcome measure for 10 years since its development

Note: ABA=applied behavior analysis; BST=behavioral skills training; HFA=high functioning autism; MBL=multiple baseline design; PEERS=program for the evaluation and enrichment of relational skills; PRT=pivotal response training; RCT-randomized control trial; SENSE-Social Emotional NeuroScience Endocrinology; S.S.GRIN-HFA=social skills GRoup INtervention-high functioning autism; START=social tools and rules for teens

Table A2

*Manualized ACCESS Social Skills Program Targeted Skills**

1. Triple A Strategy (Assess, Amend, Act)		
Peer-Related Domain	**Adult-Related Domain**	**Self-Related Domain**
2. Listening	17. Getting adult attention	25. Taking pride in your appearance
3. Greeting other people	18. Disagreeing with adults	26. Being organized
4. Joining in with others	19. Responding to requests from adults	27. Using self-control
5. Having conversations	20. Doing quality work	28. Doing what you agreed to do
6. Borrowing	21. Working independently	29. Accepting the consequences of your actions
7. Offering assistance	22. Developing good work habits	30. Coping with being upset or depressed
8. Complimenting	23. Following classroom rules	31. Feeling good about yourself
9. Showing a sense of humor	24. Developing good study habits	
10. Keeping friends		
11. Interacting with the opposite sex		
12. Negotiating with others		
13. Being left out		
14. Handling group pressure		
15. Expressing anger		
16. Coping with aggression		

Note. * ACCESS includes role play cards and a targeted skills list for each lesson
Walker et al., 1988; Walsh, Holloway, & Lyndon, 2018

Table A3

Didactic Lessons (CONNECTIONS/PEERS)

Lesson	Connections	PEERS
Week 1	First Impressions Holding Conversations Telephone Skills	Conversational Skills I (Trading Information)
Week 2	Understanding Strengths Challenges Working in Groups	Conversational Skills II (Two-way Conversations)
Week 3	Dealing with Anger and Anxiety	Conversational Skills III (Electronic Communication)
Week 4	Group Outing: **Mall**	Choosing Appropriate Friends
Week 5	Dating and Boundaries Complimenting Others	Appropriate Use of Humor
Week 6	Group Outing: **Movie**	Entering a Conversation
Week 7	Dining Etiquette	Exiting a Conversation
Week 8	Group Outing: **Restaurant**	Get-Togethers
Week 9	Conflict Resolution Sportsmanship	Good Sportsmanship
Week 10	Group Outing: **Bowling**	Rejections I: Teasing and Embarrassing Feedback
Week 11	Job Interviewing Skills	Rejections II: Bullying and Bad Reputations
Week 12	Mock Interviews	Handling Disagreements
Week 13	Ending Celebration	Rumors and Gossip
Week 14		Final Lesson and Graduation

Note. Wadsworth et al., 2016; Laugeson, 2014

Table A4

PEERS Social Skills Didactic Lessons

Lesson	**Title**
Week 1	Conversational Skills (Trading Information)
Week 2	Conversational Skills II (Two-way Conversations)
Week 3	Conversational Skills III (Electronic Communication)
Week 4	Choosing Appropriate Friends
Week 5	Appropriate Use of Humor
Week 6	Entering a Conversation
Week 7	Exiting a Conversation
Week 8	Get-Togethers
Week 9	Good Sportsmanship
Week 10	Rejections I: Teasing and Embarrassing Feedback
Week 11	Rejections II: Bullying and Bad Reputations
Week 12	Handling Disagreements
Week 13	Rumors and Gossip
Week 14	Final Lesson and Graduation

Note. Laugeson, 2014