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Cognitive Pragmatic Treatment for autistic adolescents in telepractice (@CPT): A Pilot Study

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Keywords: Autism Spectrum Disorder (ASD), Pragmatic training, Telepractice

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by difficulties in social communication¹, including pragmatics². Despite these difficulties, there is a paucity of trainings to improve pragmatics in ASD³, and even less is available for telepractice use.

We examined the effectiveness of Cognitive Pragmatic Treatment adapted for adolescents⁴ and innovatively delivered via telepractice (@CPT). @CPT is a 15-sessions group program for pragmatic ability comprehensively focusing on several communicative aspects, e.g., language, gestures, paralinguistic cues. Nine autistic adolescents (mean age=14.88±1.96, education=9.55±2.0, IQ=95.11±17.87) participated in @CPT, and seven matched autistic adolescents (controls), attended with the same frequency Treatment-As-Usual, and matched @CTP group for age (t=.27; p=.78), education (t=.63; p=.53) and IQ (t=1.08; p=.29).

Before and after training both groups were assessed on (a) pragmatics, (b) cognitive and Theory of Mind (ToM)⁵ abilities, as follows:

- (a) Equivalent forms of Assessment Battery for Communication (ABaCo⁶⁻⁷), a validated tool assessing several pragmatic phenomena and expressive means.
- (b) Neuropsychological Evaluation Battery⁸, Strange Stories⁹ and Reading the Mind in the Eyes¹⁰ tasks.

We expect to detect in the @CPT group, but not in the control group, a specific improvement in the communicative-pragmatic ability, the program's target, and not in other cognitive/ToM skills.

As expected, ABaCo total score (Wilcoxon's signed-rank test: z=2.54; p=.01), comprehension (z=2.07; p=.03), and production scales (z=2.19; p=.02) improved after-training in @CTP group but not in Treatment-As-Usual group (ABaCo total score: z=.16; p=.86; comprehension: z=1.18; p=.23; production: z=.33; p=.73).

As expected, @CPT did not lead to cognitive/ToM improvement post-training (.23<z<2.22; .02<p<.81), with the exception of Strange Stories (z=2.19; p=.02) and Selective attention task (z=2.20; p=.02). Similarly, no cognitive/ToM improvement was detected after Treatment-As-Usual (.00<z<1.47; .141<p<1.00).

This encouraging preliminary results suggest the potential of pragmatic interventions for autistic adolescents in telepractice and specifically show the effectiveness of the @CPT on pragmatic ability.

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SESSION	TOPIC	CONTENT AND ACTIVITIES	
1	INTRODUCTION AND OVERALL COMMUNICATIVE ABILITY	Introduction to @-CPT program goals and structure; Self-introduction of each participant, including the description of any perceived difficulty in daily living communication; Overview of communicative-pragmatic ability using video clips and role playing tasks based on daily living situations	
2	LINGUISTIC ABILITY	Videoclips and role playing based on the linguistic expressive modality.	
3	EXTRALINGUISTIC ABILITY	Videoclips and role playing based on the gestural modality.	
4-5	PARALINGUISTIC ABILITY	Videoclips, facial expression recognition tasks, tone of voice exercises and role playing.	
6-7	SOCIAL APPROPRIATENESS	Videoclips and role playing focused on social appropriateness and communicative adequacy in different contexts.	
8	CONVERSATIONAL ABILITY	Videoclips, role playing and exercises focused on the use of conversational rules (i.e., turn-taking and topic management).	
9	PHONE CONVERSATION	Audioclips and role playing focused on telephone conversational rules (i.e., voice only, no paralinguistic and gestural clues, available in live interactions).	
10-11	SOCIAL ABILITY	Videoclips and role playing focused on the ability to formulate meta- representations with respect to one's own and others' mental states.	
12	NARRATIVE AND PLANNING	Picture-description task, aimed at eliciting story-telling by providing an adequate amount and type of information.	
13-14	OVERALL COMMUNICATIVE ABILITY	Videoclips and role playing focused on the overall pragmatic effectiveness, expressed through all the modalities constituting communicative competence.	
15	CONCLUSION, AWARENESS AND FEEDBACK	Feedback and conclusions about the progresses observed during @-CPT program; i.e. showing videorecording of the salient moments along the sessions where the improvements could be detected to each participant during the group session	

Table 1. Description of the @CPT protocol: topic, content and activities of each session are detailed

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