

middle. The material used consists of short videoclips representing a brief communicative interaction (e.g., a communicative failure occurs, as an actor does not understand what his interlocutor says). At the end of each videoclip the participants are thus invited to discuss with the other participants what they just observed and they are asked to suggest, for example, what the actor could say to recover the communicative failure given the observed situation. Furthermore, in each session the participants take an active part in role playing activities. Finally, at the end of each session they are assigned specific “homework” tasks, dedicated to the particular aspect taken into consideration during that session, with the aim of extending what the participants experienced during the training session to their everyday life. The adapted version of the CPT16 consists of a total of 12 sessions (one session a week each lasting approximately 90 minutes, including a 10-minute break). The tasks that make up the original version of the CPT16, which are not considered suitable for adolescent participants, have been revised and adapted for this age range (for example all the role paying has been adapted to situations that are relevant to adolescents).

Assessment measures: The participants’ communicative-pragmatic skills were assessed by administering the equivalent forms of the ABaCo battery in three stages: T1 (pre-training), T2 (post-training) and T3 (Follow-Up, three months after the end of the treatment). The equivalent forms of the ABaCo are composed of 4 assessment scales - linguistic, non-verbal/extralinguistic, paralinguistic, contextual - that evaluate the comprehension and production of several communicative phenomena such as direct and indirect communicative acts, irony and deceit. The Neuropsychological Evaluation Battery for adolescents aged 12-18 (BVN 12-18)²² was also administered pre-and post-training. ToM was evaluated using the Sally & Anne task², a selection of six scenarios from the Strange Stories task²³ and the Reading the Mind in the Eyes test ²⁴.

Results: Wilcoxon Signed-Rank Test was run to assess whether statistically significant improvement could be detected as a result of the rehabilitation treatment in the three assessment phases. Overall, considering performance on the ABaCo, the analysis revealed improvement at T2 when compared to T1 ($Z = 2.073$; $p = .038$) (see Figure 1). The improvements observed were stable even after three months from the end of the treatment, as suggested by the absence of any difference between the participants’ performance at T2 (post-treatment) and at T3 (Follow Up) ($Z = .365$; $p = .715$). Moreover, Wilcoxon Signed-Rank Test was run to investigate the participants’ cognitive performance pre- and post- training: no significant improvements were detected in the participants’ performance on neuropsychological and ToM tasks, administered before and after the treatment (see Table 1).

Discussion and conclusion The training was effective in improving the participants’ overall communicative performance, while there was no generalized improvement in cognitive and ToM tasks. The main limit of the present study, which is currently in progress, concerns the small number of participants and the lack of a control sample. Future studies conducted on larger samples, together with the recruitment of a control group, will be able to confirm its effectiveness.

Figure 1

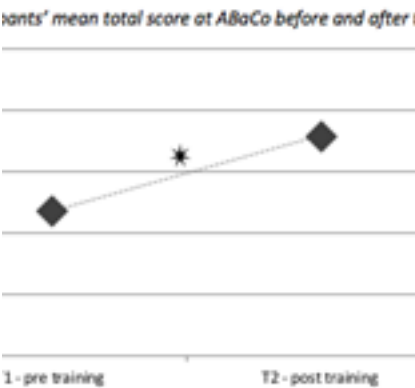


Figure 2

once pre- and post- training at the IIVN 12-18 and ToM

	Pre-training (T1) score	Post-training (T2) score
version	49.26	76.10
	81.90	89.93
memory	84.68	95.89
ng memory	96.22	102.57
memory	93.34	101.32
mory	101.29	108.47
i	84.43	101.69
	103.93	111.01
	84.66	100.97
essment *		
	100	100
	62.96	72.22
in the eyes	64.28	63.89

* 100; 50 = 15%; * Percentage of correct answers

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Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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