Print ISSN 1110-208X.

Online ISSN 2357-0016

Localization of Program for the Education and Enrichment of Relational Skills Curriculum for Children with Depression: A Case Discussion and Literature Analysis

HUANG Meilin, YAN Yu, SHI Ying, ZHUO Yan, HU Xiaoli, WANG Xia, TANG Haiyan, YAN Dan, SONG Fen, ZHANG Honglin

Chengdu Southwest Children's Rehabilitation Hospital, Chengdu , China.

Corresponding to:
Dr. HUANG Meilin.
Chengdu Southwest Children's Rehabilitation Hospital, Chengdu, China.

Email:
xnyyhml@163.com

Received: 28 August 2025

Accepted: 19 November 2025

Abstract:

Background: Program for the Education and Enrichment of Relational Skills (PEERS®) is an evidence-based social skills intervention developed by the University of California, Los Angeles (UCLA). It is designed for adolescents with social challenges, such as autism. It has been applied internationally to populations including those with depression, and was introduced to China in 2017. Following the certification of three physicians from Chengdu Southwest Children's Rehabilitation Hospital in PEERS®, the program was adapted for local implementation. **Case details:** From December 2024 to February 2025, 32 families with socially challenged and depressed children aged between 11 and 17 (with a mean age of 14.81 years) were enrolled in the program. Of these families, 27 were female (84.4%). The program comprised 16 sessions, held twice weekly for 90 minutes, featuring parallel classes for adolescents and parents. The program utilized 17 teaching methods and innovative formats. **Results:** After the eight-week program, the children demonstrated improved social engagement and well-being. Of the 18 children who had withdrawn from school or remained at home, eight returned to school or prepared to do so, seven discontinued medication and five reduced their dosage. Parents underwent role transitions. Conclusion: This program is highly valuable, and we hope that more relevant hospitals will take notice of it and implement it.

Key words: PEERS® Program ; Childhood and Adolescent Depression ; Social Skills Intervention

Introduction

Program for the Education and Enrichment of Relational Skills (PEERS®), was developed by Dr Elizabeth A. Laugesen at the University of California, Los Angeles (UCLA). PEERS® for Adolescents is an evidence-based social skills intervention for autistic youth and adolescents with other social challenges. The efficacy and effectiveness of PEERS® are well established. Using a cognitive-behavioral therapy framework, PEERS® incorporates evidence-based methods of instruction, including didactic lessons with concrete rules and steps of social skills, performance feedback coaching and homework assignments, which utilize parents and caregivers as social coaches, with the objective of assisting children and adolescents grappling with social challenges in establishing and nurturing healthy friendships[1-2].

As the only systematic, evidence-based program for training social skills in children and adolescents with social difficulties and disorders, it has been adopted internationally for use with people suffering from social disorders such as depression, anxiety disorders and attention deficit hyperactivity disorder (ADHD) due to its simplicity and effectiveness [3-4].Since Dr Laugeson's initial study was published in 2009, randomized pilot studies have been conducted and repeated in North America, Israel, the Netherlands and China to validate the efficacy of the intervention[5-12].

In 2017, Professor Du Yasong and his team at the Shanghai Mental Health Centre, which is affiliated with Shanghai Jiaotong University, introduced PEERS® to China. In July 2023, three doctors from our hospital were selected to participate in the training at the center, qualifying them as PEERS®-certified trainers. A localized curriculum practice involving 32 groups of families of depressed patients recruited from December 2024 - February 2025 ,who experience difficulties with social communication, social problem solving and peer interactions and relationships. It illustrate the implementation and role of PEERS® adapted to adolescents with depression.

Case Presentation

1. Recruitment

Organize training for psychiatrists and medical assistants on the PEERS®, exclusion criteria and recruitment techniques. Following the training, a support group was set up to assist the clinic with recruitment, answering questions, and providing follow-up support. Start producing publicity materials simultaneously, including table signs, display boards and elevator posters, to clarify the core information of the course and the registration method. Once finalized and printed, these were placed in the hospital lobby, elevators, psychosomatic clinics and inpatient departments. To expand its reach, recruitment tweets were also posted through the hospital's public website.

2. Pre-curriculum Preparation

2.1 Pre-curriculum Assessment

Once children and their parents have enrolled in the program, they will be docked by a specialist. The specialist will first ask them to sign an informed consent form containing key elements such as risks and benefits, data confidentiality, and videotaping and photography. A 90-minute family psychological assessment will then be conducted by a full-time psychologist. During this assessment, a therapist from the Psychology Department will conduct one-to-one counselling with each family member, taking detailed notes on the patient's status, developmental experience, the parents' personalities, and parent-child communication. They will also summarize the PEERS® guidance recommendations.

2.2 Class Management

PEERS® has small classes and is divided into three regular shifts, based on the availability of the 32 groups of families involved. PEERS® consists of youth and parent classes, which run in parallel (i.e.

each class includes a separate youth and parent session).To ensure stability, youth classes are managed on a fixed system and mixing and interrupting classes during the course is strictly prohibited. Parent classes encourage active participation from both parents. The same team of teachers will be assigned to each class, including a master teacher, two teaching assistants, two observers and a facilitator. All instructors are permanent and hold national certified counselor qualifications or PEERS® certified trainer qualifications, ensuring the professionalism of the teaching team and the standardization of course quality.

2.3 Site Preparation

Parents' classes take place in a 6m x 10m classroom equipped with a multimedia TV, which is convenient for course explanation and PPT presentation. Each parent is provided with a high-back chair to suit adults' needs. The youth class meets in a 5m x 17m classroom equipped with a multimedia TV to meet teaching needs. Soft canopy material is wrapped around the walls of the venue to prevent collision injuries, and the classroom is cleaned and sanitized before each session. In addition, camping chairs, futons and yoga mats are specially prepared to provide children with diversified resting options and support their freedom to sit and lie down, creating a relaxed and unrestricted classroom atmosphere and helping children to freely display their true state.

2.4 Teaching Team Preparation

After the psychological assessment of all families with depression, the faculty team will analyses the treatment process of each group in depth and compile a list of key concerns based on a comprehensive assessment. In addition, the focus of personalized training will be determined by identifying each child's experiences of frustration in social situations. At the same time, the parenting environment and patterns of parent-child interaction within each family will be explored in depth to formulate a detailed training plan. The faculty team has a clear division of lab our. The bishop coordinates the delivery of the course and controls the overall progress of the teaching. The teaching assistants implement the teaching and record the students' progress. The observers track the students' performance throughout the course, providing a basis for teaching adjustments. In dynamically matching the teaching needs, facilitator participate in the activities of the course to support the on-site interactive sessions.

3. General Situation of Trainees

The ages of the included depressed adolescents ranged from 11 to 17 years old, with an average age of 14.81 years （14.81±1.747）.Five cases (15.6%) were male and 27 cases (84.4%) were female. Of these, 15 cases (46.9%) were from one-child families, 13 cases (40.6%) were from non-one-child families, three cases (9.4%) were from single-parent families and one case (3.1%) was from a reorganized family. Twenty-five cases (78.1%) were taking psychotropic drugs, while seven cases (21.9%) were not(Table 1).

Table 1: General information about the subjects enrolled.

Variable		Enrolment=32） %
Genders	Male	5(15.6)
	Female	27(84.4)
Age(years)	Average age	14.81±1.775
Past history	Have	18（56.3）
	Non	14（43.8）
Type of depression	Commonality	30（93.8）
	Anxiety	2（6.3）
Disease duration	Under 6 months	25（78.1）
	6-12 months	5（15.6）
	Over 12 months	2（6.3）
Taking psychotropic drugs	Have	25（78.1）
	Non	7（21.9）
Type of family	Only-child	16(50.0)
	Non-Only-Child	14(43.8)
	Single parent family	1(3.1)
	Blended family	1(3.1)
Father's education level	Elementary and below	4（12.5）
	Junior high school	7（21.9）
	Senior high school/Technical secondary school	11（34.4）
	junior college	3(9.4)
	Bachelor's degree or above	7（21.9）
Mother's education level	Elementary and below	2（6.3）
	Junior high school	10（31.2）
	Senior high school/Technical secondary school	8（25）
	junior college	5（15.6）
	Bachelor's degree or above	7（21.9）
Academic status	Be in school	14(43.8)
	Drop out	9（28.1）
	Rest at home	9（28.1）

Table 2: PEERS® Instructional Approach

Session	Didactic
1	Behavioral Therapy
2	Group Effectiveness Enhancement Method
3	Gestalt Therapy
4	Social Skills Training
5	Emotional Cognitive Behavioral Therapy
6	Role Play
7	Impromptu Speech
8	Sitcom
9	Psychodrama
10	Game Interaction
11	Brainstorming
12	Emotional Management Techniques Method
13	Handling of practical exercises
14	Logic Training
15	Empowerment Thinking
16	Round-Table
17	Competence Enhancement Method

Table 3: Localization of PEERS® for children with depression

week	Didactic lesson	Syllabus	Reasonable Optimization Points
1	Section 1: Introduction to Good Friendship Characteristics and How to Exchange Information to Build Relationships	Lesson 1: Introduction to the teaching team and the course, with youth self-introductions through OH cards and instrumental games, followed by organizing team flag making. Lesson 2: Setting group rules, sharing and recording 'best friend traits', learning to exchange information, and completing two group simulations. Assigning homework.	Given the high age and cognitive level of the adolescents in the group, ice-breaker activities have been organized to help them get to know the team members quickly and foster a sense of team spirit.
2	Section 2: Finding Common Interests Through Two-Way Conversations Section 3: Using electronic communication properly to make friends	Lesson 3: Review the homework, reiterate the team rules, play the 'Just Like Me' interest trait game and explain the two-way dialogue theory. Lesson 4: An explanation of electronic communication exchanges, a telephone contact simulation, online information games and group exercises.	This is a dramatized simulation exercise based on real-life social situations in which teenagers are afraid to communicate.
3	Lesson 4: How to Choose the Right Friend Section 5: Identifying Your Characteristics and Learning to Use Humor Appropriately to Avoid Being Made Fun Of	Lesson 5: Review the homework, reiterate the team rules and conduct a 'Good Friend Trait' screening and sharing activity. Use OH cards to tell stories about friend traits. Lesson 6: Experience humor through OH card storytelling and team exchanges, practice your humor skills and set homework.	Aiming at the common dating frustrations of depressed teenagers, the program guides them to express their dating needs, learn to think differently to understand the value of friendship, and focuses on cultivating the ability to choose friends.
4	Section 6: How to join an unfamiliar conversation (single or multiple) Section 7: How to gracefully exit unfamiliar social situations Section 8: Building good teamwork and avoiding isolation, exclusion and rejection.	Lesson 7: Review the homework, reiterate the team rules and conduct an activity involving sharing and arranging gifts. Then, practice joining and leaving conversations in groups. Lesson 8: Reinforce teamwork with three mini-games. Then, assign homework and refine the team flags.	The adolescents can select games of interest on-site to carry out teamwork experiences. The degree of difficulty of the course can be adjusted flexibly to adapt to students' learning abilities.
5	Section 9: Learning to Participate in and Organize Gatherings (Single- and Multi-Person) Section 10: How to deal with disagreements and conflicts	Lesson 9: Review of homework and reiteration of team rules. Activity involving evaluating each other's strengths and weaknesses, and sharing feelings. Theoretical presentation. Lesson 10: Conduct a role-play of a party scene, summarize the exercise and then reinforce it, before assigning homework.	Given the differences in domestic and international customs surrounding party, this session will be adapted to simulate a family gathering.
6	Section 11: How to improve a “bad reputation” Section 12: Learning to Deal with Teasing and Embarrassment Section 15: How to Minimize Rumors and Gossip	Lesson 11: Review the homework and team rules. Share experiences of dealing with a bad reputation. Go over the theory and use the OH cards to simulate reducing the impact of rumors. Lesson 12: Combine theory with simulated scenarios using OH cards to deal with bad reputations. Practice and assign homework through group scenarios.	The course focuses on training the ability to deal with rumors and teasing for depressed teenagers who have experienced bullying, teasing and hazing at school. OH cards are used as the main practice tool to reinforce coping strategies.
7	Section 13: How to Avoid Being Physically Bullied Section 14: How to Avoid Cyberbullying	Lesson 13: Review the homework and the team rules, then explain the theory and the coping strategies.	The course combines the young people's self-reported experiences of bullying with the teaching of targeted response methods and an emphasis on legal rights and self-protection. It also helps them gain support from the team. At the same time, a parent-child letter-writing session has been added

		Lesson 14: Theoretical study; members spontaneously sharing experiences and supporting each other; arranging for teenagers to write letters to their parents; and musical situational resistance activities.	to address the issue of inadequate parental understanding, and to encourage the expression of repressed emotions within the family and improve parent-child communication.
8	Section 16: Graduation ceremony	A hands-on general review of what has been learned through immersive psychodrama interpretation.	To balance parents' concerns about their children's achievements in the eight-week program with the need for youth program remembrance and personal growth, edited personal growth videos are shared with the class. During the graduation ceremony, parents and children were paired up at random to perform a psychodrama together, demonstrating the skills they had learned on the course.

4-Course Practices

The localized PEERS® is divided into three stages: junior, middle and senior. There are a total of 16 90-minute sessions, which are held twice a week with the simultaneous participation of parents and children. To reduce the time and travel costs for adolescents and their parents, the overall framework of the original PEERS® was continued and an 8-week social skills training program was constructed. PEERS® uses a star incentive system, whereby young people can choose souvenir prizes based on how many stars they have earned by the end of the program.

Seventeen teaching methods are used to provide open-ended courses (Table 2). Parenting classes focus on teaching parenting methods and children's psychological development. Youth classes use real-life scenarios to enhance cognitive and social skills, encouraging learning through experience and independent conflict resolution. Teaching assistants practice with teens during instruction to promote skill transfer and help teens turn what they learn into real-world social skills. In terms of innovative formats, the curriculum incorporated OH cards and improvised instrumental performances, with professional music teachers invited to contribute to its design and implementation. Through live improvisational accompaniment, the program stimulated young people's interest in a multidimensional way and created a fun, immersive learning atmosphere (Table 3).

Before each week's class, the teaching assistants prepares a tea break for participants to refuel for 20 minutes between classes. Participants are required to sign in and wear shoe covers before entering the class. The program begins with participants sharing their homework and reviewing old acquaintances. Participants are then given PEERS® Stars based on their performance. After the class, the teaching team reviewed the trainees' situation, compiled a list of key concerns, filed the lesson plan and summarized the trainees' performance. They also synchronized with the cardiology clinic in the hospital to form a closed loop of timely course feedback and dynamic adjustment of the treatment plan.

Discussion

This case study adapts the PEERS® design, incorporating OH card icebreakers and family gathering simulations, and optimizes teaching formats, such as parallel parent sessions and music-based scenario activities, to align with the social needs of depressed adolescents and domestic cultural contexts. By employing diverse teaching methods and star reward system to boost engagement, it demonstrates the positive impact of localization on intervention outcomes. The dual-track approach of social skills training and simultaneous family support helps adolescents to rebuild social confidence, master practical skills and

improve family interactions. Additionally, a feedback loop with clinical settings enables treatment plans to be adjusted dynamically, supporting psychological-clinical coordination to facilitate the reduction or discontinuation of medication. However, the lack of long-term follow-up for the 32 families limits evidence of sustained outcomes. Future research should include multicenter controlled trials with extended follow-up periods. Refining the curriculum according to children's age and the severity of their depression could further improve the precision of the intervention.

Conclusion

Following an 8-week localized PEERS® intervention, depressed adolescents have changed from refusing to socialize and belittling themselves, to trying to integrate and taking the initiative to speak out. They have gained understanding and support, built up friendships, stopped shaking their hands nervously during self-introductions, stopped avoiding socializing with their heads bowed, started listening attentively and making eye contact, started participating in activities and displaying smiles, and started paying attention to their appearance, speech and behavior. Of the 18 young people who were on home leave or had been suspended from school, one (5.6%) returned to school and one (5.6%) started part-time work during the program. A total of six (33.3%) returned to school after the program ended and two (11.1%) were preparing to do so. Seven (18.8%) of the 32 young people were in a stable condition and had stopped taking their medication, while five (15.6%) were reducing their dosage and planning to stop taking it altogether. This process achieves dual improvement in social functioning and clinical symptoms.

Parents have also changed, becoming listeners and companions to their children rather than being unsupportive and unappreciative. There are now more opportunities for families to express suppressed emotions, and the quality of parent-child communication has significantly improved. This provides children with the support they need to develop their social skills and maintain their mental well-being.

The localized PEERS® demonstrates clear efficacy in addressing social difficulties among children with depression and is tailored to Chinese family and healthcare settings. Due to the low popularity of this course in domestic hospitals, it is anticipated that more hospitals and doctors, particularly those specializing in adolescent mental health and developmental and behavioral pediatrics, will recognize the value of Persi[a]n experience their unique charm.

Ethical approval This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of National Medical Research Registration and Filing Information system (Ethics approval number: MR-51-24-008741).

Conflicts of Interest All authors have declared no conflicts of interest.

Funded projects This work was supported by the Sichuan Psychological Society's Annual Scientific Research Planning Project (SCSXLXH2023038).

References

[1]Laugesen EA, Frankel F, Mogil C, Dillon AR. Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. J Autism Dev Discord. 2009;39(4):596-606. https://doi.org/10.1089/acm.2020.0104

[2]Laugesen EA, Frankel F, Gantman A, Dillon AR, Mogil C. Evidence-based social skills training for adolescents with autism spectrum disorders: the UCLA PEERS program. J Autism Dev Discord. 2012;42(6):1025-36. https://doi.org/10.1007/s10803-011-1339-1

[3]Estabillo JA, Moody CT, Poulhazan SJ, Adery LH, Denluck EM, Laugeson EA. Efficacy of PEERS® for Adolescents via Telehealth Delivery. J Autism Dev Disord. 2022;52(12):5232-5242. https://doi.org/10.1007/s10803-022-05580-5

[4]Hua Y, Zhao Q, Shen J, Liu Y, Zheng L, Zhang M. Program for education and enrichment of

relational skills (PEERS) training for social skills and depressed mood intervention in young adult with depression: Study protocol for a randomized controlled trial. Front Psychiatry. 2022;13:993124. https://doi.org/10.3389/fpsyt.2022.993124.

[5]Zheng S, Kim H, Salzman E, Ankenman K, Bent S. Improving Social Knowledge and Skills among Adolescents with Autism: Systematic Review and Meta-Analysis of UCLA PEERS® for Adolescents. J Autism Dev Disord. 2021;51(12):4488-4503. https://doi.org/10.1007/s10803-021-04885-1

[6]Schiltz HK, McVey AJ, Dolan BK, Willar KS, Pleiss S, Karst JS, et al. Changes in Depressive Symptoms Among Adolescents with ASD Completing the PEERS® Social Skills Intervention. J Autism Dev Disord. 2018;48(3):834-843. https://doi.org/10.1007/s10803-017-3396-6

[7]Shum KK, Cho WK, Lam LMO, Laugeson EA, Wong WS, Law LSK. Learning How to Make Friends for Chinese Adolescents with Autism Spectrum Disorder: A Randomized Controlled Trial of the Hong Kong Chinese Version of the PEERS® Intervention. J Autism Dev Disord. 2019;49(2):527-541. https://doi.org/10.1007/s10803-018-3728-1

[8]Song R, Du YS. Research progress on the effect of program for the education & enrichment of relational skills on social skills improvement among adolescents with attention deficit hyperactivity disorder. Chinese Journal of Child Health Care. 2018;26(10):1092-1095.https://doi.org/10.11852/zgetbjzz2018-26-10-13

[9]Cheng Y, Shi J, Cheng X, Wei Y, Wang J, Jiang Z. Impact of social knowledge and skills training based on UCLA PEERS® on social communication and interaction skills of adolescents or young adults with autism: A systematic review and meta-analysis. Asian J Psychiatry. 2025;106:104422. https://doi.org/10.1016/j.ajp.2025.104422

[10]Honan I, Sharp N, McIntyre S, Smithers-Sheedy H, Balde I, Quinn K, et al. Program evaluation of an adapted PEERS® social skills program in young adults with autism spectrum disorder and/or mild intellectual impairment and social skills difficulties. J Eval Clin Pract. 2023;29(1):126-135. https://doi.org/10.1111/jep.13743

[11]Zhao QY. Effect of PEERS training on social function and mood in young depression patients. Huzhou Uninersity,2021. https://doi.org/10.27946/d.cnki.ghzsf.2021.000045.

[12]Son C, Yoo HJ, Kim JH, Oh M. Mood and Emotional Changes After PEERS® Program in Parents of Young Adults With Autism Spectrum Disorder. J Korean Acad Child Adolesc Psychiatry. 2023;34(1):30-36. https://doi.org/10.5765/jkacap.220023.

To cite this article: HUANG Meilin, YAN Yu, SHI Ying, ZHUO Yan, HU Xiaoli, WANG Xia, TANG Haiyan, YAN Dan, SONG Fen, ZHANG Honglin. Localization of Program for the Education and Enrichment of Relational Skills Curriculum for Children with Depression: A Case Discussion and Literature Analysis. BMFJ 2026;43(1):39-45.