

The Effectiveness of an Educational Training Program for Autistic Children's Mothers in the Development of Some of the Daily-Life Skills in their Children

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Abstract: International statistics show a significant increase in the proportion of the existence of autistic children attaining about 3% of the number of children with special needs. This percentage is high compared to other child-related statistics. However, they researched various problems arising from the following question: How effective is a training educational program to a sample of autistic children's mothers in developing some daily-life skills in autistic children. Therefore, this study presents a discussion and an attempt to interpret the results of the study. This include the verification of hypotheses in the existence of the differences between pre and post tests in the average grade life skills of children with autism for both the control and the experimental groups after the application of the program.

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1. Introduction

Parents are the first group of people a child interacts with. When a child starts growing and developing, he/she begins the first movements, smiles, emotions, and responses to the surroundings inside the house. The house and the parents are the first environment in which a child lives, learns, and grows up. It is through this environment that a child acquires different skills such as the ability to negotiate and communicate with the people around them. This is where the importance of parents in a child's life comes in.

However, these skills sometimes suffer from some deficiency, as the case in autistic children, which has a great impact on the appropriate development of these skills. Here, the parents get confused concerning the best way to confront and treat this imbalance. They refer to specialists in this field for help and guidance to find the right solution. Despite the great importance of therapeutic intervention, we can never underestimate the role of the parents and the environment of the autistic child in the treatment of this disorder. The role played by the family of the autistic child and their participation in the treatment program, have a positive impact in the development of these skills more effectively. Therefore, giving parents the appropriate information, advice, guidance, methods, and strategies related to this disorder, would help them in developing the appropriate skills in their children.

Jennifer Elder (2013) explains that autism is one of the complicated disorders whose causes are unknown. Among the requirements for the treatment of this disorder, parents and siblings have a role to play at a later stage. This role entails the

provision of different levels of lifelong care, which makes this disease a complicated one. The author explains that families face enormous challenges in terms of providing life-long care for children with autism. Therefore, families have to consult many professional groups such as pediatrics and preliminary care doctors and care providers before judging and making a final diagnosis of the child's case. Furthermore, parents suffer psychological pains due to their children's suffering from this disease. It is possible to divide the stages parents pass through into five stages as follows: denial, anger, bargain, depression, and acceptance. However, it is a must to accept the status quo and adapt to it.

Consequently, there have to be a relationship between speech and language specialists. This relationship should exist between specialists of diagnosis and treatment of communicative disorders, and parents as experts in their children, their natural environment, daily life, the different experiences they are exposed to, in addition to their own needs and nature. Thus, this would enable them to achieve the best way of intervention to remedy the child's problem.

The first step in the application of this partnership is training the parents and providing them with the right tools that would help them in developing the children's skills. Training parents, especially during the early stages of a child's life, is an important element in any intervention program. Moreover, the training of parents and the training effectiveness in the favour of the child's communicative skills and other skills, is the heart and the main focus of many scientific research papers. Modern studies have shown the importance

of the role of autistic children's parents in the development of communication skills in their children. However, this is because parent's represents the largest part of a child's world compared to other people the child relates with. A child spends long hours with his/her parents, whereas he/she spends a limited number of hours with the speech and language specialist.

Tilla et al. (2007) confirms the importance of studying the parents' communicative efficiency and its effect on their autistic children and its relationship to language on the grounds that language deficiency is strongly linked to autism. It has been shown that unlike genetic factors, the parent's communication abilities with their children and poor communication, dramatically leads to autism (Tilla et al. 2007, 1323 – 1336).

The importance of training parents is highlighted in order to balance the equation. This is because quantitative excellence is accompanied by qualitative quality which assists parents in developing their autistic child's communicative skills which will reflect on the level of using these communicative skills to ask for things, attract attention, rejection, expressing feelings, and other difficulties experienced by children with autism at the level of communication, both verbal and non-verbal. The role of the family is represented in the need for extensive training to be able to master the appropriate methods and ways to teach their autistic child. At this point, we should not overlook the need to train parents on the ways and methods that enable them to socially interact with autistic children depending on the level of performance of each child.

Statement of the Problem

International statistics show a significant increase in the proportion of the existence of autistic children attaining about 3% of the number of children with special needs. This percentage is high compared to other child-related statistics.

In Egypt, however, there are no statistics showing the proportion of this category. This is because of the considerable confusion between this group of children and a lot of different disabilities. This is also due to inaccurate diagnosis of this group of autistic children as some were diagnosed as mentally disabled or deaf.

The American Society for Autism defines five deficiency areas that children with autism may suffer from namely: communication, social relationships and play, sensory, cognitive, and behavioral processes. Therefore, this is the reason an autistic child noticeably withdraws from social interactions. Then the withdrawal behavior becomes the most important characteristic of these children, which increases the obstacles they face while trying to make social relationships with others. In addition, it makes them unable to

integrate into team, play or participate in group activities, or make friends.

A child, however, cannot take care of others or socialize with them on his/her own. Instead, he/she needs care and attention from others. The family has to commence this care, although parents may have different feelings when they know about their child's disability. Some families, for example, may surround the child with extra protection, while other families may refuse the child's case or even refuse the child him/herself and tend to neglect and mistreat him/her. Parents' feelings vary and disappear during the first weeks of knowing their child's condition. Then the family faces the idea of this disability and work to support the child in acquiring the patterns of desired behavior. Thus, this is the time the specialists are needed to guide and train parents to perform this role.

The research problem raises the following question:

How effective is a training educational program to a sample of autistic children's mothers in developing some daily-life skills in autistic children?

Objectives of the Study

The present study aims to:

- determine the effectiveness of an educational training program to a sample of autistic children's mothers in developing some daily-life skills in their autistic children.
- increase the autistic child's understanding of the surrounding environment and to recognize the most important positive activities that affect these children to work towards mainstreaming these educational activities and integrating them in the programs offered to them.
- develop the educational abilities of a sample of autistic children's mothers in developing some of the daily-life skills in their autistic children.

Importance of the Study

The present study is of special importance because of the following:

- 1- The study addresses an educational training program for some daily-life skills that autistic children lack, which may contribute in the improvement of the social interactions of these children.
- 2- Designing a scale to measure daily-life skills for diagnosing the autistic children's performance.
- 3 - Understanding the importance of various educational activities encapsulated in the training program in developing some daily-life skills in autistic children.

Hypotheses of the Study

- 1 - There are statistically significant differences in the average score on daily-life skills scale in the post test of the application of the procedures of the educational program between the experimental and

the control groups, which is in favor of the experimental group.

2 - There are statistically significant differences in the average score on the daily-life skills scale in the experimental group between the pre and post test of the application procedures of the program, which is in favor of the post test.

Concepts of the Study

The Program

SaadiaBahadir (1994) defines it as a group of activities, games, and scientific practices carried out by a child under the supervision and guidance of a supervisor who works on providing him/her with the expertise, information, concepts and attitudes that would train him/her on the methods of sound thinking, problem solving, and search and exploration. A program is designed for a specific time period with specific behavioral goals, where the supervisor meets with the child to achieve them within the specific time period. A program moves gradually from easy to difficult, from simple to complex, from public to private, and from whole to part. This educational program needs to be accompanied by a specific continuous feedback method carried out by the supervisor and the child (applications and training activities) through which we can determine the child's level of activity that he/she practices. (Saadia B, 1994:94-95).

An Operational Definition of the Educational Program

It is a set of educational training and activities arranged in an organized framework to develop a child's abilities and skills in the daily-life fields, where each activity has its own objectives to be achieved which commensurate with the child's abilities and potential.

Daily Life Skills

FawziaAljelamdeh (2013) defines the concept of daily life skills as the skills an individual needs to perform on a daily basis without help. These skills include: personal care skills such as eating, drinking, dressing up, personal hygiene, and going to the bathroom (FawziaAljelamdh, 2013: 164)An Operational definition of life skills: They are the basic life skills needed by the (autistic) children, which help them cope with daily problems such as: caring for themselves, meeting their basic needs, interacting with others in acceptable social ways, self-reliance in their daily lives, fulfilling their social needs, and adapting to the family and those around them.

Autism:

The American Society for Autism (1999) defines autism as a kind of evolutionary disorder which appears during the first three years of a child's life as a result of neurological disorder affecting the functions of the brain. Therefore, the various aspects of growth are affected making the social communication - verbal or non-verbal- difficult for these children. They are often sensitive to things

compared to other people. They are disturbed because of any change that might occur in their environment, and they always repeat body movements or phrases in an automated way. The important thing at this point is to look for the most important ways which can improve the cases of these autistic children (IN:walaa H,2010:4).

(Youssef qaryouti, 1995: 366) uses the term autistic it personality disorder and defines behavioral and pathological manifestations must appear before age 30 months which includes the following disorders:

- A. disorder, or pursue growth.
- B. speech and language disorder and cognitive capacity
- C. disturbed sensory responses to stimuli
- D. disturbance in the commentary or belonging to the people, events and topics

.A Practical Definition of Autism

A developmental disorders that appear during the first three years of life and remain with him since her debut to life and the disorder that results in a child, and spent in reflexology and poor attention and communication and social relations with others and being able to adapt to life skills.

Limitations of the Study

Human Limitation

The Sample of the Study:

The sample of the study consisted of 12 children with mild autism, and the following points have been taken into consideration:

- the age range of the autistic children is between (3-6) years.
- the child has an above-average educated mother "especially in the experimental group".
- the child's IQ ranges between 90 to 110 on Godard scale.
- The child has not been in his current center for more than a 2 month.

Place Limitations:

The program has been applied on Ahbab Allah Centre for special needs.

Time Limitations:

The program lasted for three months and each session lasted from 40 to 90 minutes of individual training depending on the skill to be mastered.

Methodological Limitations:

The quasi-experimental approach has been used in this study, where the study aims to identify the role of the program (as an independent variable) in developing some of the life skills (dependent variable) in a sample of autistic children through a quasi-experimental design (pre/post- test).

Tools of the Study

- A daily-life skills scale for autistic children (prepared by the researcher).
- An educational training program (prepared by the researcher).
- Godard IQ scale.
- CAR'S scale

Theoretical Framework of the Study

the mental and physical development may grow abnormally taking many forms, and may in some cases, lead to behavioral problems. Autism is one of the forms which manifest abnormal growth. This is why it is listed within a category of disorders called severe developmental disorders. The autistic disorder has raised many questions since its discovery about the way it affects children, its symptoms, and mysterious causes which puzzled scientists in terms of developing a unified description for it.

Howlin,1995 indicates that autism is the most difficult and complex developmental disorders and shortcomings in the development of perceptual and language so Fu growth ability to communicate and communication, learning and cognitive and social growth and concomitant tendency withdrawal introverted and self closes with a sentimental and emotional rigidity, and become the nervous system may stop working, and the child becomes constricted in his world .(Howlin,1995:31)

The discovery of this type of disability is attributed to Leokannr (1943), one of the professors of psychiatry. While he was examining a group of children with mental disabilities in the United States, he noticed unusual behavioral patterns in eleven children who were classified as mentally disabled. Their behavior was characterized by the so-called early infantile autism. They were noted to be in continuous isolation, self-locked, and do not respond to any stimulant within the environment where they live (FawziaAljelamdh 2013, p 17).

The American Association for the classification of mental diseases has defined autism in 1994 DSM-4 as the ability to improve verbal and non-verbal communication and social interaction (Fawzia A, Najwa H, 2013, p 12).

Definition of Autism

Fadyshalaby (2001) sates that autism or ruminating are terminology used to describe an impairment of all-out growth. Autism is a type of developmental disabilities caused by dysfunction in the central nervous system characterized by the interruption or failure in perceptual and linguistic growth and, hence, in the ability to communicate, learning and social interaction. These symptoms are accompanied by the child's tendency to be introvert, isolated from the social milieu in which he lived, and he/she is hardly aware of individuals or events or phenomena around. Autism is also accompanied by the child's involvement in typical movements or revolutions anger fits as a reaction to any change in routine. (Fady S, 2001: 3)

Adel Abdullah (2002) defines autistic disorder as a disorder characterized by an imbalance of social interactions and communication, language and imaginary play before up to the age of typical behaviors and a failure and malfunction in interests and activities.(Adel A,2002:46)

Abdul Rahman Suleiman (2002) maintains that autism is one of the most prevalent and difficult developmental disabilities in terms of their impact on the behavior of the individuals who suffer from it and their learning aptitude, socialization, vocational training, a slight degree of simple social and economic independence, or the ability to protect oneself to only a limited degree. (Abdul Rahman S, 2002:101)

Ahmed Okasha refers to autism with the phrase "childhood autism" and defines it as a kind of prevalent evolutionary disorder whose existence is indicated by:

1. An abnormal growth or development which appears before the age of three.

2. A type of abnormal performance in the following three psychological areas:

- Social interaction.

- Communication and limited and repetitive behavior.

- In addition to these diagnostic characteristics, there are many other unidentified common problems such as phobias, sleep disorders, eating disorders, and aggression directed towards self. Studies indicate that these disorders are prevalent among children with the ratio four to five children out of every ten thousand children. (Ahmed O, 1992, 642)

Sadiq (2003) defines autism as a disorder which appears during the first three years of life and affects various aspects of growth and is reflected in social, communicative, emotional and mental aspects .This type of disorder continues type for life.(Farouk S, 2003:62)

Walid K, Mourad S (2007) indicate that Autism ADHD considerably hamper the way brain processes information, and leads to problems in the individuals' communication with those around them it also results in disorders of learning skills, social behavior, and impairment related to growth and usually appears during the first three years of age and are caused by a disorder of the nervous system affecting brain function. (Walid K, Mourad S, 2007:100)

Yahiya Rikhawi (2009) defines autism as a sort of disorders characterized by self-introversion since birth as a newborn child suffering from autism is unable to communicate with others starting with his mother despite the fact that he manages to establish partial relationships that may indicate fast and symbolic of materialistic things. Autism hinders the development of linguistic, social and cognitive growth. (Yahiya Rikhawi, 2009:60).

Autism diagnosis: Autism symptoms appear in some cases during the first six months after birth, but they mostly appear between the second and third year of age of the child, when the child is aware of his uniqueness as an independent person. If the child does not find a response from others the problem will be exacerbated where the others get away from him this leads to the child's inability to communicate with the social environment in which they live (Osman F, 2001: 2).

Therefore, the identification of the symptoms of these disabilities is of great importance for proper diagnosis, because some of these symptoms may resemble symptoms of some types of disabilities such as mental retardation and others. Therefore, it is necessary to get informed of the details of these symptoms and to stress the importance of the following:

1. All symptoms don't necessarily appear in every case of autism, but some may appear in a given situation, and others appear in another.
2. The emergence of these symptoms may vary in terms of (severity- continuity- age) when the symptoms begin to appear. In some cases, the symptoms may begin to appear during the first six months of the birth, but mostly they appear between the second and third years. (Mohammad M, 2007: 69).

The diagnosis of autism is one of the biggest problems faced by researchers in the field of childhood, perhaps because of the characteristics and qualities of the disorder which often resembles and interferes with other disorders. To accurately diagnose the symptoms, accurate information must be obtained where autistic children can be distinguished from other children with other disorders.

Diagnosing autism is a process designed to identify and detect children who may need for special and various educational services and programmes in the future. It's a preventive therapeutic process which reduces the negative effects of the discovery of the child's disability in the first months of his/her life. Therefore, early diagnosis includes social and functional skills aiming to modify child's behavior and communication skills (violet F, 2005: 35).

Before the emergence of the problem, we have to find out the reasons underlying it. Hence, determining the diagnostic title helps parents and specialists as follows:

- * obtaining specific information to the disorder through books and articles.
- * determining expectations for the child's behaviour based on the diagnosis.
- * Identifying the reasons behind the abnormal behaviour of the child.
- * Selecting treatment such as designing educational plans appropriate to the child's case. Thereby, the diagnosis is very important to help children

overcome their difficulties. (Wafa S, 2004: 201-205). These difficulties can be attributed to different factors including:

- Differences and variations of autism symptoms which vary from one child to another. It is rare to find two absolutely identical children in symptoms.
- The factors causing autism and all-out growth disorders occur in the brain-the most complicated organ in the body- where symptoms of dysfunctions and results vary.
- Diversity of injuries affecting the brain and nervous system, leading to diversity in dysfunctional forms which may result in damage to a specific part of the brain. Hence, the symptoms of autism also lead to the emergence of a range of symptoms diagnosed as Asperger's syndrome and other disabilities that are similar to the symptoms of autism.

* ADHD autism may be accompanied by one or more mental disability such as mental retardation and Asperger's syndrome or any learning disability. Symptoms always overlap and get complicated which in turn makes diagnosis more difficult and complex, especially that some of these symptoms that are similar to the symptoms of autism (Hossam S, 2006: 10.12).

A diagnosis of autism is one of the most difficult diagnoses due to the emergence of its symptoms in from one case to another, in addition to the limited number of specialists. This leads to misdiagnosis or ignoring it in earlier time which may lead to the difficulty of intervention in later times. Therefore, it is advisable to make an early diagnosis.

The importance of training and educational programmes are highly emphasized for autistic children in order to take advantage of the services available to them, and how to deal with them in the house, which represents the basis for communication with the surrounding environment.

Characteristics of autistic children:

In General, characteristics of autism can be schematized as follows:

First: Behavioral Characteristics:

Autistic child's behavior is limited, and severe emotional bouts are common in his behaviour. The child is often a nuisance to others, and most of his behaviour is as simple as configuring a piece of chewing gum in his hands, or rotating the pencil between his fingers. This makes the observer of autistic children think that are as if forced to perform like that as this performance in any way may lead to augment their painful feelings (Abdul Rahman Sulaiman, 2001: 111-112).

Autistic children are characterized by a range of behaviors which include some or all of the following behaviors, and these behaviors vary from

one child to another in terms of intensity and the method of intervention.

A. Failure to communicate contact with others:

It is one of the most important characteristics of autistic children who are unable to communicate with others, and fail to varying degrees to establish relationships with parents and with others. Autistic children may lack the ability to social smile and eye contact. Autistic children look to others as if they are non-existent. They may get tools for climbing or for obtaining something desirable and in the first five years is marked by their notable lack of link to their parents. (Mohamed Kamel, 2003: 2.9).

B. Severe Deficiencies in Speech or Aphasia:

Linguistic deficiency is one of the most important deficiencies of autistic children, where approximately 50% of these children do not speak, and the rest have only a limited ability in terms of expression, comprehension of language, and when the child is able to speak he is incomprehensible and repetitive. This is called voice repetition or echoing (Mona Jamal Khatib, iron, 2004: 17)

C. Typical Behaviors:

Stereotypical behaviors represent no desire from the part of autistic children in early years of their life to explore things and people around them in their environment, dealing limitedly with toys and things that fall in their random reach ,repeating this process without purpose and typically unintentional. Even when seen involved into playing, they are frequently similar and rigid preferring relationships with inanimate object rather than with human beings. In most cases, the child repeats the movements typically such as shaking the head, torso, bending the head forward and backward to a long period of time, without tiring, especially when leaving the child alone without a specific concern. Autistic child, therefore, resists change, such as changing clothing and furniture for the room, daily life in a way that the child gets angry to the extent that he may harm himself. (A. person, 2002, 25-28), (Osman Farraj, 2002: 57).

D. respond to sensory stimuli:

Autistic child appears as if his senses have become unable to deliver and incentive to his nervous system. Through our knowledge to children with autism, we get clearly aware of his inability to respond to external stimuli (SaadRiad, 2008: 18.20).The autistic child's senses are not differentiated as senses those of the normal child. He/she responds to a sensory experience, abnormally and strangely till they sometimes behave as if they have no experience of sounds, shapes and smells that surround them because they don't feel the things they touch.

Dynamic characteristics:

Autistic child reach the level of motor development similar to normal child with a simple delay in growth rate, but there are some aspects of

motor development that seem unusual. Autistic children have their own way to stand; they often stand and their head bowed, as if they are looking under their feet with their arms wrapped around each other up to the elbow. When they move, many of them never move their arms at their sides. They also beat the ground with their feet forward and backward repeatedly and at other times it seems that autistic children are in the position of consulting for themselves. They try to put their hands on or before their eyes, and they turn round themselves for long periods without appearing to feel dizzy. Hyperactivity is a common problem in autistic children where immobility is less frequent, and when the latter appears, it often changes into hyperactivity disorder, where there is a deficit on the attention and a lack of the ability to fully concentrate fully for a specific task. (Heather, 2004: 42)

III: cognitive mental characteristics:

Autistic child show remarkable diversion in mental functions. Some researchers think that autistic children's cognitive ability is normal whereas other studies indicate that the verbal intelligence quotient of autistic children is lower than their IQ performance. This is represented in their inability to conduct a mutual dialogue and an inability to understanding of verbal and non-verbal stimuli. The worst aspects of their performance is related the use of language.

Therefore, researches and studies point out that cognitive aspects of the disorder are the most outstanding common features of autistic disorder. They also result in a lack of social communication or an emotional response to those around him. Therefore, studies show that about three-quarters of children with autism have a degree of mental retardation. Other studies have shown that some children exhibit an average or above average intelligence. (Suha Amin, 2002: 40-41)

IV: social characteristics:

Kanner's refers to the many manifestations of social autism, many of which still need to be given a special attention. He maintains that the main characteristic for this disorder is social dysfunction. He compares the social behavior of normal children with that of children with autism where the former exhibit communicative behavior learnt from observing adults familiar to them socially appropriate and effective and at normal speed. As for children with autism, they often lack the natural ability to respond to others appropriately. (Zainabchouair, 2006: 84-85)

Social skills are among of the characteristic mostly affected adversely by autistic disorder. This is because autistic children are biologically disabled in this ability. Therefore, all the used strategies focus on providing the child with social and emotional experiences with others. This

doesn't download the importance of training on social skills which represent an integral part of training and educational programs designed for children.

Autistic children suffer from social dysfunction and lack of desire to establish relations and make friendships which help in incorporating them with others. They also suffer from a dysfunction in social responses and difficulties in interaction, social communication along and a failure to establish ties with colleagues along with the lack of the ability to communicate.

Second: Life Skills

The term life skills is used to refer to an individual's ability to perform daily life tasks, his/her ability to be independent, self-reliance in the surrounding environment, and the ability to make social relationships with peers of the same age group and with parents and elder individuals who represent authority for him/her. The importance of life skills is due to the fact that they help these children to interact with everyday situations, to cope with their problems, to be in agreement with the surrounding people and peers. That is, these skills serve as the gateway for the children with special needs to the process of integration in the community. They gain the self-confidence needed to start relationships with others and express their needs.

Skill analysis or Procedural analysis, Skill learning is subject to a type of analysis called skill analysis or procedural analysis. In this type of analysis, we find that the content consists mainly of a series of steps or sub-skills that should be performed in a certain sequence in order to achieve the desired objective.

There are definitions of a skill that can be identified as follows:

That the term skill has several meanings associated with it to refer to a specific complex activity that requires a certain period of intended training, organized practice, and controlled experience which usually has a useful function.

Saadia Bahadir, 1992 defines as a consecutive sequential movements that are acquired usually through continuous training. Once they are acquired, they become an original habit in the child's behavior that he/she do without prior thinking in its steps or stages. (Saadia Bahadir, 1992:28)

Components of Life Skills

Life skills are determined depending on their cognitive components, and the ability to translate them behaviorally. However, a disabled child does not sometimes act adaptively in these situations in spite of having knowledge potential that enables them to perform the desired behavior skillfully. So, we have to distinguish between problems resulting from the lack of understanding skills and the

inability to translate it into an acceptable social behavior.

There are several cognitive aspects for a skill as follows:

a – The aspect pertaining to the concepts and rules of a skill:

Spence, 1991 speculates that all the social skills theorists assume that the response of the child in social situations is determined by cognitive steps that start by receiving the information from others about the situation. Then he/she has to interpret this information and his/her recognition of it is determined by his/her knowledge of the social norms.

B - The aspect pertaining to the social context

Ladd & Mize indicate that a child is often exposed to rejection or ignorance by peers as his/her behavior is consistent with the standards and concepts of the group of peers because he/she does not know that the functions of some of the behaviors change according to the change in social attitudes.

C - The aspect pertaining to the social attitudes

Asher & Renshaw, Rathjan, Ladd & Mize agree that although some children know the methods of achieving the goals of a social situation, they follow the strategies that may not function properly and as a result of a wrong interpretation of the situation. So, they seek to achieve objectives that are inappropriate for the actual objectives of the social situation.

Type One: continuous reinforcement which means reinforcing response every time it is made.

Type Two: intermittent reinforcement which means reinforcing the response in certain times but not every time a response is made. Reinforcement should be at fixed or variable intervals.

D - Effect of your behavior on others:

This aspect is determined in light of the child's ability to control his/her behavior, his/her knowledge of its impact on the others, his/her ability to cope with social success or failure, and to what extent he/she tries to modify their behavior in accordance with the requirements of the situation. (Quoted Mayadah Muhammad, 2006:50)

Social Reinforcement Strategies

Skinner indicates that the social reinforcement are effective in the study of the procedural requirement. Responses, that are close to the target at least partly, are reinforced to achieve the required performance. Skinner gives a table for reinforcement in which he distinguishes between two types of reinforcement:

This table is called the table of fixed and variable proportions. Reinforcement can be positive or negative. This strategy arises when a teacher supplies his/her students with material reinforcement and others, which are of important or value for students. Rewards are also accompanied by tokens that determine when students respond to

the required work. They also increase dependence on the social reinforcement through strengthening the tendency to social response until it is repeated and sustained.

Contingency Contracting Strategies

The idea of expecting results focuses on the result of strengthening previous experiences. A child may expect that his/her performance are specified to him/her and will be rewarded based on the previous expectations. This is the basis for Rotter theory on social learning, in which he confirms the personal expectations of the individual with regard to future results. This strategy depends on the use of the concepts of performance, interaction, and expectation together to explain social processes within a group.

Social Modeling Strategies

Bandora (year) criticizes the two previous approaches in learning social skills, and offered another method through a theory of social learning. I think that reinforcement does not result in a complete growth of the methods of behavior acquisition, maintainance, and modification. Bandora shows that behavior can be acquired without external reinforcement. An individual can learn a lot from his/her behavior that they show through the role model, which can be seen in the behavior of others in their actions. Behaviour can also be acquired through learning by observation. (Quoted Walaa ,H,2010:51-52)

The researcher discusses some life skills that have been identified according to this research as follows:

Communication skills: is the process of information or feeling transfer can among individuals. Communication includes communicative language, which is spoken or unspoken such as signals, gestures, and movements. The communication process requires a sender and receiver to complete the communication process for two reasons:

- To meet their individual needs through dealing with and contacting others.
- To share expertise and experiences with others and take advantage of them.

Cooperation with others skill involves one of the social skills that can be taught to individuals to involve them with others in play, work, activities, talks, and feelings in an atmosphere of understanding and agreement without disturbing or harassing others.

Self-reliance skill involves a child's reliance on him/herself in fulfilling his/her needs of eating, clothing, and etc. It also includes doing his/her duties without the assistance of others, the independence in doing some things, and making their own decisions without asking others for help.

Developing Play in Autistic Children

Among the problems that can be observed in autistic children is that they avoid involvement in early social play due to difficulties in

communication and social interaction. Some minor changes in the pattern of interaction with these children would rebuild relations again. A teacher may use music and rhythm during his/her interview with the child in addition to creating an appropriate dramatic situation as music helps these children to become more interested and gives social situations meaning for them. Otherwise, they will lose their interest in the situation as a whole.

Another strategy that could be developed is the strategy of imitating autistic child actions. This technique is used to stimulate and encourage some of the skills in these children especially social skills. Strategic imitation is an important feature of the interactive approach and this strategy may have vital and effective role in the development of social relationships with others.

All forms of play whether, parallel or cooperative, individual or symbolic help kill the bad feeling among autistic children; the feeling that he/she does not exist ways as the best way to minimize or eliminate this feeling is to estimate this category through play. (Hisham El Kholy, Mohammed Abou Al Fotouh, 2013.206).

Having reviewed the studies that dealt with developing skills in autistic children, we find that the majority of these studies focused on addressing communication skills: verbal and nonverbal, and lack of social skills whether with or without the participation of the parents. These studies include: Dawson (1995) aims at increasing the effectiveness of the mothers' use of games especially imitation to increase the social interaction in autistic children. The study shows that there is a noticeable increase in the periods of gazing at mothers' faces and increases the span of attention. Most cases have shown positive responses to these strategies. However, we concluded from this study, that play whether by parents or by specialists yields positive results and increases the periods of communication and attention of children.

Badr (1997) aims at providing a therapeutic educational program, which is daily life therapy; it is a type of programs applied in special education schools in Japan, America, and Indonesia. Consequently, it is based on five basic themes namely:

- Group-Oriented instruction
- Highly structured Routine Activities
- Learning through Imitation
- Reduction of the levels of aimless activity by shocking training.
- A curriculum that focuses on music, painting, sports, and motor activity.

The results indicates an improvement in the cases of children with autism due to the technicality of daily life treatment that enabled the children to depend on themselves dramatically.

Tilla etal. (2007) aims at studying the parents' communicative efficiency among their autistic

children and their relationship with language on the basis that language deficits are strongly correlated with autism. The study found that unlike genetic factors, parents' communication abilities with their children is poor, which dramatically leads to autism. However, the results show the role of parents in the development of communicative competence in their children.

Lee et. al. (2008) explores autistic children and their relationship to the quality of life and their busy parents. This busyness arises due to the lack of attention parents pay to children in early childhood, especially children who suffer from attention deficit disorder who are found to be less interested in organizing activities. Thus, parents fear that their children might have learning difficulties. As a result, a study was conducted using a measure of the quality or type of life especially with the preoccupation and fears of parents.

Brown (2010) used a questionnaire distributed to 137 parents of children with disorders of autism. Based on the data collected from the parents, children with autism spectrum disorders can be treated. However, these children can deviate differently and we have to accept and accommodate their differences. The results show that the parents have dealt with these children respectfully, and emphasized the importance of friends in their children's lives, and also the multiplicity of the aspects of care through daily activities.

A recent study by Kylie Marquenieet. al. (2011) shown the training of autistic children for dinner and bedtime, and some family rituals with the aim of training the family properly so as to train the child on some life skills. Fourteen Australian mothers were trained on how to deal with these procedures (dinner and sleep time). Researchers have used content analysis in this study and showed that there are certain rituals which is needed to be performed in homes e.g. dinner time and sleep time. However, the presence of an autistic child negatively affects this daily practice.

Nicole Quim Tero& Laura Lee (2011) showed how to transfer children with autism spectrum disorder to kindergarten especially in the light of the teachers' concerns. Hence, it is mandatory to prepare and involve teachers and parents to prepare children for the transition to this educational phase, and to train them to deal with their children to move and attend school.

Michelle Haney (2012) is concerned with the few programs provided to autistic children after-school. It is a study which monitored the advance experience of the child's parents with autism spectrum disorder. The sample included 54 parents, in order to investigate the nature of the programs they provide to their children after school. The study shows the importance of the role of parents in

supporting and developing the children with autism spectrum disorder abilities.

Robert Pennington et. al.,(2013) also aims at supporting the families of autistic children in Kentucky State where recent data confirms a steady increase in the prevalence of autism spectrum disorder according to statistics from the Center for Control. Therefore, the study confirms the importance of supporting and training family members to deal with autistic children.

Maureen Kenny et. al.,(2013) focuses on a training program for an autistic child at the age of 5 to train him on the rules of public safety and to reduce the likelihood of sexual abuse within the family. It was found that boys were able to learn some of the safety concepts and his knowledge of personal safety increased through his family contacts, which contributed to his training on body safety.

Josh Mandelberget. al. (2014) concerning the results of long-time treatment and social skills development in children with autism spectrum disorder, considers social deficits as a characteristic of people with autism, especially the lack of environments which helps in improving their social skills. The study aims to examine the educational enrichment programs, and to develop programs for parents to participate through a long-term treatment program, which lasted from 2-5 years. The results indicate that social skills increases and improves self-reliance as well.

Among the recent studies concerned with the role of parents and the treatment for children with autism, is the study of Kimberly Schreck (2014) about what options - television, newspapers, advertisements, and web sites are offered for autism treatment between physiological treatment and behavioral therapy on one hand, and the types of unreasonable treatment on the other hand. The study offers an assessment of the best treatment options for children, especially the high-impact ones. In addition, the study found that most parents are using multiple treatment options simultaneously. It also provides evidence that can be used to determine treatment based on scientific evaluation starting with the evaluation, and attainment of a successful treatment.

Finally, Erin,Bartomet. al. (2014) gave an analytical study of the programs available in the classroom and the social and emotional programs for parents. The study examined 10 programs related to the curricula, including programs for parents focusing on social and emotional development in autistic children and the effects of these programs and practices. The study aims to base these programs offered in the classroom and by parents on social and emotional development of autistic children. This can be either taught, or the undesired behaviors can be either reduced or minimized within the family. It has been found that these programs gave high results especially in

the field of rehabilitating and preparing the families of the children, especially that these families have the potential necessary for development.

Summary and Comment on Previous Studies

Most of the previous studies confirms:

1 - The existence of a positive impact for the training of autistic children on social skills on the level of social interactions with parents.

2 - That it is noted that most of the foreign studies and training programs offered, confirms the role of the family in participating in the programs because of their role in improving the problems of children.

Methodological Procedures

The Curriculum

The study uses a quasi-experimental approach. The most important median variables have been controlled in this age group namely: intelligence, age, economic level, place of the application, and the different circumstances. However, this is the reason the two groups are taken from the same place. One of the two groups (the experimental group) has been exposed to the program, while the

Table 1: Characteristics and Homogeneity of the Sample" Age", " IQ", " Degree (level) of Autism"

Variables	No.	Average	Standard Deviation	Minimum	Maximum
Age	12	66	11,4102	48.00	84.00
IQ	12	96.15	4.90	90.0	102.0
Degree (level) of Autism	12	32.0	1.21	30.0	34.00

Table 2: Differences in the average grades of the experimental and control groups before training

Variables	Group	No.	Ave. ranking	Total ranking	Mann-Whitney	Z- value	Significance level
Age	Exp. Pre	6	5,71	48,00	14	1,401-	non-significant
	Cont. Pre		9,29	66,00			
IQ level	Exp. Pre		8,21	77,00	21,2	0,712-	non-significant
	Cont. Pre	6,9	49,50				
Autism Level	Exp. Pre	8,00	51,00	22	0,512-	non-significant	
	Cont. Pre	9,00	57,00				

Table (2) above shows that there are no differences between the experimental and control group in the variables of age, IQ, and degree of autism.

Tools of the Study

- CAR'S Infantile Autism Scale (prepared by Schopler .et al., (1988).

-Goddard IQ scale.

-Daily life skills scale for autistic children (prepared by the researcher).

- The educational training program (prepared by the researcher).

The following shows the discussion of the above mentioned tools.

(1) CAR'S Infantile Autism Scale (prepared by Schopler .et al., 1988).

The aim of this scale is to diagnose the autistic disorder in children. The scale consists of sixteen items, each of which is followed by (four)

second (the control group) has not been exposed to the program.

The two groups have been statistically unified in the sense that there are no differences between them in the average IQ scores and age in months. This is to ensure no differences between the two groups, which is evident through the presentation of the sample and its characteristics.

The Sample and Its Characteristics

The sample of the current study consisted of 14 children (7 experimental group and 7 control group). The condition to place children in the experimental group is that their mothers should be educated above average. At least, in terms of being able to apply the training program. The following tables provide a detailed distribution of the sample in the control and experimental groups and the homogeneity between them. Mann-Whitney style has been used for the statistical data processing for independent small groups in the pre-test for the two experimental and control groups each of which consists of 6 children.

statements based on the children that were observed. Hence, it was done by selecting which of them applies to each child. Therefore, a child is given a grade on each item ranging from 1 to 4. For a child to be diagnosed for suffering from autism, he/she has to attain an overall degree of 30 or more. The items are related to people, imitation, interactive response, the use of the body, the use of the stuff surrounding the child, adapting to the change in the surrounding environment, visual responses, audio responses, responses to the senses of taste, smell, touch, fear and nervousness, non-verbal communication, the child's level of activity, the level of mental response and the extent of consistency through the various fields of mental performance, and general impressions of autism symptoms in the child.

Stability of the Scale

The stability of the Infantile Autism Scale has been verified using the re-testing method on a sample of 30 autistic children in a two-week interval since the first application. The repetition stability coefficient is high and ranged between 87. To 0.91. Thus, this indicates that the test has a high degree of stability.

Reliability of the Scale

1 - Discriminatory Reliability

In order to check the reliability of the Arabic version of the scale and its ability to be distinguished, it was applied to a sample of 15 autistic children, and 15 mentally retarded children with learning abilities. The differences between the scores of the group of the autistic children and the retarded children with learning ability on each of the subscales and the total score of the scale are high and are significant at 0.001 (Huda Amin, 2001, 244).

2- Reliability of the Internal Consistency

The reliability of the internal consistency of the Infantile Autism Scale has been calculated through the correlation of the degree on sub-class with the total degree on the scale with a significant score of 0.05 and 0.01. The Infantile Autism Scale has reliability values represented in standard reliability by comparing the total number of the scores and the clinical estimates that were obtained from the same diagnosis sessions where the result of the correlation was 0.84 with a significance level of 0.001.

(2) Goddard IQ Scale

Description of the Scale

It is an IQ performance scales, and it has been applied in the current study because the performance of autistic children on performance scales is better than their performance on verbal scales. The test is easy to apply and to correct, and it also saves time and effort and makes children happy because it relies on puzzles and cubes which autistic children favors naturally. The scale consists of a wooden board with ten spaces each, with a suitable piece of wood. The examiner removes these pieces and asks the examinee to put them back in place as quickly as possible. The examinee had three attempts. The examiner then calculates the average time it took the examinee to represent the degree on the scale in the light of which the percentage of intelligence is determined, with reference to the guide of the scale. The researcher has used the Performance test manual prepared by ThuryyaAssaidAti. Furthermore, it was issued by the Union of Bodies for Caring for Special Groups in the Arab Republic of Egypt for application and correction.

Test Correction

The time the examinee took in the shortest attempt, or the total time it took the examinee to do the three attempts together. The mental age of the time is obtained according to the test schedule.

(3) Daily-life skills scale for children with autism (prepared by the researcher).

This scale aims to measure the daily life skills in children with autism. It has been approved on different resources upon preparation, namely:

(1) The theoretical framework of the study and the encapsulated definitions of autism, its causes and manifestations, its early indications, as well as information about the characteristics of children with this disorder.

(2) The consideration of some Arab and foreign studies, which focuses on the diagnosis of autistic disorder and the characteristics of social and life skills of children with autism. Hence, it also includes the studies of Adel Abdullah (2001), Hala Fouad (2001), and Aladdin Kafafi (2001).

(3) The consideration of some of the tools and standards, which focuses on the diagnosis of autistic disorder, especially the patterns of social life interactions in autistic children.

Description of the Scale

The scale measures four skills of life skills as follows:

(1) Communication skills (18 items).

(2) Cooperation with others (10 items).

(3) Self-reliance (12 items).

The overall number of the items of the scale is 40 items; each of which includes a number of answers (can without help, can with help, cannot).

Method of Scale Application

- The specialist reads each of the items included in this scale as well.

- He puts a tick (✓) in front of the appropriate response of the child's performance.

- The specialist bases his evaluation based on his observations of the performance and interactions of the child, and not what he wishes.

- The teacher leaves no items without answers, with the emphasis of providing a correct and a wrong answer.

Scale Correction Method

The scale has been prepared in the form of items each of which includes a number of answers. This was done such that a child can get the degree: can without help = 4, can with total help = 1, verbal = 2, signal = 3, cannot = zero, according to the answer to each item. Furthermore, the scores of the four branches are combined together to get the total score of the child on the scale.

Table (3): Internal Consistency Reliability

Items	Total	Items	Total
1	0,435	21	0,342
2	0,558	22	0,571
3	0,768	23	0,593
4	0,381	24	0,371
5	0,471	25	0,430
6	0,418	26	0,331
7	0,309	27	0,495
8	0,384	28	0,426
9	0,513	29	0,531
10	0,492	30	0,481
11	0,623	31	0,621
12	0,625	32	0,410
13	0,423	33	0,403
14	0,357	34	0,615
15	0,336	35	0,544
16	0,410	36	0,471
17	0,402	37	0,403
18	0,495	38	0,382
19	0,615	39	0,388
20	0,384	40	0,357

Table (4): Correlation coefficients between the degrees of axis values of the total score

Items	Total	Significant at
Communication skills	0,755	0,001
Cooperation with others	0,578	
Self-reliance	0,801	

The results of the previous table of correlation function between each item and the total degree of the scale and thus there is a sincerity to scale.

The Stability of the Scale

Table (5): Methods of calculating the scale stability

Items	Coefficient of reliability	Significant at
Reapply after 15 days	0,67	0,005
Retail halftones	0,71	0,001
Coefficient Alpha kronbakh	0,706	

The previous table shows that persistence and transactions despite the different methods of

The stability of the scale is obtained by calculating the stability by three methods.

calculating the all function and high, indicating that the scale surely unacceptable.

Table (6): Differences between the experimental and control groups on the life scale and its subscales

Skill	Variables	Group	Ave.	Total	Mann-Whitney	Significance Level
1	Communication skills	Cont. pre	8.08	51.50	22.00	non-significant
		Exp. pre	7.93	53.50		
2	Cooperation with others	Exp. pre	7.50	48.00	18.500	
		Cont. pre	8.00	55.00		
3	Self-reliance	Exp. pre	7.08	45.00	16.500	
		Cont. pre	9.00	55.00		
4	overall total	Exp. Pre	7.70	48.00	12.500	
		Cont. pre	8.30	54.50		

The table shows that there are no differences in the total scale score and the subscales between the two groups.

(4) The training program for the development of life skills for children with autism (prepared by the researcher).

Procedural Definition of the Program

The program is a set of games and educational activities in an organized framework to develop the children's abilities and skills in daily life areas so that each activity has its objectives that are achieved and that commensurate with the child's abilities and potential.

Design of the Program

The design of the program is dependent on the reference frame set up by SaadiaBahadir. Hence, it is done using the different contemporary scientific methods and trends by answering the following five questions that determine the dimensions of the overall frame of the reference of the program. These questions are:

- (1) To whom? That is, what is the goal of the program design? Why? That is, what is the goal of the program design
- (2) What? That is, what activities and practices can be offered to targeted group in this program to achieve its objectives?
- (3) How? This means, what are the educational strategies to be followed in the program to achieve its objectives?
- (4) How long? This means, what is the required timetable for the implementation of the program and the time required for application (SaadiaBahadir, 2002, 303-309)?

Upon preparing the program and before applying it, it has been submitted to a group of specialized judges, Professors of Curricula and teaching methods and education in order to identify the

Table (7): Significant differences between the average grades of the experimental group children in the pre and post tests on the variables of life skills scale

skill	Variables	Type of scale	No.	Ave. ranking	Total ranking (w)	Critical values
1	Communication skills	Pre exp.	6	4,00	14,00	-2.432*
		Post exp.		0	0	
2	Cooperation with others	Pre exp.		4.00	13,00	-2.057*
		Post exp.		0	0	
3	Self-reliance	Pre exp.		6.00	38.00	-2.401*
		Post exp.		0	0	
4	overall total	Pre Exp.		5.00	38.00	-2.495*
		Post Exp.		0	0	

*Significant at (0.05)

** significant at (0.01)

Discussion and Interpretation of Results of the First Hypothesis

The results of this hypothesis indicate the effectiveness of the training program in the development of some life skills. This can be explained by the fact that the training program used has included many skills which the children practiced. They have been trained on verbal communication through training to understand

strengths and invest them to address any deficits and strengthen them. A percentage of However, 87% of the views of judges shows that the Educational program is valid.

Statistical Methods

1 - Average.

2 - Standard deviation.

3 - Pearson correlation coefficient.

4 - Mann-Whitney for small independent groups.

5 - Wilcoxon small associated groups.

Results of the Study: Discussion and Interpretation

Firstly, the results of the first hypothesis shows that there are statistically significant differences between the average grade scores of the experimental group in pre and post tests on the scale of social skills for children with autism and its sub-scales.

To investigate this hypothesis, data have been statistically processed by Wilcoxon method for small associated groups with pre and post- tests of the experimental group which consists of 6 children.

It is obvious from the table(7) that there is a statistically significant differences at the level (0.05) between the mean grades of the experimental group children's grades before the implementation of the program and the mean grade for children's grades of the same group after the application of the program. This is on the all variables of the life skills scale and the overall score of the scale for the benefit of the children of the experimental group after the application of the program. This means that the grade of the experimental group children's improved on the all variables of life skills scale. Consequently, this supports the effectiveness of the program in improving life skills for children with autism.

simple instructions, the use of some welcome words in an acceptable manner, training on communication, and dialogue. They have also been trained on non-verbal communication, which is represented in their training on involvement and understanding some gestures, social clues, emotions, and visual communication. Moreover, the program includes training the children on the skills of cooperation, teamwork, some leisure-time

activities, which has had a big impact on the occurrence of the change in the life skills.

The results agree with what Mary Jane Weiss (2013) presents in a study entitled an analytical study of interventions based on the development of social skills in children with autism. The study shows that the social skills provided to the children are poor and that the emphasis on the aspects of teaching and learning is prevalent. The study confirms a group of components of the social skills the most important of which are (greeting others, commenting on the others, asking questions, asking to join the others). Training on social skills at schools is a complex goal in curricula and educational programs. The imitation skill plays the main role in all of the social life skills. The study also emphasizes the importance of playing skills through which we can distinguish between children and help in early intervention. The study also stresses the importance of play in the development of social skills and adding it in the curricula because of its role in the service of children.

They also agree with the findings of the K. A. Kroeger, et al. (2007) which compares between

Table (8): Significant differences between the average children's scores in the experimental and control groups after the application of the program on the variables of life skills scale

skill	Variables	Type of scale	No.	Ave. ranking	Total ranking (w)	Critical values
1	Communication skills	exp. Post	6	14,60	72,00	-4.070*
		Cont. post		5,22	32,00	
2	Cooperation with others	exp. Post		12,60	70,00	-3.011*
		Cont. post		5,22	32,00	
3	Self-reliance	exp. Post		11,50	70,00	-2.964*
		Cont. post		5,22	32,00	
4	overall total	exp. Post		12,9	71,00	-3,328*
		Cont. post		5,22	32,00	

*Significant at (0.05)

** significant at (0.01)

It is obvious from the above table that there is statistically significant differences at the level (0.05) between the means of children's scores in the experimental group and the average grade of the scores in the control group after the application of the program on all the variables of social life skills and the total score of the scale in favor of the experimental group. Thus, this signifies that there is an improvement in experimental group children which has been exposed to the training program sessions on its variables, compared to children in the control group that has not been exposed to the same program sessions.

Discussion and interpretation of the results of the second hypothesis

The previous results show how feasible and effective the training program, which is the subject of the current study in the development of some of the life skills in children who had been trained by their mothers by comparing their performance after the training with the performance of the control

two groups of young children with autism in the development of skills. The first group has been exposed to unorganized play activities while the (Model Video) has been used with the second group to teach them the social skills through programs and models. This type of activities have been displayed three times a week for five weeks.

The results show an improvement in both groups, but the acceptable social behaviors increased in the group exposed to the models and activities of play. The results are also in line with the results from the study of Robert Pennington, et.al, (2013) which aims to support the families of autistic children in Kentucky State. The study emphasizes the importance of family members and supporting and training them to deal with the children with autism disorder.

Secondly, in the results of the second hypothesis, there are statistically significant differences between the average grade scores of the experimental and the control groups in the post test on the scale of life skills for children with autism and its subscales.

group children who did not receive training on the program.

These results can be attributed to the effectiveness of the program used in the study and its positive effect as it led to the development of some of the skills that will help in the processes of social interaction and communication. The effectiveness of the training program can be discussed in light of its agreement with many studies and research papers in some points. The current program focuses on the remedy of specific deficiencies that are the most characteristic of autism. Autistic children suffer from a clear deficiency in social interaction with others and in acquiring the acceptable social skills. Many aspects of agreement can be detected at this level with many previous studies including Tilla F. Ruser et.al, 2007 aims at studying the parents' communicative efficiency among on their autistic children and its relationship to language on the grounds that language deficits are strongly correlated with autism. The study found that unlike genetic factors, parents' communication abilities

with their children and poor communication dramatically lead to autism. The results show the role of parents in the development of communicative competence in children.

The results of the current study agreed with the results of a study of Kylie Marquenie, et al, (2011) about training autistic children for dinner and bedtime and some family rituals with the aim of training the family properly so that they can train the child on some life skills. Fourteen Australian mothers were trained on how to deal with these procedures (dinner and sleep time). Researchers have used content analysis in this study and showed that there is inside some houses with respect to certain rituals e.g. dinner time and sleep. The presence of an autistic child negatively affects this daily practice.

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The results of the current study agreed with the results of a study JoshMandelberg , et all, (2014) concerning the results of long-time treatment and social skills development in children with autism spectrum disorder considers social deficits a characteristic of people with autism, especially with the lack of environments that help improve social skills. The study aims to examine the educational enrichment programs, and to develop programs for parents to participate through a long-term treatment program, which lasted from 2-5 years. The results indicate that social skills improve and improve self-reliance as well.

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Recommendations

In light of the findings of the study, the researcher recommends:

- That it is necessary to prepare cadres, trained to deal with children with autism at an early stage of detection of disability.

- Work to involve parents in any special programs to rehabilitate their autistic children through involving them in their daily activities in order to improve the abilities.

- Provide tools and games that suits the characteristics and interests of children with autism.

Suggestions for Further Research

Based on the results of the present study, the researcher suggests doing research in the following areas:

- Games and activities of Maria Montessori and their impact on the development of some social skills in autistic children.

- Dramatic play and the extent of its influence on the development of linguistic communication of children with mild autism.

- A mentoring program for parents and trainers of children with autism on the methods of communication and interaction with the autistic child.

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