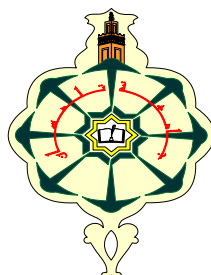


PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA
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University of Tlemcen



Faculty of Letters and Languages

Department of English

The Impact of Social Interaction on Autistic Children : "The Case of Nour Association of Autism in Maghnia / Tlemcen"

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Dedications

This work is dedicated to:

My life's model: my parents for their love , endless support , and encouragement. Without them I would not be able to complete this work and to reach to this grade. For their guidance that regulate my way.

My beloved sisters; ASMA , HASNAA, SAFAA: my life candles whom i found in my darkest moments .

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Abstract

Children with autism have great difficulties in maintaining relationships with others and in understanding different social situations. They also suffer from social isolation. Therefore, the present work aims at exploring the effectiveness of social interaction on child with autism. This investigation is a case study that focuses on the implication of specialists and parents of autistic children at Nour Association of Autism at Maghnia City in improving autistic children's communicative skills through social interaction for a social integration. It relies on a sample including 43 informants from both parents and specialists. Two research instruments were used for gathering data from this sample population. They involve a questionnaire administered to the parents and a structured interview to the psychologists and caregivers of children with autism. The collected data is, later, analyzed quantitatively and qualitatively to get to the research conclusions. The results will reveal that the role of social interaction in socializing autistic children to help them understand daily life situations through adaptation, care, and training of parents and caregivers. Suitable applied programs and strategies to each child's case should, also, be used in order to meet child's needs. From the obtained results, the research will conclude with the idea that social interaction is really effective for social development of children with autism.

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List of Abbreviations and Acronyms

ASD : Autism Spectrum Disorder .

ASA : American Autism Association .

ABA : Applied Behavioral Analysis .

DSM4 : Fourth Statistical Diagnostic

PECS : The Picture Exchange Communication System .

TEACCH : Traitment and Education of Autistic and Related Communication Handicapped Children .

ICD10 : World Classification of Diseases .

General Introduction

General Introduction

When studying a psychological phenomena, it is important to shed light on a very important phenomenon that is widely noticed in recent times, namely autism. In fact, autism is one of the most critical psychological problems and is well-known by its large existence all over the world. The aim of the present research is, therefore, to explore the effectiveness of social interaction on children with autism spectrum disorder, with the main focus on the role of socialization in children's social development under two basic concepts; the child and autism itself.

Childhood is the first finger print of a person and the most beautiful stages of his/her life from the moment of birth until adulthood. A third of his life at this stage begins to develop the human. Then, to the formation of his psychology and personality as the child discovers the environment in which he lives and recognizes the colors, shapes, sizes, and checks on what characterizes them and the relationships that combine them. These daily practices leads him/her to enriching his/her mental life with knowledge, along with affection through playing which is the main function of this stage.

Unfortunately it is not the case for every child on this globe. Some children are born with psychological deficiencies that categorize them as children with special needs. This prevent them from learning adequately from their environment, and the best example is Autism. Nowadays, children with autism have received remarkable attention, because it is one of the most difficult and complex developmental disorders, as it impedes the stages of the development of skills of various types.

Autism is a behavioral neurological disorder resulting from defects in the brain functions that appear during the first three years of life, and the child suffers from problems of communicating, responding to others, establishing social relations, and suffers also from disorders of fine motor skills and visual kinetic imitation, as well as problems in behavior and language. It affects each individual in a different way and to varying degrees, that is, the symptoms vary from one person to another, so that two children may have the same diagnosis but have different behaviors and skills and are completely different from each other. Therefore, early interventions are an important component in reducing the symptoms of autism through many therapeutic and educational programs, which are characterized as individually designed methods according to the need of each child. A separate educational programs is designed for each child to meet his/her needs.

The present research revolves around the impact of social interaction on child with ASD. The researcher's curiosity to reach the selected objectives pushed her to deal with an exploratory case study in Nour Association of Autism in MaghniaCity, working with the specialists (psychologists and caregivers) and parents of children with autism. The selection of the sample population is, then, done according to the major aim of the present work. Furthermore, this case study collects both quantitative and qualitative data from two chosen research instruments: a questionnaire to the parents of children with autism and a structured interview with the specialists and caregivers working at the Association of Autism. The investigation attempts to answer three research questions, as sketched below:

1. How can the role of parents and caregivers helps in accommodating the autistic children?
2. To what extent does the applied program helps a child with autism for social developments?
3. What can parents and caregivers do for autistic children to help them become more socialized?

The following hypotheses were set for the study in order to answer the research questions:

1. The role of parents and caregivers in the socialization of autistic children is two essential parts for accommodating life in their special world.
2. During the process of applying the program, the social development is noticeable on a child with autism in regulating social behaviors.
3. Through following suitable programs with a special care from their specialists and caregivers, children with autism can be able to accommodate life and to be more socialized.

The dissertation is organized around two chapters. The first chapter revolves around the role of socialization in the development of children with autism spectrum disorder. It provides a brief overview about autism itself with a focus on autism definition , causes , symptoms , and related disorders to ASD . The second chapter is the corner stone of the work. It is a space to analyze and discuss the quantitative and qualitative data collected through research instruments. This chapter then intends to answer the research questions raised above and validate the associated hypotheses that have been put forward.

Chapter One: Review of the Relevent Literature

- 1.1 Introduction
- 1.2 The History of Autism Spectrum Disorder
- 1.3 Definition of ASD
- 1.4 Theoretical and Explanatory Factors of Autism Disorder
- 1.5 Symptoms Of ASD
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- 1.10 Education and Socialization
- 1.11 Autism and Socialization
- 1.12 Autism and Social Interaction
- 1.13 Conclusion

1.1 Introduction

Autism is a behavioral neurological disorder resulting from defects in the brain functions that appear during the first three years of life, and the child suffers from problems of communicating, responding to others, establishing social relations, and suffers also from disorders of fine motor skills and visual kinetic imitation, as well as problems in behavior and language. It is characterized by a complex developmental disorder which affects children. They suffer from severe emotional disorders. Autism is limited to three complex problems: communication, social interaction, and behavioral disorders, in which an autistic child is distinguished from the others. In fact, the autistic child suffers from a lack of social interaction through isolation and difficulty in establishing emotional relationships with others, stereotyping behaviors, and the absence of language and communication. In this chapter, we attempt to discuss generally the main aspects related to autism as its definition, causes and symptoms along with the impact of social interaction on child with autism and his/hersocialization.

1.2 The History of Autism Spectrum Disorder

It is known that the discovery of autism disorder was in 1943, but most stories in ancient literature spoke of individuals who have the same characteristics of autistic children. Although, the diagnosis of the condition of these individuals were not confirmed at the time, they are very similar. Ali Alshami (2014) stated that Eitard wrote about a child named Victor known as the wild kid Aphron, aged about 10 or 12 years, was found in the forest. He regarded him as physically normal but wild from a psychological and moral point of view. He taught him for 5 years. Victor was able to express his needs and learnt a little bit of practical skills and self-reliance, also improved his social skills to some extent, but in spite of that Eitard did not achieve the success, he had hoped for. Victor had a very difficult social adjustment, he was unable to fully reach independence and never spoke. He lived around 40 years.

Kanner 1943 was the first who referred to autism spectrum disorder as a childhood disorder. This was in 1943 when he examined a group of mentally

retarded children at Harvard University in the United States where he observed (11) children with unusual behavioral patterns. Kaner called these symptoms the name of childhood autism disorder because he observed their complete self-closure, moving away from reality, introversion and isolation and not responding to the stimuli surrounding them.

Since 1943, several different labels have been used, all of which are mentioned by Wing and Gould (1979) childhood psychosis, childhood autism, and schizophrenia in childhood. Kattab (2009) states that these labels reflect the historical development of the term autism disorder. The use of a number of labels was, also, due to the ambiguity and complication of the diagnosis of the disorder of autism.

Shaker Majid (2010) states that although Kanar was the first to refer to autism spectrum disorder and categorized these children as a special category that was unique to other disabilities, it was not recognized as a category called autism. In the 1960s, the diagnosis was classified as a type of childhood schizophrenia according to the statistical manual of mental illness in the second edition. The classification error was only recognized in 1988 when the revised edition, which separated schizophrenia and autism disorder. Autism is not an early case of schizophrenia but a disorder entirely devoid of hallucinations or delirium symptoms.

1.3 Definition Of ASD

Farouk Mostafa, Sherbini (2011:26) points that 'the word autism is derived from the greek word 'aut' meaning 'self', and the word 'ism' means 'closure', and the term as a whole can be translated as 'self-closure'. This word suggests that these children of ten merge or closure to themselves, and they show little interests in the outside world'.

The following is a set of definitions that deal with the concept of autism:

The American Autism Association (ASA) defines it as a severe developmental disability that appears in the first three years of life. It is the result of neurodegenerative disorder that negatively affects brain function (Khawla Ahmed Yahya, 2000:204).

Router (1996) defines it in the World Classification of Diseases (WCD10) as a “widespread developmental disorder characterized by functional disfunction in three areas: social interaction, communication, and frequent pattern behaviors”.

The exact definition is presented in the Fourth Statistical Diagnostic Guide (DSG4), which describes it as a ‘condition’ of chronic deficiency in the development of a child characterized by a deviation and delay in the growth of the basic psychological functions associated with social and linguistic skills, including attention, sensory perception and motor development, and doesn’t start these symptoms during the first three years (Mostafa Nouri Al-Qamash 2011: 23).

Ellis, 1990 states that autism is the name given to the behavioral pattern, which is produced in a complex way. Durand et al (2007) point out that “autism is characterized by poor reciprocal treatment, social interaction, communication, and restricted patterns of interest and activity”.

Speaks (2011) describes it as a spectrum disorder, which means that the severity of the symptoms in the child ranges from simple to severe, and the child is characterized by a lack of autism in social communication and interaction, and doing the typical movements and not accept changes in the daily routine, and disorder reactions in certain situations’.

Marika defined it as a “behavioral symptoms of self-isolation, indulge in thinking, lack of attention, poor communication, and social relations with others, and excessive motore activity’ (Mostafa Nouri Al Qamash, 2011, 22). Okasha (2003: 753-754) defines it as “a type of progressive diffuse disorder, appears before 3 years ago, at the level of social interaction, communication, and frequent limited behavior”.

Both Al-Imam and Abdel-Jaleda (2010: 19) point out that autism is a complex developmental disability that lasts a life time. This disability usually occurs

during the early years of life and affects the way that a person communicates with others.

1.4 Theoretical and Explanatory Factors of Autism Disorder

Autism is a developmental disability that is still surrounded by a lot of ambiguity in all its aspects, especially the agreement to determine the causative factors, whether it is psychological or organic, genetic or hereditary or the result of a combination of these factors? Or is it a result of reasons that are still completely unknown? Research is in the way to identify the reasons that explain the evolution of autism spectrum disorder. So we will try to highlight some of the assumptions that lead to this disorder.

1.4.1 The Cyodynamic Theory

This theory is one of the oldest theories in the interpretation of the possible causes of autism disorder. Oussama Farouk Mustafa and El Sgerbini (2011) points that this theory focuses on the natural state of the autistic child from the organic side and indicates that strong effects occur at an early stage, leading to severe mental disorders. Given the importance of the relationship between the child and his mother and her role in the disorder, the authors of this theory have placed the responsibility for the abnormal parental treatment, especially the treatment of the mother.

Khatab (2009) point to the child's feeling of emotional emptiness due to the low relationship between the child and his family environment, which makes him close to himself and isolate those around him. Nouri Al-Qamash (2011) refers to depriving the child of love, tenderness and compassion because parents are preoccupied with tasks that require reflection, thinking and distraction from caring for the child.

1.4.2 Cognitive Psychology Theory

Farouk Mustafa , Al-Sherbini(2011)notes that it is one of the theories that have gained fame recently.It is an extension of the cogintive theory of autism. Abu Zeid (2009) sees it as one of the philosophical theories that began with plato and Aristole , then took a new direction by Berkeley and they devoloped by Husiley one of the student of Drawin , but in the field of modern psychology , Freud is the first to talk about the theory of reason.Since Kanner wrote his famous essay on autism , researchers and psychologists have moved to try to explain diffrent reasons trying to explain the causes of autism and the biological and neurological basis of the symptoms associated with it.The theory of reason was one of the most important theories that tried to give us an explanation for autism .

The main characteristic of autism disorder is the inability to infer the mental state of the child.In the case of deep autism, autistic children may not understand the concept of the mind at all.This deficiency has been called ‘Lack of theory of reason’ or ‘blindness of reason’.

1.4.3 Biochemical Factors

Some studies have confirmed that autism is due to an association between dysfunction in biochemical devices .The study of‘young and others ’ suggest that two –third of people with autism have an increase in serotonin plassma in the blood , While ‘Campbell and others ’ point to an inverse relationship between serum serotonin plasma rate and function mentalism in the autistic. AL Gamash (2011) confirms that the study of young and others indicates two thirds.According to Khattab (2009), some autistic children have an increase in spinal cord found, as well as an increase in homefanileic acid (the metabolic factor of dopamine).On the other hand , ‘Freud Hoff and others’ discovered the containment of substance (demthoxphenyl, ethyhamine) in the urine of children with autism disorder,and this substance is not found in ordinary children (MostafaNouri – Al Qamsh , 2011).

1.4.4 Biological factors

Al Qamash (2011) states that biological theories dealt with the study of the nervous system. The proponents of this theory believe that biological factors are the main causes of the strile of autism which is the injury of the brain before or during child birth, where Schopler believes that cases that cause brain damage before or during the birth may lead to autism, such as cases that have not been treated from [Phenyl Ketonuria] cervicalesclerosis of organic tissues [Tubrous sclerosis] choling during child birth and encephalities, infauf infancy [infantile spasms], and meningitis. In the same context, Compbell and others' studies confirmed that there were mild organic abnormalities in the brain rather than in their normal peers, which explain severe complications in the early months of Pregrancy. It was found that (20-25%) of children with autism showed an enlarged brain abdomen in electrocardiogram (EEG).

According to Khattab (2009) the immune system may lead to autism disorder. Some inappropriate immune factors between the mother and fetus contribute to autism. The lymphocytes of some autistic children are, also affected by embryos with antibodies in mothers which raises the posibility that embryonic tissues may be damaged during pregnancy.

4.1.5 Genetic and chromosomal hypotheses

Al-Qamash (2011) confirms that autism is due to a genetic defect, and more researchs suggest that a genetic factor has a direct effect on the disorder. Hossam Abu Zeid (2011) noted that about (4%) of autism cases are spread by (96%) for identical twins, who share the same gene (Sawsan Shaker Majid, 2010). However, the researchers 'Rutter and Volstein' conducted a study in 1978 for (11) paires of identical Twin children and found that autism was (82%) and (10%) respectively. This result was confirmed by Stremberg in 1989 when (91%) identical twins were found to have one genetics and have asame symptoms. According to Khattab (2009) studies and clinical reports indicate that individuals in the family with autism have several linguistic or cognitive problems, but are less severe than the person with autism in a family, when they are autistic. Two of

the most important factors leading to autism are:chromosomal anomalies in addition to tuberculosis.

1.5 Symptoms of ASD

Various symptoms are noticed from the autistic children and from these symptoms a normal children distinguished from the autistic children .there are as the following

1.5.1 Lack of social interaction

Amer(2008) believes that children with autism disorder suffer from social isolation and loss of ability to respond to others in general'. 'These children also have symptoms of social withdrawal, introversion, and inability to establish social relations with others'(ShakerMajid, 2001:41). Carpenter et All (2002) add that these children have a lack of mutual social interaction and this is shown by their inability to make friendship with others even with parents , and lack of response to the emotions and feelings of others.

1.5.2 Lack of communication skills

Children with autism suffer from the lack of communication .In fact , there are two types of communication skills

1.5.2.1 Non-verbal communication

It is defined by (Dilshad Ali, 2013: 200) as a 'set of skills used by the autistic child to form effective communication with others and a means of expressing different needs, namely: visual communication, attention and focus, emotional expressions, imitation ,reference,gestures, and physical conditions'.(Niclov,2006) notes that autistic children have limitation.

1.5.2.2 Verbal communication

According to (Amer, 2008) some autistic children suffer from the loss of ability to speak at a later time than ordinary children, and they also reverse the pronouns, as a spread of kisses where they repeat speech.

1.5.3 Typical behavior

Waleed-Al-SayidKhalifa, SrpsanRabee and Hadan(2014) show that autistic children exhibit a set of stereotypical movements such as forward or backward, walking on the fingertips, and the behavior of these children is the repetition of the movements or the typical actions of some of the repeated movements of the body, such as the behavior of shaking the body forward and back during sitting, and the rotation around the self, waving arms.

1.5.4 Mental and cognitive abilities

According to Mohammed Ahmed Al – Khattab, about 40% of children with autism disorder have a low IQ score of 50-55 (moderate of severe or deep mental retardation), 30% have a 70 or more IQ , and many studies suffer from deficits that are difficult to explain .

1.5.5 Limitation in sensory integration

TarikAmer(2007: 66) says autistic children suffer from sensory regulation deficits, either in the form of an over-sensitivity or abnormally low sensitivity to sensory stimuli.This deficiency or malfunction may be a factor in abnormal stereotypical behaviors in which autistic children often integrate.

1.5.6 Weak attention

It is defined by Farouk Mostafa , and El Sherbini(2010 : 92)as a cognitive process that includes the concentration of cognitive an a particular stimuli from a set of stimuli around us , which includes the process of selection , focus, intent, and inclination.Hudan(2000) notes that there is a strong recognitive of low attention in autism disorder and how this vulnerability may effect a range of behaviors and

disabilities associated with the disorder. Al- Shami(2004) describes attention as a complex cognitive skill, and each other directing attention, transfer attention, and transient attention.

1.5.6.1 Directing attention

Autistic children have a lack of attention. A child may not respond to the call of his or her name or to certain people. At the same time, he may draw his attention to things that ordinary people do not notice, meaning that the child's attention is focused only on things that interest him.

1.5.6.2 Transfer attention

Krushny and his colleagues found in 1994 that an autistic person needs seconds to move his attention from one to another, unlike the average person who needs parts of a second to do so.

1.5.6.3 Lengthen attention

It is the ability to continue, to focus on something for a long period of time. In fact, an autistic child can focus his attention to something that interests him for a long period and he can not do the same with the tasks of education and social activities .

1.5.6.4 Transient attention

The human mind faces many amounts of information that comes from the outside, so it has to pay attention to some information and ignore others, but in the case of people with autism disorder it is difficult to ignore the stimuli in their environment, and they may show the same attention to many of the things surrounding them, thus overloading their mental system.

1.6 Related disorders to ASD

The autistic children suffer from other related disorders mixed to autism. Indeed, each child is different from the other one according to his case. Related disorders to ASD are as the following

1.6.1 Sleep disorder

Both Galeman and Gillberg (2012) confirm that sleep disorders occur in many children with autism. A study was conducted on children with autism spectrum disorder and was found that (53%) of children had a significant sleep problem: Melatonin is produced in the dark by the pineal gland, a major sleep organizer. They conducted a study of (250) individuals with autism disorder with (255) of the control group. Biochemical analyzes revealed that platelets and squamous cells significantly reduce the level of melatonin in individuals with autism disorder.

1.6.2 Food and gastrointestinal problems

For Stewart and Latif (2008), one of the controversial areas is the question of whether children with autism are more likely to develop gastrointestinal diseases, with an incidence ranging from (9%) to more than (70%); and there is a central difficulty in recognizing gastrointestinal problems in children with autism which are described as the nutritional disorders in these children as food transition, sometimes food rickets, and may appear as over eating.

Sumac (2010) reports that 'Williams and his colleagues' conducted a survey of 100 parents of children with autism ranging from 22 months to 10 years, 67% of whom reported that their child had a nutritional selectivity.

1.6.3 Emotional Disorders

Leyfer et al (2006) notes that children with autism often have a problem with emotional reactions. Tarik Amer (2008) points to the inability to understand others' feelings, lack of fears about real dangers, i.e., he can not identify the sources of danger, panic of non-harmful things, exposure to spells of crying and screaming without apparent reason.

1.6.4 Weakness of Attention and Hyperactivity

Rappley (2005) describes it as a disorder characterized by an inability to regulate and maintain attention, to adjust the level of activity and impulse, and the result is inappropriate behaviors that are incompatible with age and level of growth.

Al-Shami (2004b) emphasizes that most autistic children suffer from attention deficit and hyperactivity due to their increased movement and low attention early childhood. However, there are differences between the two disorders, manifested in the age of onset of hyperactivity, where children with attention deficit and motor hyperactivity since the first months of their lives and throughout the study period and may continue beyond, while the excess movement appears in children with autism disorder in the pre-school and then disappears in adolescence.

1.6.5 Epilepsy

Fisher (2005) defines it as the name of brain disorder, often characterized by frequent and unexpected discontinuities of normal brain function called epileptic seizures. While Al-Shami (2004a:104) defines it as 'a state of recurrent episodes accompanied by unconsciousness'.

According to Caintano and Zaballa (2005), the percentage of individuals with epilepsy or who suffer from epilepsy ranges from 8% to 42% years depending on the age and diagnostic criteria. Both Tuchman and Rabin (2002) point out that the rate of epilepsy in autistic children ranges from 5% to 38.3%.

1.6.6 The disorder of Sensory Integration

Xuan (2009) states that sensory integration disorder is characterized by the difficulty of responding to sensory input in a flexible and adaptive manner. To successfully participate in daily life, children with autism may exhibit a range of sensory symptoms, including an overly sensitive response. Based on research, reports and clinical calculations, Wathing (2001) believes that between 30% and 100% of children with autism spectrum disorder have a sensory integration disorder of some kind. Rieffer (2011) notes that sensory integration disorder spreads 42% to 88%.

1.6.7 Mental Retardation

Al-Shami (2004) notes that mental retardation is different from autism disorder, but a person may experience mental retardation and autism at the same time. In this case, the person is given two different diagnoses. The percentage of children with autism who have mental retardation 75-77 % of all people with autism 50% have mildly mental retardation (between 55-75%) , while the intelligence level in 27% is less than 50 % while 'Coleman ' states that the proportion of children autistic to people who also suffer from mental retardation are estimated at between 71-88 in the 20 th century.

1.6.8 Angelman's Syndrome

Both Zogby and Bear(2012) describe it as it is characterized by mental disability, developmental disorder, blank problems and severe language deficits. These children have different behavioral problems, including hand fluttering, which 'Angelman' described as 'happy children' (pet syndrome) due to happy behavior frequent smiles, unexplained laughter episodes, hyperactivity and sleep difficulties. Wafa Ali Al- Shami (2004) confirms that although autism is similar in related disorders to autism in these children is very rare.

1.7 Diagnosis

Diagnosis is the basic process of knowing whether or not the child is autistic. This may be one of the most difficult and complex steps. Despite, the difficulties encountered in the diagnosis of autism, scientists and researchers have tried to overcome them by developing a set of benchmarks and basic criteria that characterize cases of autism.

1.7.1 Diagnosis of Autism

farraj (2002: 68) said that the diagnosis of autism and other overall developmental disorders is one of the most difficult and traditional process especially in the early stages of differences in symptoms. It requires the cooperation of a team of doctors, psychologists, social workers, speech therapists and medical analysis (RaedKhalil 2006: 45).

Bishop ,1989 points out through his comprehensive discussion of the difficulty of making a dignosis when describing a 4 years old child diagnosed by a team consisting of a pediatrician, neologist, psychologist,pediatric psychologist, and therapist.In the absence of any sign or neological sign, the diagnosis of a neurologist indicates that the child has speech difficulties. The psychologist identifies the child as an autistic child because of a marked lack of linguistic development and social behavior. The psychologist diagnosed the child with ‘Asperger’s’ syndrome because the child’s language and social skills were not severe enough to diagnose autism. Speech therapists lost the child to verbal distrurbances based on his or her poor language skills; it was found to belong to undetermined overall developmental disorder.

1.7.2 Stages of diagnosis

The stages of diagnosis are divided into three stages:

1.7.2.1 The First Stage (Preparation Stage)

This stage is carried out prior to the diagnosis process and includes a collection of information through case study and parental consent, identification of appropriate tests, including communication between the insituationworks, preliminary information collection and testing of assessment tools.

1.7.2.2 The Second Stage (Input Information)

This stageincludes the holding of diagnostic interviews between the spesialist and the examined, corecting the tests, organizingand coordinating, the results of the tests and placing them in quantitative for.It also includes a set of descriptive partial clauses..

1.7.2.3 The Third Stage (Data Processing)

This stage is a step towards extracting and interpreting statistical results and related forecasts for the benefit of the future.

1.7.2.4 The Fourth Stage(Output Stage)

This stage involves the specialist formulating the questions for which the case is being diverted. The specialist chooses the various tests, meets the tests, corrects the tests, synthesizes his conclusions about the situation, and organizes the data and conclusions he reached (Attia Muhammed, 1973: 83-85).

1.8 Methods and Treatment Programs

There are various methods and treatment programs used from the specialists to train child with autism to regulate his behaviors and to cover his lack in communication and social interaction .Some of them ,as the following :

1.8.1 Behavioral therapy

Behavioral therapy and behavior modification are among the most important strategies that have been successful in the teaching and training of autistic children and have been used in many therapeutic studies. Many of difficulties and problems of autistic individuals have been overcome using the 'waston' behavioral techniques and principles (AlKamash, 2011) presented as follows:

-Note the behavior, to be disposed of, register its duration and its periodicity, and identify the circumstances leading to it and the results there of.

- When you cancel a negative behavior that the child tends to exercise constantly, you should look for positive alternative behavior to replace negative one.

- When teaching or practicing a new skill, this work should be divided into simple steps that can be easily implemented with the child's instructions to be followed clearly and comprehensively, then the indoctrination will gradually decrease until it fades and the child can do the job without help.

-Encourage the various physical and moral means of every positive behavior of the child as this helps to increase the occurrence of this type of behavior, and ignore the

negative behavior (whenever possible) as it helps to reduce or eliminate most of the behavior that the child aims to attract the attention of others. Change the morning circumstances of negative behavior to reduce chances of starting to occur. It is necessary to continue and issue the same instructions whenever a negative behavior is issued by the child. The inconsistency between adult behavior and the rules imposed on children should be taken into account because this causes them some sort of confusion.

Majeed(2010) emphasizes that behavioral therapy provides an applied approach to research based on the educational needs of autistic children and can be easily learned by non-specialists in this field. Autistic children can be taught models of adaptive behavior, including: Self-care skills, language speech learning skills, and appropriate social behavior.

1.8.2 Sensory Integration Therapy

Based on Dr. Jane Esyres's work, which emphasizes the relationship between sensory experience and behavioral performance, Brank (2002) notes that sensory integration is aimed at learning from higher skills to improve the nervous system by organizing integration (information from the environment that provide adaptive responses, this treatment is provided in a classic way using the direct intervention model.

Shaker Majeed (2010) suggests that sensory integration therapy includes deepbreathing, massage, gentle touch, as well as training the child's brain to integrate input into different sensations. Al Qamash (2011) reported that this program tested 5 autistic children aged 4 to 5 years before 'Case -smith and Brain' in 1999 and continued for 10 weeks.

1.8.3 Auditory Integration Training

This program was developed by Dr. Barnard in France during the 1960s and then moved to the United States of America (1991). He published a book entitled 'Unite Child Recovery after 10 hours of intervention'. The therapy is as follows :

- Determination of the auditory threshold, and an auditory drawing of the child and in the event of a hearing sensitivity in the child, is subject to the therapeutic program.

-The program consists of 10 training hours spread over 20 sessions per 30 minute sessions, and includes listening to modified music from which allergy-sensitive sounds are still being used by the computer.

-Continuity of audio planing during and after each session.

-Complete program return after (4-12) months.

-Some researchers point to the usefulness of audio training by increasing attention, reducing instability and increasing, expressive language, and improving audio comprehension.

1.8.4 Music Therapy

Shaker Majeed(2010) notes that music has a significant impact on low activity and anxiety in children after studying the scientific and therapeutic effects of music on autistic children.

AbuZeid(2010)states that the first person to use the audio-visual device is Dr.Philip Ellis, a device that works on the radios that produce musical sounds at every movement of child in order to encourage him to communicate. As well as the use of loudspeakers in singing classes in order to encourage the child to pronounce the letters and words.

1.8.5 Daily Life Therapy

Khattab (2009)notes that the high school in Tokyo adopts this method of treatment.The program focuses on intensive physical training that results in the release of endorphinsthat reducesanxiety, as well as an intensive music program, art and drama, it is based on allowing these children to interact with ordinary children in order to help them grow normally.It is based on group oriented education, teaching routine activities through activity schedules and relies on self-reliant training for children in all aspects of their lives.

1.8.6 The Picture Exchange Communication System (PECS)

Bondy and Frost (1994) in the Delaware autism program have developed an (PECS) to help individuals with autism and other developmental disorders gain communication skills. The basic principle of this system is to teach children and communicate with consistent image packages designed to accomplish the task. The main methods used are to identify the stimuli that attract the child to communication such as food, drinks or favorite activities, alarm, configuration and concealment, direct verbal stimuli should be avoided such as: what do you want? Show me what you want? Do you want this thing?

1.8.7 Applied Behavioral Analysis (ABA)

This method is based on the Skinner's principles, which aims to modify behavior for 40 hours a week for at least two years. The program focuses on developing the child's imitation skills as well as training in matching skills, and the use of social skills and communication. Lovaas studied a group of 59 autistic children and tested the best ways to teach them. He found that a group of 19 children received 40 hours per week individually. Through behavioral analysis, 47% of children can not be distinguished from their peers.

1.8.8 TEACCH Program

Dronizi (2013) emphasizes that the word 'TEACCH' is an acronym for Treatment and Education of Autistic and related communication handicapped Children which means the treatment and education of children with autism and communication disabilities. The program was designed by Schubert in North Carolina, USA in 1964 at Chapel Hill.

Schopler (1986) describes it as a comprehensive learning method that includes diagnostic assessment, individual therapy, and special education for children with autism and communication disabilities.

Lord et al (1993) note that TEACH recognizes differences between children as well as differences with any given child in the rate and nature of growth across different skill domains.

1.9 The Sociolization of Children

For children with autism, sociolization is seen as a challenge for the reason of having the lack of social interaction and difficulty in maintaining relationships with others without exceptions from members of family to members of the community.

1.9.1 The Meaning and the Concept of Sociolization

According to freind and his followers, sociolization plays a key role in human development, and specially in shaping personality and mental health illness. Sociolization refers to that life long process of learning and relearning as people move from different stages of growth and developement, or from one social group to another (Panopis,1996).

Sociolization is the process that prepares humans to function in social life. It is culturally relative –people in different cultures are socialized differently (Scott & Schwarz,2006)

Sociolization is a process in which the child acquires language, knowledge, social skills, and values to adapt to the roles and values required integration into a group or community that a child belongs to.

1.9.2 Agencies of Sociolization

Sociolization takes place delibrately through agencies including family, peer-group, school and mass media.

1.9.2.1Family

Family is the home where a child is raised, taken care of his education and full development, as well as learning morals, life experience, and cultural standards of societies. The first root of one personality, hobbies, attitudes towards life, etc, are shapedin families (Leach, 1990).

In other words, each person was born twice; biologically and socially. After the child's birth, family and specially parents are the first responsible foreducating, training and socializing children. In spite of being humanly born, the body will never become human if he is uneducated and entirely separated from society. The family is one of the basic social institutions (Dong and Hung, 2001; Tam, 2001).

1.9.2.2 School

Schools in different cultures socialize children differently in order to prepare them to function well in these cultures. They also socialize them by teaching them about citizenship and national pride, andeducating them into behaviors .The school system has emerged as one of the most potent institution of socialization. Schools offer two contexts for the students. The first is the formal context of the classroom, where the context of socialization is decided by the prescribed curriculum. The second context is informal and can be percieved in the interpersonal relationship of students with teachers and those among the students.

1.9.2.3 Peer –group

A peer-group is made up of people who are similar in age and social status and who share interests. This group life is very important for them and has considerable influence on the development of their self-concept.

A set of beneficial points are taken from peer-group to the building of child's personality including self-confidence, and sense of security. Children also learn to cooperate and to adjust their needs and desires to the behavior of peers. As a child develops a social self he/ she learns to participate in the cultural norms and practises of the child peer-group. Thus, peer influences being before school intrudes and continues with varying degrees of importance for the rest of life. Peer-group socialization begins in the earliest years. Additionally, peer-groups provide their own opportunities for sociolization since kids usually engage in different types of activities with theirpeers than they do with their families.

1.9.2.4Mass Media

Mass media distribute impersonal information to a wide audience via television , newspaper, radio, and the internet with the average person spending over four hours a day in front of the television , media greatly influences social norms (Roberts, Foehr and Rideout , 2005) . People learn about objects of material culture .Therefore, it is impact on the process of socialization assumes greater significance.The most important thing about mass media is the message that it conveys or the images generally viewed at home together.

1.10 Education and Socialization

Education is a social process, which prepares individuals to lead a meaningful and dignified life. Together with the social forces it plays an important role in shaping the structure of society and imparts its knowledge, skill, values and behavioral patterns to its younger generations, thereby ensuring self preservation and continuity .In this sense, education is a process of socialization.Education in this sense is a process, which prepares the members of the society to adapt to the constantly changing conditions of a society.

1.11 Autism and Socialization

Socialization seems to be something so innate and natural that we do it without a second thought. While, it is a different platform for a child with ASD, they have a lack in social interaction and difficulty in socializing and integrating with others. In fact, integration is based on the education of children with disabilities in an environment close to the normal educational environment, which allows them to participate in regular daily activities.SairBasma (2013:255)notes that integration does not mean that all handicapped children in the regular classes, or the problems experienced by returning children may be transformed from integration policies. Moreover, integration brings great benefits to individuals with disabilities, the most important are as follows:

- The integration helps children with disabilities to agree in social life, individuals have the right to be treated with respect.
- .-That integration contributes to adjusting the attitudes of ordinary people towards persons with disabilities.

-The integration encourages the disabled person to feel his/her own worth, that s/he is part of society in which s/he lives, that s/he does not belong to an underprivileged minority who is treated badly and is impotent.

- The integration provides approtunities for teachers to understand individual differences, encourages them to develop curricula, and use differential approaches.

Developing social skills of children with ASD makes the process of integration easier for them and they will be more socialized to their members of the community as understanding different life situations and knowing when and how to interact with others.

1.12 Autism and Social Interaction

In general, the impact of difficulties with social interaction will affect relationships differently. Particulary, the lack of social skills of autism is characterized by many social problems. The difficulties facing children with autism in this aspect are many including:

-Difficulty in etablishing social relationships.

-Their inability to emphathize with others

-Difficulty understanding the social rules

-Inability to understand facial expressions and to connect with peers.

-Their inability to communicate vissually and even verbally.

Social skills play an important role in the regulation of social behaviors and the improvement of social interactionof autistic children.Libet and Lewinsonhn(1973: 307) define social skills as a complex ability to express behaviors that are positive or negative and does not include expressions of behaviors that are punished or suppressed by others.

Social skills can be seen as the components of behavior that is necessary for the individual to be able to perform succefully in his interaction with others, in a manner

that does not cause psychological or physical harm to others. The behaviors required for a successful child vary in interaction with others depending on the nature of the interaction (Spence, 1983, Gresham and Elliot, 1984).

1.13 Conclusion

Getting social experiences and learning social rules are good ways to clarify the hidden curriculum and make socializing easier and more rewarding under positive effectiveness on child with autism spectrum disorder .This chapter was divided into two parts .In the first part,the researcher discussed autism itself.Then,in the second part she described the role of socializing and the impact of social interaction on children with ASD. Hence, the following chapter will present the findings and discussion of the main results to conclude with some suggestions for future researchers.

CHAPTER TWO : RESULTS AND DISCUSION

2.1 Introduction

2.2 Research Methodology

2..3 The Study Setting

2.4 The Sample Population

2.5 Research Instruments

2.5.1 Parents Questionnaire

2.5.2 Specialists Interview

2.6 Data Analysis

2.6.1 Questionnaire Analysis

2. 6.2 Interview Analysis

2.7 Data Interpretation and Discussion

2.8 Suggestions and Recommendations

2.9 Conclusion

2.1 Introduction

This research is about the effectiveness of social interaction on child with autism spectrum disorder. In the previous chapter we presented a brief review of literature for the studied topic. Then, this chapter is an investigation of parents' and specialists' roles in the socialization of child with autism according to the applied strategies and program for child's improvements. In this practical chapter, the researcher's method and tools, the description of the sample population and the setting of the study are presented, as well as, the analysis and interpretation of the data collected. Finally, this chapter is concluded by discussing the results and providing suggestions to the studied issue. The researcher made use of the previous aspects in order to answer the research questions and to verify the hypotheses of the present work.

2.2 Research Methodology

According to Bromley (1990:302) a case study is a "Systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest". In other words, it tries to study and identify a problem and provide a set of suggestions especially used in social research. There are various types of case studies according to the purposes of research (descriptive, explanatory, and exploratory). In terms of the number of cases either single or multiple, and according to the unit of analysis, holistic, and embedded case studies.

This research is an explanatory case study which focuses on understanding the studied topic and trying to find suggestions and solutions to the existing problem. It investigates the impact of social interaction on child with autism spectrum disorder to explore the effectiveness of socialization on child with ASD and to test the applied programs and if it is beneficial and or not for child's case and to pay attention to strategies and activities used in child's social development .

2.3 The study setting

The present study was in Nour Association of Autism in Maghnia city. In fact, the association started on July 1st 2017 as a club in the association of KHANSAA – ALGERIA. Then, it became NOUR Association of Autism on April 1st 2018. It was guided by a group of members and administrators. They worked from Sunday to Wednesday. The number of children was around 44 children in separate groups. Two specialists were designated for each group (psychologists and caregivers). Each child is trained everyday on some practical activities and exercises according to each one's case and fine motor – sensory activities. From time to time, they take him for trips in order to adapt him to daily life activities.

2.4 The Sample Population

Our representative population was parents and specialists of child with autism spectrum disorder at NOUR Association of Autism in Maghnia City. Thirty one (31) child's parents were asked through a questionnaire and Twelve (12) specialists (psychologists and caregivers) of autistic children were approached with a structured interview in order to collect data from different sources responsible of the social integration of children with autism.. The sample was, then, forty three (43) participants who were parents and specialists of children with ASD.

2.5 Research Instruments

Data collection is gathered through the use of research instruments as a primary data in the researcher's investigation in order to achieve the purpose of the present work. In this research, the researcher uses two research tools; a questionnaire administered to (31) parents of children with ASD and a structured interview directed to (12) psychologists and caregivers of children with autism at Nour association of autism in Maghnia.

2.5.1 Parent's Questionnaire

A questionnaire is a set of written questions used in order to gather both quantitative and qualitative data from larger numbers of participants in a short period of time. From the answers of the selected sample, the researcher can be able to answer

research questions and also confirm or reject the research hypotheses after the process of analyzing and interpreting the obtained results from the collected data.

During the present investigation a questionnaire was chosen as a first research tool for the collection of data. It was given to thirty one (31) parents of child with ASD. It consisted of different types of questions including Yes / No questions, multiple choices, and open/ close ended questions.

A questionnaire was divided into five rubrics. Each one of them had its aim under one major aim which was to prove the research hypotheses for the present work.

2.5.2 Specialists Interview

“Interviews are primarily done in qualitative research and occur when researchers ask one or more participants general open – ended questions and record their answers. Often audiotapes are utilized to allow for more consistent transcription”(Creswell, 2012). In other words ,the interview is one useful research tool in a form of speech exchange between the researcher and the informants (orally.) A list of questions is designed from the researcher to obtain the objective data for the investigation of the studied topic . It is composed of three types; the structured, the semi- structured, and the unstructured interview in which the researcher has to select one from them according to his case and topic.

In this study, the structured interview was chosen as a second research instrument to complement the questionnaire and for two other reasons; to reach enough data for the present work and for mixing between qualitative and quantitative data. It was given to psychologists and caregivers (12 informants). It was composed to eight (8) questions under four (4) rubrics in order to answer research questions and hypotheses. The collaboration of the specialists helped the researcher to capture the role and the effectiveness of social interaction on children with ASD from their experience and background.

2.6 Data Analysis

After gathering the essential data, the next section is devoted to analyze and discuss the results in order to draw conclusions and achieve the research objectives.

2.6.1 Questionnaire Analysis

The first research tool (Questionnaire) was selected to obtain reliable data for the practical part of the present research. It was given to parents of autism (31) informants. The questionnaire consisted of 15 questions including Yes / No questions, multiple choices, open/close ended questions under five rubrics. Three of the questionnaire parts were aimed to answer research questions in relation to research hypotheses from parents answers according to their experience with children with autism.

Part One: Gender information about your child

1 / Age

Parents were asked about their children’s age.

Their answers are summarized in the following table:

Table 2.1 children’s age.

| Age | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|
| Children’s Numbers | 1 | 4 | 6 | 7 | 8 | 3 | 2 |

It can be read from the table that these children have different ages and the most frequent ages are revolving around five to seven years old .

2/ Sex

Parents were asked about their children’s sex.

Their answers are summarized in the following table:

Table .2.2 children’s sex

| Sex | Male | Female |
|-------------------------------|-------------|---------------|
| Children’s numbers(31) | 23 | 08 |
| percentages (100%) | 74% | 26% |

From the table, it can be understood that males are more than females according to their numbers and the presented percentages 74% vs 26% from the total “100%”

Part Two: Social experiences of child with autism

3 / Does your child enjoy playing with his peers?

Parents were asked about the interaction of their children with others

Their answers are summarized in the following table:

Table 2.3 Child with autism and his interaction

| Options | Yes | No | Total |
|------------------------|------------|------------|--------------|
| Parents’ number | 14 | 17 | 31 |
| Percentages | 46% | 54% | 100% |

The table above shows that 54% of the participants confirmed that a child with autism did not enjoy playing with others unlike 46% of participants who said the opposite but it took a less percentage than the first one.

4/ Does your child have certain times to integrate with others ?

Parents were asked if their children integrate from time to time with others or not.

Their answers summarized in the following table :

Table 2.4 the integration of child with autism

| Options | Yes | No | Total |
|-----------------|------------|-----------|--------------|
| Parents numbers | 24 | 07 | 31 |
| percentages | 77% | 23% | 100% |

According to the results, it can be noticed that the majority of them agreed that children with autism had certain times integrating with others while the others think that children with autism had a great difficulty to integrate with others .

5/ Does your child imitate his siblings at home ?

Parents were asked about the imitation of child with autism .

Their answers are summarized in the following table:

Table 2.5 the imitation of child with autism with his siblings .

| Options | Yes | No | Total |
|------------------------|------------|------------|--------------|
| Parents numbers | 13 | 18 | 31 |
| percentages | 42% | 58% | 100% |

The table above shows that 58% of the informants who said that children with autism cannot imitate their siblings while the rest of the informants (42%) agreed that children with autism can imitate their siblings .

6/ How is your child’s relationship with his siblings?

Parents were asked about their children’s relationships with siblings.

Their answers were summarized in the following figure :

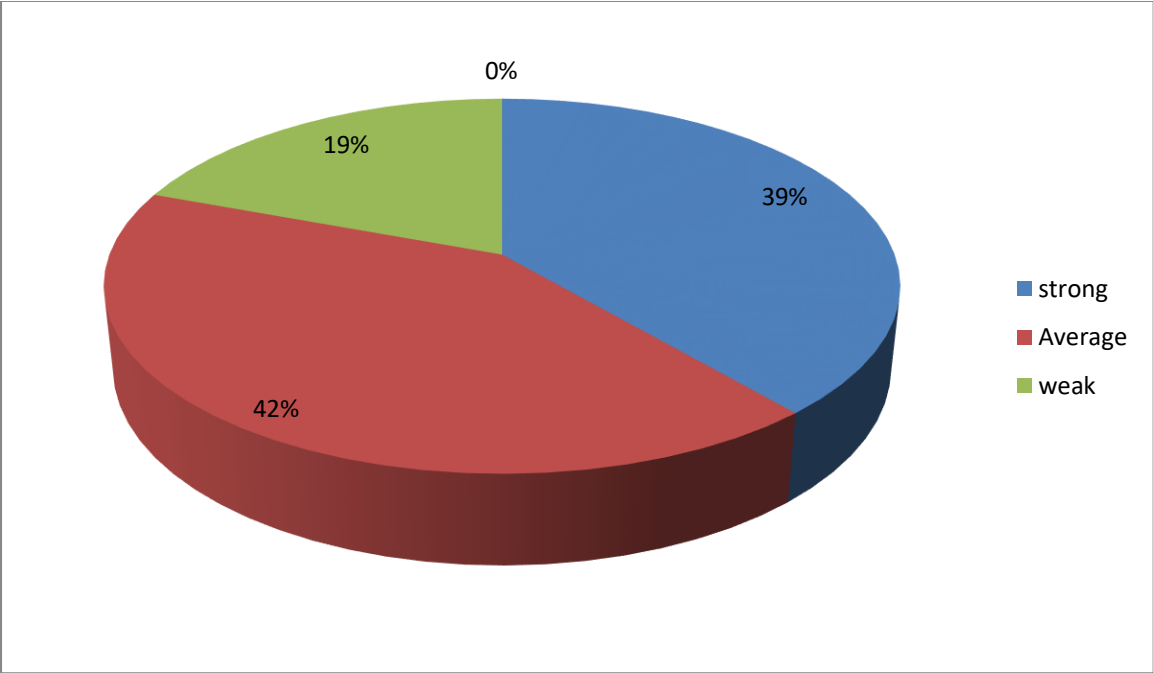


Figure 2.1 the relationship between child with autism and his siblings

The graph above shows that 38% of the informants confirmed that children with autism had a strong relationship with their siblings and 42 % of the sample declared that they had an average relationship. Only 20% of the respondents said that they had a weak relationship between an autistic child and his siblings .

Part Three:parent’s role in the socialization of a child with autism

7/ Do you give instructions to your child to help you in routine daily activities?

Parents were asked about their training to child with autism through giving instructions

Their answers are summarized in the following table:

Table .2.6 The role of parents in training a child with autism through daily life activities.

| Options | yes | No | Total |
|------------------------|-------------|------------|--------------|
| Parents numbers | 13 | 18 | 31 |
| Percentage | 42 % | 58% | 100% |

The table illustrate parents answers if they were aware to train their children through daily life activities or not. It shows that 42% of the informants declared that they practiced daily activities with their children by choosing the option (yes) and 58% of the sample confirmed that they did not practice activities through selecting the option (No)

8/ Is your treatment of your child a special treatment compared to his siblings?

Parents were asked about their treatment for children with autism.

Their answers are summarized in the following figure:

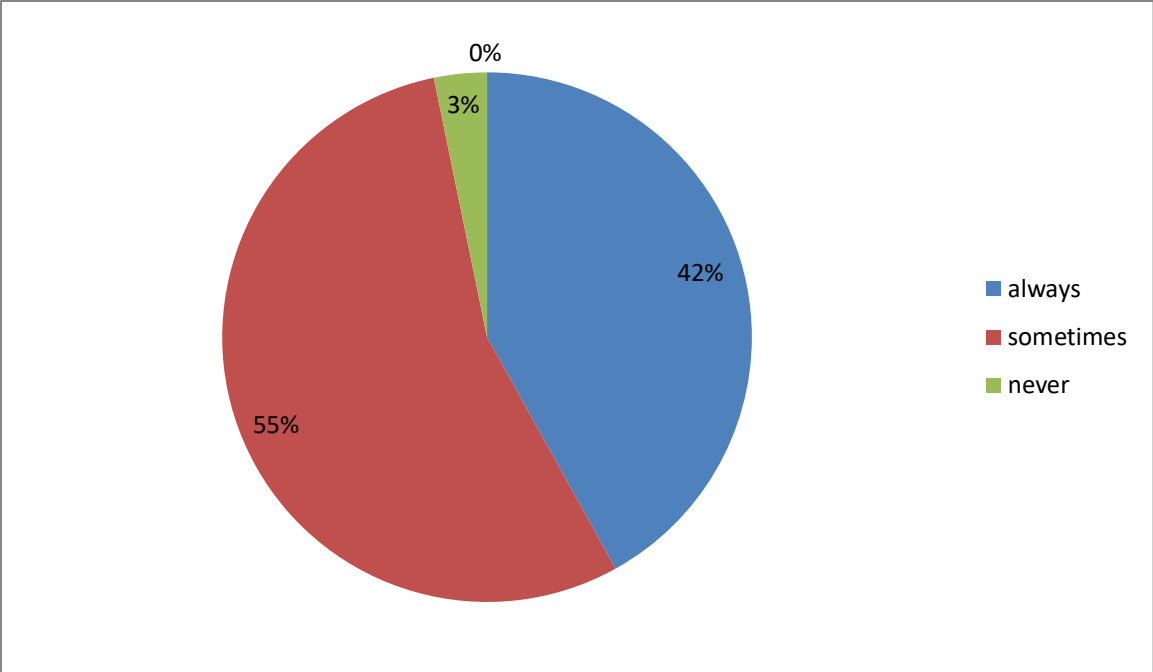


Figure 2.2 Parent’s treatment to a child with autism

From the graph above, the results show that 42 % of the respondents had a special treatment to their children. 54 % of the informants said that they dealt with them according to the situations. Only 4 % of the sample did not deal with them as a special case.

9/ what are the things that characterize your child from his siblings?

Parents were asked about their children’s characteristics.

Their answers are summarized in the following figure:

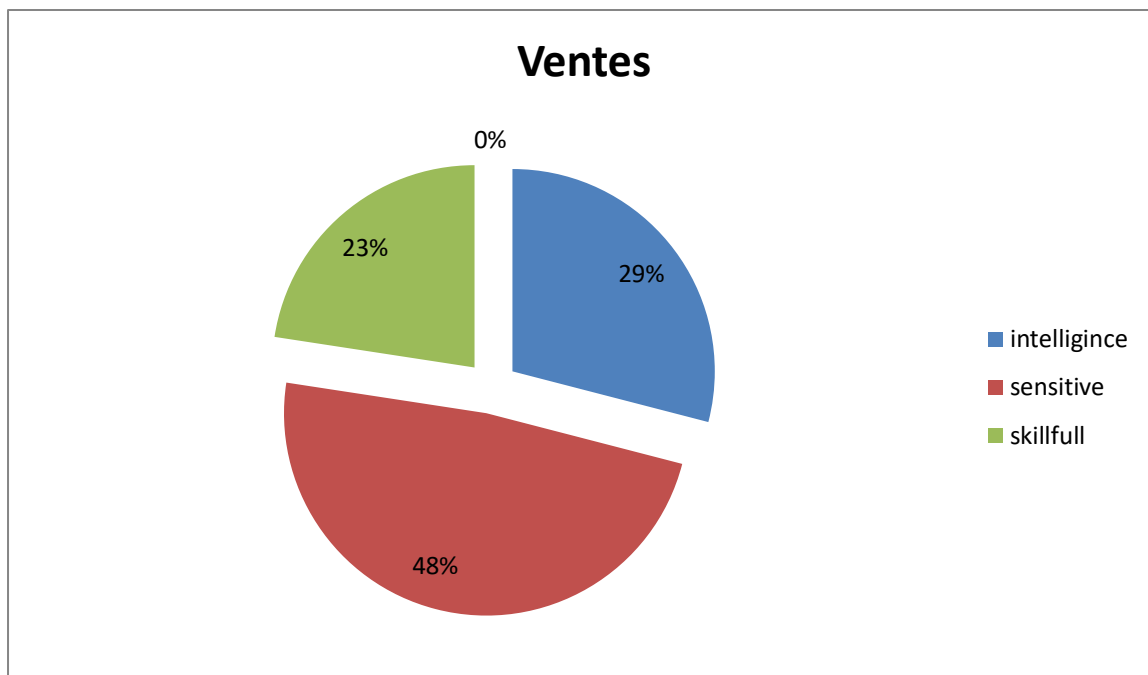


Figure 2.3 special characteristics of children with autism

From the graph below, it can be noticed that 48% of the sample said that sensitivity was the major characteristic of a child with autism. 29% of the informants claimed that intelligence symbolized child with autism compare to his siblings. And the rest 23% from the total who stated that the child with autism had some particular skills (skillfulness) and can easily master it more than the others.

10/ What are daily activities that your child prefer and want to participate in?

This question is to know if parents care for daily training to develop their children's social behaviors and what are these activities during the participation of child with autism. Most of the informants answers mentioned common activities including arranging stuff at home, putting things at the right places and helping in gathering toys. For the rest of the sample they said about their children that they want only to play especially by cars and their preferable toys.

Part four: about context and program

11 / To what extent the applied program has contributed to controlling your child's social behaviors?

Parents were asked about the contribution of the applied program in controlling the child's social behavior.

Their answers are summarized in the following figure:

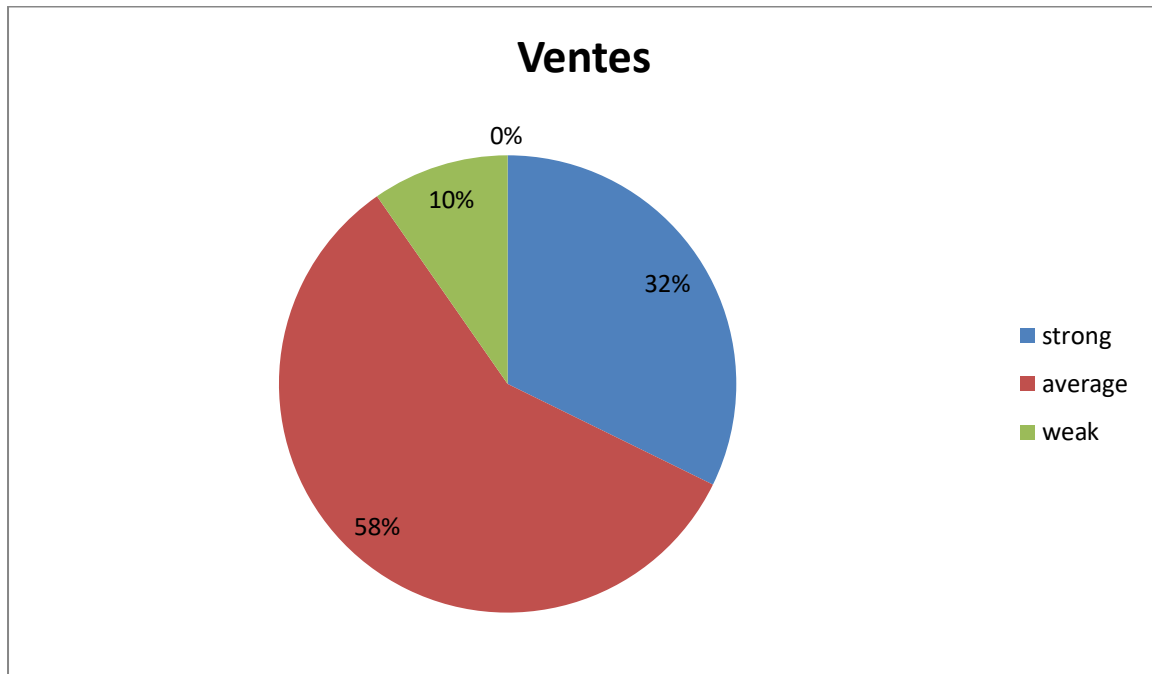


Figure 2.4 the contribution of the applied program in regulating child's social behaviors.

The purpose behind this question was to know if the applied program is beneficial or not for each child's case in regulating his/her social behaviours. From the results, we capture that 58% of them selected the average degree for the applied program. While 32 % from the total declared that the applied program aided for a large extent in regulating child's social behaviors and only 18% from the sample claimed that the applied program was not beneficial for their children 's case according to what they had noticed .

12 / How long has your child been treated at this center?

Parents were asked about the duration of their children at the center.

Their answers are summarized in the following two tables (by months and years)in the following order:

Table 2.7 the duration of child's treatment by months.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| The duration of child's treatments | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Numbers | 1 | 4 | 2 | 2 | 2 | 2 | 3 | 2 | 4 |

Table 2.8 the duration of child's treatment by years

| | | |
|--|----------|----------|
| The duration of child's treatment " years " | 1 | 2 |
| Child's number | 9 | 4 |

The aim behind this question was to know the duration of child's treatment by months and years and the results are in the two tables below.

13/ from the parent's answers , we can notice that during period's treatment children with autism improve their capacities in such basic aspects including social experiences, behaviors, and language . Various changes took the form of points according to the respondents' answers, and as the following:

- * Improvement in some social skills
- * More focus and attention
- * Development in visual auditory communication
- * They become more familiar to people, they do some of their duties
- * They start to accept others and listen to them , and even play with others

- * Attention to colors, and sorting them
- * Limitation in excessive movements
- * They start responding to the call , and what others needs
- * They begin to sit correctly and to eat at the table
- * More desire for discovery and imitation
- * They learn how to express their needs as going to toilet
- * Some of them, they learn some of listening and writing skills
- * Regulation in their behaviors

In addition to one remark, eight parents did not provide answers to this question.

Part five : suggested methods to integrating a child with autism .

14 / As a parents of autistic child , what do you need from society to offer for your child's development ?

Parents were asked for their needs from society to their autistic children.

Their answers are summarized in the following graph:

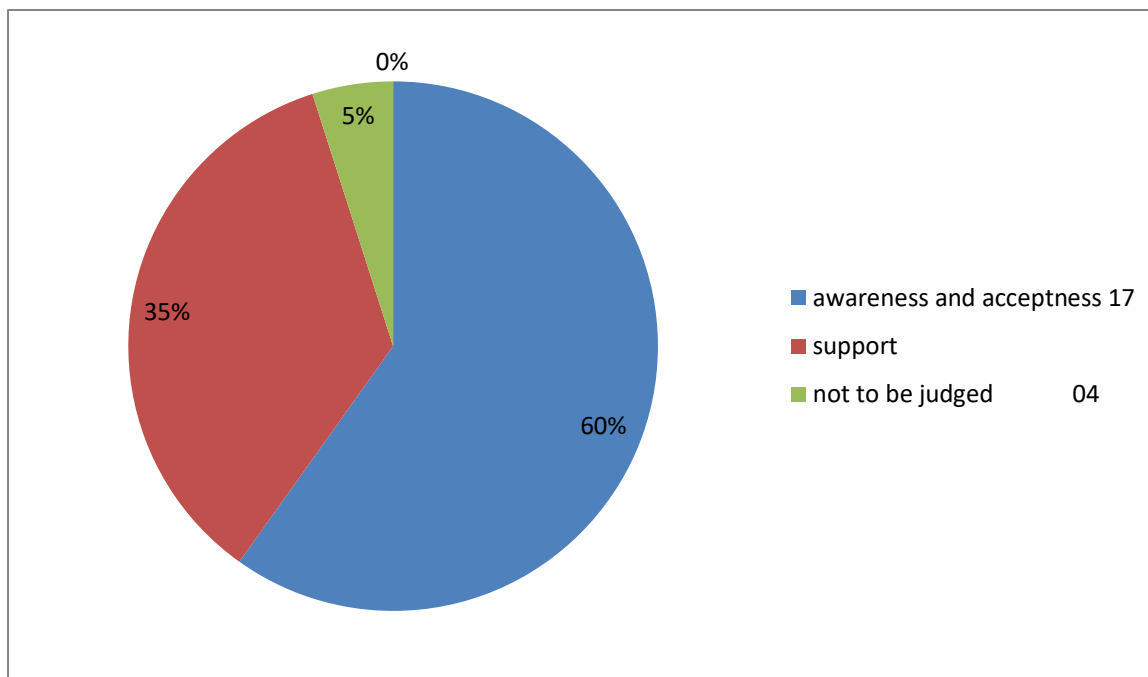


Figure 2.5 Parent's needs from society for their child's social development

From the results of the graph below, it can be understood that 54 % from the sample need from society members to be more aware and accept the case and the privacy of their children. 33 % from the informants need to support their child with autism. Only 13% of them want from society members to not judge their autistic children.

15/ In your opinion, what are the suitable strategies or methods to cover the lack of social skills of autistic children?

Looking for the improvement of speech and conversation skills by following each child's case in relation to the suitable strategies.

Giving him/her more support and motivation.

Making others more aware to understand and to accept children with autism privacy .

Development of the center by more materials and specialists according to children's needs

Socializing them with other children.

More communication training.

Intensive efforts by providing by providing more social activities for children with autism like listening or telling stories even practicing sport like swimming or regulating their behaviors.

Improving their social skills by training child with autism on daily life activities.

2.6.2 Interview analysis

The second research tool “the structured interview” was chosen in order to collect enough data for the present work. It was used to complement the questionnaire and for the reason of mixing between quantitative and qualitative data. The structured interview was given to psychologists and caregivers (12 specialists). It was composed of eight (8) questions under four (4) rubrics which are social experiences of child with autism, caregivers’ role in accommodating child with autism, the effectiveness of the program, and the suggested methods for child with autism by having different aims (for each section). The collaboration of the specialists helped the researcher to capture the role and the effectiveness of the social interaction on child with autism from their experience and background.

Rubric one: social experiences of autistic children

Question one: Can autistic children interact with others in response to the reactions?

This question asked to know if a child with autism can interact with others and how well he responds to the reactions. Most of informants claimed that a child with autism can interact with others in response to the reactions especially by the repeated actions and after training them. Some of them summarized the question’s answer on three main points. First, not all children with autism can be able to interact with others and even the responses are different from child to another. Second, not in all cases an autistic child can interact with others may be mildly autistic child can in some cases, i.e., according to autism degree. Third, there are some situations where a child with autism responds and interacts as a response to the call. Few of the respondents said that children with autism find a great difficulty in social interactions especially in the case that demands giving and receiving. Just one respondent who said that for most cases

the autistic children are isolated from the others due to the absence of visual and verbal communication. As a result, s/he cannot interact with others only may be after being trained by specialists and parents.

Question two: are autistic children able to understand others' feelings?

The aim of this question was to know the difficulty of children with autism in understanding others' feelings. The majority of them claimed that autistic children who cannot capture the exact message meaning can understand others' feelings after training them though they don't show a clear reaction or express it in another different way. Some of them said that understanding others vary from an autistic child to another according to autism degree. The majority of them said that a child with autism cannot understand others' feelings as s/he cannot interact with others though a mild autistic child can understand and even recognize perception.

Question three: in which way does the autistic children express their thoughts and feelings through social exchange?

catch hand and reference to things (1)

facial expressions and gestures (2)

by words and sentences (3)

This question asked in order to find out how does a child with autism express himself during social interactions. Most of the informants' answers chose the first option which was catch hand and reference to things. Others selected the three options including catch hand and reference to things, by facial expression and gestures and by words and sentences. This way of expressing oneself during social interaction is affected by: 1) autism degree, 2) each case is different from the other one, 3) the social situations itself, and 4) a child with autism can communicate in two ways either verbally or non-verbally. Few of the informants ticked two options (first and second) from three options from which we can understand that an autistic child expresses his thoughts and feelings through social exchange by catch hand and reference to things

and by facial expressions and gestures that means the way of expressing himself differs from one to another and according to the situation and to autism degree.

Rubric two: specialists' role in accommodating child with autism

Question four: have daily activities and exercises contributed to improve the life of an autistic child?

All of the informants' answers agreed that daily activities contributed to improve the life of an autistic child and they mentioned how daily exercises develop them and their positive points. The answers were as follows: the more autistic children are able to rely on themselves, the more they integrate into society and not feel inferior due to the practiced activities. Training an autistic child on daily life, also contributes greatly to his integration with others and for understanding things in a normal way. In fact, daily activities are an important and necessary part in autism treatment. Besides to, training, a child with autism can be taught various skills, though, the result will take a long time. For the rest answers were about autistic children social development skills and regulating their behaviors plus to the fact that training greatly helps these children to conform to society.

Question five: In your opinion, how does social interaction help a child with autism to integrate almost into society?

The effect of social interaction on child with autism is understood from informants' answers in which they expressed themselves in different ways under various points. First point, awareness and support from family and society aid the autistic children to be involved nearly as a normal child among members of the community and for sure by degrees. Secondly, it helps to remove the introversion and helps them to reduce stereotypical and violent behaviors in order to regulate and modify behaviors. Thirdly, the family has a great role in helping a child having autism to get rid of his abnormal behaviors and by gaining full trust, understanding the others and trying to express himself easily to merge faster in society. The next point, the nature of the autistic child is isolated and integrating him suddenly to the community makes

him feel discomfort. Therefore, s/he should be gradually merged to become accustomed to the adaptation. Then, through the acquisition of basic skills and the development of language, by increasing also his knowledge and social experiences that enable a child with autism to communicate with others. For other points, they were around the same ideas which were: social interaction aids children with autism to not feel inferior, to rely on oneself, and to reduce autism degree. The final point was about the ability of autistic children to distinguish between things by more focus, and knowing how to deal and to understand others feelings during social exchange.

Rubric three: the effectiveness of the program on children with autism

Question six: how does the program help the autistic child to develop oneself socially?

The specialists answered this question with various ideas including such important points. Most of informants said that the program helps a lot a child with autism to adopt him socially through teaching him social skills especially by particular games as collective games and sense-motor games with peers, and also, by taking him out from isolation and self-reliance in practicing everyday tasks. While, others said that there are such noticeable results due to daily exercises and the improvement in child's behavior. In addition to, the continuity of the program correctly and on daily basis, it helps for a larger extent these children in most aspects. Two from the sample said that the program helps a child with autism to adopt him into community through communication training and giving more realistic experiences as teaching him how to be able to understand and respond to others. Just one informant claimed that through playing in groups helps regulating behaviors. Also, by making parties and excursions, training him on different daily activities, and raising parents awareness will help a child with autism to be involved in the community.

Rubric four: suggested methods for child's development

Question seven: what are the strategies do you use to conform him socially?

Each specialist answered this question according to his experience and background through which we can understand that there are various strategies that are practiced by caregivers to involve children with autism in the community. The informants' answers are as follows:

Answer 1: by working with child with autism to develop his/hersocial skills, by solving some social difficulties and problems and support him/her to make relationships with peers and others, and by helping him/her to understand others' feelings and to express him/herself

A2: trying to practice with him/herdaily activities by giving him/hera special role during the application in order to learn when and how to interact with others.

A3: Through practicing sport specially swimming and horse roiling let him/herthe private space, and involvehim/herin the situations where people and children are there.

A4: teach him/hervisual verbal communication and imitation skills.

A5: the applied methods shall be scientific and according to child's case .Then, the continuity of the program is so important for child's improvement by keeping the results come by time even if take a long term.

A6: training him/heron daily life basis, regulatinhis/her behavior, mixing him/her with normal children, takinghim/herto celebrate special events or occasions as birthdays and weddings, and by developing his language

A7: Let him/herplay with his/her peers under the control of parents and by making effects to communicate with him verbally or non –verbally according to autism degree and according to suitable techniques and programs from the psychologists and caregivers.

For the rest of the answers they areabout:family care and the aid of the psychologists during treatment period by working to get him/hermore closer to his/her peers and teach him/hersome principles skills.

Question eight: What are your suggestions to make a child with autism adapts rapidly to people and prepare him to understand others more clearly?

Suggestions vary from one informant to another. The existence of differences was captured according to specialists' experience and background in order to find ways how to involve a child having autism into society. The answers were as follows:

Answer1: First of all, an early diagnosis helps to understand the child's case and take care of him/her because when child is younger, it will be easier to adopt him to the community.

A2: By following an intensive program in order to cover child's lack and weaknesses in basic skills and by solving his/her problems to obtain positive results.

A3: Focus more on communication, make him feel confident and comfortable, regulates his behaviors, along with one important thing which is the continuity of the work at home by parents for child's development and improvement

A4: through making parents more aware about their children's care and providing ways in order to be able to know how to deal with them and integrate these children with their peers by using some particular activities as collective activities that make them discover such basic skills.

A5: supporting and taking care of child's case contribute to a large extent in the integration of a child with autism by applying a suitable extensive program from specialists and parents for him during treatment period.

Concerning the other answers they were about some other different points and were based on early diagnosis from the observed symptoms by taking him/her to specialists, awareness and acceptance from parents and society, making intensive sessions through the implementation programs as Teach program, Luvax program, and Pix program and the like, and training a child with autism at home is one important stage in developing him socially and for regulating his behavior.

2.7 Data Interpretation and Discussion of the main Results

Social interaction helps for a larger extent in the integration of a child with autism . From the analysis of parents' questionnaires and specialists' interviews, many interesting points (facts) appear to prove the importance of social interaction on children with autism. Research instruments used with parents and specialists of children with ASD in Maghnia Association obtained interesting results that open the door for the research to confirm or reject the research hypotheses.

In the questionnaire and interview, each research hypothesis had more than one question in separate rubric to answer. Concerning the first hypothesis, the results revealed that a big percentage about giving instructions to child with autism in daily activities was for parents who did not take care of their children in order to prepare them for their daily life. In addition to that, the obtained data shows that parents sometimes had special treatment to their autistic child among his siblings in contrast to the rest (42%) who confirmed that they are always dealing with their children as a special case and they gave them a special treatment compared to their siblings and 4% of them who dealt with their autistic children as normal children (Q8 ,appendix A), besides to this , the results of the interview revealed that all the specialists agreed that daily activities contributed for a larger extent to improve the life of an autistic children and they even mentioned how activities developed them with their positive points (Q8, appendix B).

For the informants' attitude , all of them agreed that social interaction helps child with autism to integrate into society and all the obtained results partially support the first hypothesis: the role of parents and specialists in the socialization of child with ASD is two essential parts for accommodating these children in their special world (or, under social isolation).

Concerning the second hypothesis, questionnaire results revealed that the applied program had contributed by different degrees according to child's case in the regulation of their social behaviors. A large percentage (58%) was for the average degree. 32% of the informants agreed that the applied program was strongly beneficial

for them and just a few percentage (18%) of them declared that the applied program was not (Q11, appendix A). Besides to that, many positive changes parents have noticed on their children during the period of treatment, in addition to the duration of their children's treatment (Qs12, 13, in appendix A). Moving to the obtained data from the interview, all specialists agreed that the program helped the autistic children for social development. They focused on such important points according to their experience (Q6, in appendix B).

The second hypothesis confirmed from these obtained results which was during the process of applying the program and social development is noticeable on children with autism. From the questionnaire the results revealed that parents were in need of three important elements from members of society for their children's social developments by having different degrees. So they are in order as follows: acceptances and awareness, support, and not be judged, for children with autism (Q14, in appendix A). In addition to their opinions, they suggested various strategies and methods in order to cover the lack in social skills of the autistic children (Q15, in appendix A). Then, the obtained data from the second research instruments through asking the specialists two objective questions in which various strategies and suggestions also were mentioned to conform child with ASD rapidly to members of the community according to each one's knowledge and experience with them (Qs7 and 8, in appendix B). To confirm the third hypothesis which to follow a suitable pedagogy with special care from the responsible, a child with autism can be able to accommodate life and to be more socialized (the third hypothesis is mostly valid).

2.8 Suggestions and Recommendations

Children with autism have a great difficulty in maintaining relationships with others and they suffer from social isolation. In fact, the lack of social interaction is one from the main three areas that characterize autism and the social behavior is the source of struggle since childhood for a child with ASD. According to this investigation, the findings show that social interaction has a major role in the socialization of children with autism. Educating children with ASD in environments of social integration makes

them more able to learn an effective social interaction through knowing how to understand social situations and the way how to interact with others. It also helps in raising their self –confidence and in supporting them to develop social skills and learn to exchange of feelings and develop language.

In this research, the social interaction is given a great importance to confirm the effective role of socialization on children’s development and to decrease autism degree for each child’s case. Simply put, researchers propose the following suggestions in order to raise awareness on some missing major elements and also to cover the lack of child’s needs:

- 1- The need for raising parent’s awareness by training courses and conferences prepared from the specialists of child with ASD.
- 2- Conduct specialization training courses for the specialists of child with ASD.
- 3- The need for acceptances and support to child’s case from members of the community.
- 4- Giving children with autism a chance to socialize with other children by accepting differences.
- 5- Individual differences in the program offered to this group of children should be taken into account to achieve individual care for each child’s case.
- 6- Frequent communication between specialists and parents for the evaluation of child’s improvement.
- 7- Making more efforts by searching for the latest techniques and ways to rehabilitate autistic children
- 8- Invest the talents of autistic children in order to provide them with new skills.
- 9- Taking into account the interest of children with ASD in the educational system.

10- The opening of specialized centers to ensure children with ASD protection at the level of all states.

These suggestions shed lights more on the effectiveness of social interaction and it will be better if they are mixed with some suggested points that relate to autism and the child itself.

The researcher also proposed a list of suggestions for autism spectrum disorder and for child's care:

1- The need for the awareness of autism spectrum disorder.

2- The need for early diagnostic and intervention for autistic children.

3- Individual care for each child 's case.

4-Reliance on the strengths and weaknesses of children with ASD for their improvement and development.

5- Conduct research and studies on why autism has spread dramatically in recent times.

2.9 Conclusion

This chapter was dedicated to the practical part of the present research. The researcher used two research instruments: parents' questionnaire and specialists' interview in order to collect and to mix between qualitative and quantitative data, before analyzing the obtained data. These data were interpreted in a separate section, in order to answer the research questions and to confirm the hypotheses of the present work. As a result, all three hypotheses were confirmed through the findings. Finally, the researcher proposed a list of suggestions in order to open the door for future directions, and for raising awareness of autism spectrum disorder.

General Conclusion

Recently, autism disorder in children which is one of a psychological disorder affecting the child during the first three years of his life, was diagnosed by the psychiatrist Leo Kanner in 1943. It is a behavioral neurodegenerative disorder that results in a deficit in brain functions and affects the normal growth of the brain, which causes a lack of performance at the level of communication, social interaction, and the emergence of strange behaviors in addition to limitation and repetition. Autism has become one of the disabilities that have plagued researchers, and many therapeutic programs for rehabilitation interventions have been developed for children with Autism. The debate remains about the role of socialization on those children and the effectiveness of the applied programs to develop their social skills, integrating them into society well, and helping the family to deal with these children appropriately.

This study aimed, specifically, at exploring the impact of social interaction on children with ASD, role of socialization and the applied program to adapt him socially.

The work was divided into two chapters. In the first chapter (theoretical part), the role of socialization in the development of children with autism spectrum disorder is covered. The chapter provides, as well, a brief overview about autism itself with a focus on autism definition, causes, symptoms, and related disorders to ASD.

The second chapter was more practical and the researcher presented a description of the methodology of this research, the sample population and the research instruments. Then data analysis and interpretation of the main results from the collected data were identified. The chapter ended with some suggestions and recommendations for raising the awareness of the studied subject and for future directions.

Our results revealed that the majority of the informants were aware to accommodate the life of child with ASD by support, care and daily training. These findings partially confirm the first hypothesis.

The applied program, also, had contributed for a larger extent in the regulation of their social behaviors in which so many positive changes were noticed from the specialists and parents on their children during periods of treatment . The findings validated the second hypothesis

Concerning the suggested methods and strategies to integrating child with ASD, the results revealed that their parents were in need of three important elements from members of the community to their children which were acceptances and awareness ,support, and not to be judged. In addition to, specialists and parents opinions, they suggested a list of strategies and methods in order to cover the lack in social skills of the autistic children and the conform them rapidly to members of the community. These findings make the third hypothesis mostly valid.

Eventually, the present research suffered from a set of limitations. First ,the researcher encountered a problem of a large number of parents who were illiterate in addition to the their carelessness for getting back the questionnaire. Then, many answers parents were left empty. In fact, these issues and were time consuming during the process of data collection and affected the researcher' spirit to continue work.

Last but not least, the present research aimed to raise awareness about the studied subject, namely Autism, that has widely spread in recent years and gave much more importance to both autism as a developmental disorder and how to socialize children with ASD in which the researcher tackled the studied subjects from different angles, and by also providing a list of suggestions for taking more care of and giving more support to children with autism and therefore opens the door for future studies .

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Appendices

Appendix A

parents ‘

Questionnaire

Appendix A

University AbouBakrBalkaidOfTlemcen

Faculty Of Literature And Languages

Department OF ENGLISH

Parents' Questionnaire

Dear parents ,

You are kindly invited to take part in this research through filling in the questionnaire bellow .This questionnaire is designed to gather information about the impact of social interaction in child of autism .Please ,use a cross (x)by the appropriate option or give full answer where necessary .Your answers will be treated with great confidence and your help is a contribution to this work .

Part One : General Information about your child

Please, provide us with this basic information

1. Age :
2. Sex : male female

Part two :socialexperciences of child with autism

- 1) Does your child enjoy playing with his /her peers ?
yes no
- 2) Does your child have certain times to integrate with others ?
yes no
- 3) How is your child's relationship with his siblings ?
strong average weak
- 4) Does your child imitate his siblings at home ?
Yes no

Part three : parents' role in the socialization of child with autism

- 1) Do you give your child instructions to help you in daily activities ?

Appendix A

Yes no

2) Is your treatment for your child a special treatment compare to his siblings ?

Always sometimes never

3) What are the things that characterize your child from his siblings ?

Intelligence sensitivity particular skills

4) What are daily activities your child prefer to participate in ?

.....
.....
.....
.....

part four : about center and program

1) To what extent the applied program has contributed to controlling your child 's social behaviors ?

Strong average weak

2) How long has your child been treated at this center ?

.....
.....

3) What are the changes that you have noticed on your child during period 's treatment ?

.....
.....
.....
.....
.....

Part fifth : suggested method to integrating child with autism

Appendix A

1) As a parent of autism , what do you need from society to offer for your child’s development ?

Acceptness and awareness support not to be judged

2) In your opinion , what are the suitable strategies or methods to cover the lack of social skills of autistic child ?

.....
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.....
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.....
.....
.....

Thank you

جامعة ابو بكر بلقايد تلمسان

فرع الاداب و اللغات

قسم اللغة الانجليزية

استبيان للاولياء

الاباء الاعزاء

يرجى دعوتك للمشاركة في هذا البحث من خلال ملئ الاستبيان ادناه. هذا الاستبيان مصمم لجمع معلومات حول تأثير التفاعل الاجتماعي على طفل التوحد. من فضلك ' ضع علامة (x) في الاختيار المناسب او الاجابة الكاملة حيث الضرورة. سيتم التعامل مع اجابتك بسرية تامة و بثقة كبيرة وستكون مساعدتك هي مساهمة في هذا العمل .

الجزء الاول:معلومات عامة حول طفلك.

من فضلك امنحنا بهذه المعلومات الاساسية

1. العمر :

2. الجنس:ولد بنت

الجزء الثاني:التجارب الاجتماعية للطفل التوحدي

1. هل يستمتع طفلك في اللعب مع اقرانه ؟ نعم لا

2. هل طفلك لديه بعض الاوقات يندمج فيها مع الاخرين ؟ نعم لا

3. هل يقلد طفلك التوحدي اخوته في البيت ؟ نعم لا

4. هل معاملتك لطفلك معاملة خاصة و مميزة مقارنة باخوته؟ دائما احيانا

ابدا

الجزء الثالث: دور الاباء في التنشئة الاجتماعية للطفل التوحدي

5. هل تضعين تعليمات لطفلك من اجل مساعدتك في النشاطات الروتينية ؟

6. هل معاملتك لطفلك معاملة خاصة مقارنة باخوته؟

دائما بعض الاحيان ابدا

7. ما هي الاشياء التي تميز طفلك عن اخوته ؟

Appendix A

ماهر في شئ ما

حساس جدا

الذكاء

8. ما هي النشاطات اليومية التي يفضلها و يرغب بمشاركتك فيها ?

.....
.....
.....
.....

الجزء الرابع : من اجل المركز و البرنامج

1. الى اي مدى ساهم البرنامج في ضبط سلوكيات طفلك الاجتماعية ?

قليلًا

متوسط

الى حد كبير

2. منذ متى طفلك يتعالج في هذا المركز ?

3. ما هي التغيرات التي لاحظتها على طفلك خلال الفترة العلاجية للجانب الاجتماعي

.....?
.....
.....

الجزء الخامس : الاستراتيجيات المقترحة لدمج الطفل التوحيدي

4. كولي امر لطفل التوحد ماذا تحتاج من المجتمع ان يقدم لطفلك لتطويره اجتماعيا ?

ان لا ينتقد

الدعم

التقبل والتوعية

5. في رايك , ما هي الاساليب او الطرق المناسبة لتغطية النقص عند طفلك في المهارات الاجتماعية

.....?
.....
.....
.....
.....

و شكرا

Appendix B :

specialists ‘ Interview

AppendixB

Interview to psychologists and caregivers

With respect and appreciation ,we invite you to participate in this research as a qualified and responsible for child with autism by answering specific questions in order to gather data for the impact of social interaction on autistic child . Your answer will handled secretly and with a great confidence .Your help is a contribution tofillfull this research .

A set of questions as follows :

Part one : social experiences of child with autism

- 1) Can autistic child interact with others in response to the reactions?
- 2) Is autistic child able to understand others feelings ?
- 3) In which way does the autistic child express his thoughts and feelings through social exchange?

Catch the hand and reference to things (1)

facial expressions and gestures (2)

by words and sentences (3)

Part two :Caregivers' role in accommodating child with autism

- 4) Have daily activities and exercises contributed to improve the life of an autistic child ?
- 5) In your opinion, how does social interaction help child of autism to integrate almost/naturally into society?

Part three : the effectiveness of the dealing program on child with autism

- 6) How does the program help the autistic child to adopt him socially ?

Part four : suggested methods for child's social developments

- 7) What are the strategies do you use to conform him socially ?
- 8) What are your suggestions that make child with autism adopts rapidly people around him and prepares him to understand others more clearly ?

Appendix B

مقابلة للمختص النفسي و المربيات

بكل تقدير و احترام يرجى دعوتك للمشاركة في هذا البحث كونك مؤهل و مسؤول عن طفل التوحد من خلال الاجابة عن الاسئلة المحددة هادفة من خلال هذه المقابلة الى جمع معطيات حول تأثير التفاعل الاجتماعي على الطفل التوحدي. وسيتم التعامل مع اجابتك بثقة كبيرة وسرية تامة وستكون مساعدتك مساهمة قيمة في هذا العمل الهادف .

الاسئلة المرغوبة كالتالي ➤

1. هل يستطيع الطفل التوحدي ان يتفاعل مع الاخرين استجابة لردود الافعال ؟
2. هل بإمكانه فهم مشاعر الاخرين ؟
3. هل فعلا تدريب طفل التوحد على الحياة اليومية من خلال الاعمال و النشاطات الروتينية في المساهمة في دمج بصوره اسرع في المجتمع ؟
4. باي طريقة يعبر طفل التوحد خلال تفاعله الاجتماعي ؟ (الافكار والمشاعر)

لاشارة لاشياء و قبض اليد

تعابير الوجه وحركات ملائمة للموقف

بكلمات او جمل

5. كيف ساعد البرنامج في طفل التوحد لدمجه اجتماعيا ؟
6. كيف يساعد التفاعل الاجتماعي في دمج طفل التوحد بشكل -شبه طبيعي ؟
7. في رأيك, ما هي الطرق المناسبة التي يجب ان تستعمل مع الطفل التوحدي ليتكيف اجتماعيا ؟
8. في رأيك , ما هي الاقتراحات او التداخلات التي تساهم طفل التوحد في دمج بصوره اسرع مع الاشخاص وتهيئته لفهم الاخرين بصوره اوضح ؟

ومني خالص الشكر و الاحترام