

DEVELOPING AN EARLY INTERVENTION GUIDELINE  
FOR PARENTS TO IMPROVE SOCIAL SKILLS  
AMONG CHILDREN WITH AUTISM  
SPECTRUM DISORDER  
IN JORDAN

MAHA KHALEEL AL JIRJAWY

SULTAN IDRIS EDUCATION UNIVERSITY

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TO IMPROVE SOCIAL SKILLS AMONG CHILDREN WITH  
AUTISM SPECTRUM DISORDER IN JORDAN

MAHA KHALEEL AL JIRJAWY

THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENT FOR THE  
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FACULTY OF HUMAN DEVELOPMENT  
SULTAN IDRIS EDUCATION UNIVERSITY

2024



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## ABSTRACT

There has been a rise in the number of young children being diagnosed with Autism Spectrum Disorder (ASD). This study aims to develop a guide for early intervention for parents to improve the social and communication skills of children with autism spectrum disorder in Jordan. An experimental quantitative research design was chosen to achieve the study objectives. Using a random sampling method, 60 families who have children with autism spectrum disorder are chosen as a study sample. The children age ranged from 4 to 6 years. A self developed questionnaire was distributed to the sample to measure the family's need for early intervention in improving the social skills of the children. These families were provided with evidence through eight-week training sessions, followed by a questionnaire showing the extent to which some of their children's social skills had improved. Data analysis of the questionnaire is carried out using SPSS (version 23). The results revealed a moderate level of agreement among the parents relating to the need of family for guidance for early intervention ( $M=2.39$ ,  $SD=0.94$ ) in order to improve the children' communication skill ( $M=1.75$ ,  $SD=0.76$ ) and the social skills ( $M=1.57$ ,  $SD=0.61$ ). These results indicated the necessity of conducting early intervention programs for families of children with ASD to improve children social and communication skills.

**MEMBANGUNKAN GARIS PANDUAN INTERVENSI AWAL UNTUK IBU  
BAPA BAGI MENINGKATKAN KEMAHIRAN SOSIAL DALAM  
KALANGAN KANAK-KANAK ASD DI JORDON**

**ABSTRAK**

Kajian ini bertujuan untuk membangunkan panduan intervensi awal untuk ibu bapa untuk meningkatkan kemahiran sosial dalam kalangan kanak-kanak yang mengalami gangguan spektrum autisme di Jordan. Reka bentuk penyelidikan kuantitatif telah dipilih untuk menjawab tiga soalan kajian, dan tiga alat telah digunakan: untuk mengukur keperluan keluarga untuk intervensi awal, membangunkan panduan intervensi awal dan membentangkannya kepada keluarga kanak-kanak dengan gangguan spektrum autisme, dan keberkesanan awal. panduan intervensi dalam meningkatkan kemahiran sosial kanak-kanak dengan gangguan spektrum autisme. Reka bentuk kajian kuantitatif telah dipilih. 60 keluarga mempunyai anak dengan gangguan spektrum autisme, umur mereka antara 4 hingga 6 tahun. Menggunakan sampel rawak, soal selidik telah dibentangkan menjelaskan keperluan keluarga kanak-kanak yang mengalami gangguan spektrum autisme untuk bimbingan dan intervensi awal untuk meningkatkan kemahiran sosial anak-anak mereka. Keluarga ini dibekalkan dengan bukti melalui sesi latihan selama lapan minggu, diikuti dengan soal selidik yang menunjukkan sejauh mana beberapa kemahiran sosial anak-anak mereka telah bertambah baik. Ini menunjukkan bahawa terdapat perbezaan yang signifikan secara statistik memihak kepada dimensi. Kajian ini menunjukkan kepentingan penganjuran kursus latihan yang berterusan dan intensif untuk keluarga yang mempunyai anak dengan gangguan spektrum autisme untuk meningkatkan kemahiran kanak-kanak, dengan tujuan untuk membangunkan dan meningkatkan tahap kemahiran sosial mereka.

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**LIST OF ABBREVIATIONS**

ASD	Autism Spectrum Disorder
ABA	Applied Behaviour Analysis
ADHD	Attention Deficit or Hyperactivity Disorder
CDC	The Centers for Disease Control
DSM 5	Diagnostic and Statistical Classification of Mental
IEPs	Individual educational programs
PECS	Picture Exchange Communication System
PSTS	posterior Superior Temporal Sulcus

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## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 Background of The Study**

Many states around the world pay great attention to special education in early childhood. Taking care of childhood is one of the most important indicators of the society's development. A number of studies revealed that early intervention programs are of great significance. Autism Spectrum Disorder (ASD) prevalence appears to be increasing globally, with an estimated prevalence of 1 in 160 children worldwide (Alghamdi, 2019). Special education has gained an outstanding growth in the second half of the last century at the Arab and global levels by defining the key needs of people with disabilities. Recently, there has been a significant development in methods and strategies for learning, rising, and caring for individuals with special needs in general and children with ASD in specific. Innate socio-communication impairments would affect communicating and association in a number of ways. Social motivation, behavioural embarrassment, and desire to start overtures can control the number, range,

and frequency of social situations individuals connect. Additionally, the nature of reactions to others, amount of coordination, and turn-taking may impact the degree to which these are continued (Spain, Sin, Linder, McMahon, & Happé, 2018).

ASD is normally recognized as a disorder with signs in behaviour, communication, and behavioural suppleness (Van den Boomen, Fahrenfort, Snijders, & Kemner, 2019). It is also defined by observed impairments in social, communicative interaction and excessive stereotyped patterns of behaviour. Differences in response to sensory stimulation are described as phenotypic ally characteristic (ASD) (Mikkelsen, Wodka, Mostofsky, & Puts, 2018). The relationship between social and sensory features in ASD may be bidirectional and inter-dependent. For example, a child that is overly sensitive to loud noises may withdraw from over-stimulating communicative environments, causing fewer exercise with social situations and then breaking down effectives social communication (Thye, Bednarz, Herringshaw, Sartin, & Kana, 2018).

Raising a child with disorder means significant levels of stress and changes in the family's performance, because of the problems and lack of information in dealing with this child and understanding his requirements. These requirements are distinguished by a group of particular behavioural patterns that negatively affect the child's natural development, especially aspects related to a qualitative decrease in social interaction methods. There is no doubt that the emergence of such disorder in a family could cause psychological and social imbalance. The family may feel that they are unable to face this kind of disorder alone, leading the family to seeking for support and assistance to deal with this status.

The causes of ASD are still unknown. However, the symptoms include deficiencies in communication, social interaction, inflexibility in thinking and behaviour, and stereotypical behaviours. Those symptoms have a significant lifetime affect not only on improving children with this disorder, but also on the whole family. Parents frequently encounter the difficulties experienced by their child, which not only hinders their ability in guiding the child's education, but also restricts their emotional involvement with the child. Thus, this disorder has multidimensional affects, as it is affected the financial, social, occupational field, physical and psychological health of the parents (Al-Zureikat, 2004). As analytical measures show, social interaction difficulties are one of the heart characteristics of ASD. The constant discrepancies in ASD are recognized as the present analytic principles of ASD merges societal communication and interaction (Loukusa, Mäkinen, Kuusikko-Gauffin, Ebeling, & Leinonen, 2018). Providing disability-specific guidance allows parents to focus on the guidelines that meet their needs. Therefore, parents should be prepared with appropriate knowledge or guidance in dealing with children with particular needs. Through the knowledge, it is possible to ensure that parents are better prepared and know how to assemble the specific needs of their kids.

The difficulties on communication and social interaction in children with ASD necessitate early intervention in their training through their families and natural environments. This is an important factor in their development, especially since many children usually join late in special education centres. Extensive studies conducted for parents about interventions to able to deal with ASD behavioural difficulties. Parenting interventions have the goal of boosting parental skills, information, and self-confidence in controlling problem actions (O'Nions, Happé, Evers, Boonen, & Noens, 2018).

Social interaction is active and compound and yet can rapidly suggest rich information about the behaviours, personalities, intentions, and participants' objectives. People, from an early age, employ social interactions, to choose who to reliance, who is in charge, and also who to hear from (Walbrin, Downing, & Koldewyn, 2018).

Thus, a significant complexity for individuals with ASD who talk and possibly the vital difficulty for children with serious autism fear not the language forms but also its function in social situation, especially with his/her friends peers. In addition to the shape and the language use, there is another significant purpose of communication intervention among children with ASD is to give supports that permit these individuals to be connected in peer communications.

The impact that targets or distracts or similarity and attention to the task have on performance. Cognitive-behavioural interventions are structured, focused, goal-directed, and therefore, appropriate with a vision to the features of such disorders in ASD and the related must for organization and clarity. The equivalent method to the current empirical interventions with the same steps, goal-directed, structured by explanation, focused on a theme, and psycho-education, and (Vuijk & Arntz, 2017). A wide range of symptoms exist on children suffer from ASD. These symptoms can be severe deficits, such as a failure to develop good relationships with peers of the same age as well as nonverbal behaviours that direct social interaction. Diagnosed children with ASD may show hindrance in some or in total spoken language, which can strictly effect the spoken and active communication. Individuals, including children with ASD may find it difficult to communicate with others, which prevent them from making friends and engaging in casual conversation. In turn, peers may not make an effort to

build relationships because they do not understand this child's language or behaviours (Vacas, Antolí, Sánchez-Raya, Pérez-Dueñas, & Cuadrado, 2021).

Over the years, many treatments for ASD children have been developed, which have been evolved from various viewpoints. These contain behavioural interventions, developmental interventions, and cognitive behavioural interventions. Each intervention is based on a different philosophy. There is also empirical evidence that children who enter programs at a younger age make greater gains than those who enter programs at an older age. There is a wide agreement that the early recognition and practical action of autism has to be a health care main concern (Chen et al., 2019).

Parents should know the strengths and weaknesses of their individuals with ASD, leading to bring them to a better level of development and education. Therefore, there is an urgent need to provide model services to suit the diverse needs of families and teachers of children with ASD. Studies on early intervention cases suffer from methodological problems that prevent reaching specific conclusions about the extent of effectiveness. The clinical results are temporary, and there was no clear evidence about the relative efficacy of treatment options. Parents often follow behavioural therapy recommendations to a lesser extent than they follow medical recommendations (Al-Khateeb, Beirat, & Alshurman, 2021).

## 1.2 Problem Statement

The estimated prevalence of ASD has continuously increased in recent decades with the most current prevalence rates estimating that 1 in 54 children under 8 years of age are diagnosed with ASD. There has been a rise in the number of young children being diagnosed with Autism Spectrum Disorder (ASD) discovered by the use of early screening methods and improvements in diagnostic tools. As a result, children are being diagnosed with ASD at an earlier time. Early intervention services that have been specifically designed and tested with this age group of children are imperative, considering the growing prevalence estimates of Autism Spectrum Disorder (ASD) and the expensive costs associated with ASD treatments. Therefore, it is critical to identify ASD intervention approaches that are appropriate and effective for supporting young children and their families (Fuller, Oliver, Vejnoska, & Rogers, 2020). The field of special education generally includes groups of children with special needs and children with ASD in specific, and these groups may need to be examined.

There is no doubt that the emergence of this disorder at any family leaves a feeling of psychological and social imbalance, leading the family to feel that they are unable to face this situation alone. This condition prompts the family to seek support and assistance from others. Having a child diagnosed with Autism Spectrum Disorder (ASD) can be emotionally challenging for any family. Raising and educating a child with this disorder can lead to significant stress and disruptions in the family's life. This is due to the challenges faced and a lack of experience in dealing with the child and understanding their unique needs effectively. The disorder is characterized by specific

behavioural patterns that hinder normal development, particularly in terms of social interaction and communication.

ASD is a lifelong neurological condition with unknown causes. Its diagnosis is based on the presence of social interaction deficiencies, inflexible thinking and behaviour, and limited and stereotyped behaviours. These manifestations have a significant and lasting impact on both the child development and on the family.

Many studies focused on various aspects to address the requirements of parents with ASD children. Most of these studies have utilised surveys to identify the specific needs of families. These needs include the need for information, support from family and society, financial assistance, the need to educate and inform others, professional support, and access to community services. It was indicated that the treatment methods are the first step in providing information, informing parents about this disorder, the recovery opportunities, and the most important people who may help them cope with it, including parents themselves (Almandil et al., 2019). Furthermore, when examining the overall interaction patterns within the family, it was discovered that the disorder frequently causes the parents to become socially isolated. This is due to their limited availability for activities outside of the family, as well as the strategies employed by the family to cope with social stigma (Pancani, Gerosa, Gui, & Riva, 2021).

Family-focused support programs show that family-centred interventions that involve a collaborative relationship between professionals and families increase parents' sense of Research has shown that combining early family-centred intervention with a programme delivered by professionals is effective in supporting the needs of the

entire family. This approach allows families to choose the type of therapeutic intervention that suits them best, while also providing support, monitoring, and assistance in accessing services (Kiami & Goodgold, 2017).

Communication and social interaction disorders among children with ASD are among the most important manifestations that affect development in general and social and emotional development in particular, and include communication disorders. In order to address the communication and social interaction behaviours of children with ASD, it is necessary to identify the specific needs of these children and their families. Additionally, a training programme should be developed to equip families with the necessary skills to effectively work with their children. This programme should be based on behaviour analysis techniques and cater to younger children in early childhood. It is important to consider the findings from relevant studies when designing this programme. The results of this program and working with ASD children at an early age leave a positive impact on their general communicative and interactive abilities in particular. The idea of this research came at the local level, presenting a study dealing with the training of mothers in the Capital Governorate, Amman, on training methods. The methods are based on the techniques of the Applied Behaviour Analysis Program to work with children to develop their performance.

The researcher believes that the difficulties of social and communication interaction among children with ASD call for early intervention through and their environments. Most of them stem from the family's limited income to cover these costs, especially since the cost of providing services to them in the centres is relatively high. Children with ASD lack the social drive inherent to non-autistic individuals. The

severity of autism varies widely, from mild to the severe. The spectrum theory of ASD showed that there are no limits in ASD. Hence, the discovery and assessment have to be carried out through a multidisciplinary committee, involving the parents and a variety of agents (social, health, and education). However, in fact, the communication between these parts does not take place, and there is an noticeable gap between them (Moreno, Morales, & Seller, 2017).

The Supreme Council for the Affairs of Persons with Disabilities stated that most of the centres that provide early intervention services are located in the capital, Amman. The numbers of private centres that provide early intervention services for a child with ASD are eight. The results of the evaluation of family counselling services showed a low quality (Almsbheen, 2016). Hence, the importance of parents to become the first teacher for their children has been emphasized. Parents have to be able to accept and interact effectively with their child using good effective methods. This will help to establish positive parenting strategies for parents of child with disabilities through their assistance and guidance.

Private education services in Jordan face many challenges and limitations. Most institutions and centres for disable students have limited resources to provide effective and appropriate services. These institutions have problems with basic educational components such as inadequate construction of buildings, transportation, classroom staffing, health insurance, and salaries. In addition, there are problems relating to professional practice issues such as teaching methods, ignoring the role of parents, ignoring the importance of in-service training. When considering the current state of

special education, it is clear that the services provided are still below the level of ambition required.

Early intervention programs should aim to achieve an early interdisciplinary diagnosis, and the design and running of specific interventions. Early intervention programs can create a great disparity and make helpful and lasting changes in the ASD child's life. These specific interventions have shown their efficiency and usefulness in the control and extinction of the core symptoms of ASD and in improving the social communication, attention, and cognitive and social skills of the child. The end goal is to improve their quality of life and wellbeing, and that of his/her family (Bedford, Pickles, & Lord, 2016).

Children diagnosed with ASD usually face complication in effectively expressing their feeling and needs due to their deficits in language and particularly in communication. However, for some reason, they are not properly supported and understood by society, schools, or even families. Teaching this category of people how properly communicate with others is fundamental. Hence, they could share their basic needs and feelings with significant others when seeking help (So et al., 2019). It promotes generalizing the basic skills by performing the treatment at home as well as school conditions, and by involving the parental techniques into daily domestic activities (Green et al., 2018).

Children with ASD have difficulties with communication and socialization. This makes it more difficult for them to adapt to the environment they live in. Therefore, children with ASD need treatment to overcome this difficulty. One of the things that

can be done to help children with autistic disorder function normally in the social sphere is to train children with autistic disorder to communicate successfully with others. Communication and social life are closely related as effective communication enables people to find solutions to the problems they face. Children with ASD have the ability to develop positive social skills within the surrounding environment (Ayasrah, Alkhawaldeh, Khasawneh, & Alnajjar, 2022).

Since the percentage of disabled preschool children constitutes approximately 10% of the size of disability in any society, this reflects the volume of services and programs that must be provided to them. Thus, there is an urgent need for early intervention. Early intervention in early childhood seeks to invest the first periods of a child's life with ASD. Effective early childhood intervention programs assign the family an important role in dealing with the child. The child cannot be understood well without his family and social conditions. Since the family is the constant thing in a child's life, effective early intervention will achieve its goals without developing participatory relationships with parents.

Early intervention is crucial for children with ASD. It provides guidance, support, and awareness to parents of children with ASD. It also helps to minimize symptoms with this group and improve social behaviour. The family has an effective role in improving the social behaviour of the child and integrating the child into society (Schertz, Call-Cummings, Horn, Quest, & Law, 2018). Children with ASD experience frustration and stress when they frequently fail to communicate their ideas, feelings, and needs. This is eventually manifested as challenging behaviour (Al-Wedyan & Al-Oweidi, 2022). Parents or caregivers find it difficult to deal with children

aggressiveness and unexpected behavioural issues, making them more anxious. In fact, people with ASD have difficulty expressing feelings and needs due to their impairments in communication and language deficits. Unfortunately, for some reason, they are not properly supported and understood by society, schools, or even families. Consequently, it is important to teach this special group to acquire the basic communication skills; enabling them to effectively express their basic feelings and needs when seeking help from others (So, Wong, Lam, Cheng, Ku, Lam, Huang, & Wong, 2019).

There is a scarcity of studies that discussed the role of early intervention in improving social behaviour in children with ASD through directing the family towards communication methods and behavioural therapy. There are no clear results on the effectiveness of early intervention programs for families of children with ASD. The problems in social behaviour and communication that characterized a child with ASD will be addressed through early intervention. Consequently, efforts will be made to guide the family in training their child within the environment. The child's natural life could be enhanced through counselling sessions with the family.

Many countries implemented early intervention programs. The success of these programs was proven in the United States of America, France, Belgium, Britain, Scotland, Japan, and the many Arab countries. The effectiveness of the early intervention program provides advice on everything related to their development, behaviour, and awareness about disability issues. However, these programs are still limited in spread. There is a few centres specialized in early intervention, to the point that many children disabilities are not identified until they are four years old or when they start school.

### **1.3 Jordanian Context**

Jordan is one of the Arab countries that are built on the Islamic values. These values respect human rights and prioritize individuals' differences. It reflects the practice of accepting the disability, interpreting disability, and then acting to have a disabled child in Jordanian families. However, there is a lack of accurate statistic data on the prevalence of disability in Jordan. The official rates suggest 2.7% prevalence, whereas the estimated rates are about 13% (Thompson, 2018). The occurrence of ASD in 2010 was limited to 0.05% of the overall disabilities (Al Tal, Al Jawaldah & Banat, 2016). Moreover, the number of children joined early intervention programs is 423 to 500 children. According to Paragraph (e) of Article 29 of the Persons Rights with Disabilities Law No. 20 (2017), early intervention programs must be provided and licensed of in line with instructions provided by the Minister of Social Development for this goal. One of the main purposes of conducting early intervention programs is to achieve an active learning environment that enables all children to grow and develop in all stages of their lives on the basis of equality with other children. It confirms the significance of research, and indicates the modernity of early intervention programs provided for people with special needs in Jordan. Early intervention programs are provided based on the principle of taking into account individual differences between children with special needs.

There are a number of early intervention centres in Jordan; they are:

1. Early Intervention Unit/Rusaifeh Comprehensive Center for Inclusive Day Services with 29 children enrolled.
2. Early Intervention Unit/ Zarqa Comprehensive Center with 30 children.
3. Early Intervention Unit/ Koura Comprehensive Center with 15 children enrolled.
4. Early Intervention Unit/Al Hussein Social Foundation with 22children enrolled.
5. Early Intervention Unit/Ain Al-Basha Center with 17 children enrolled.
6. Early Intervention Unit/Mafraq Centre with 21children enrolled.
7. Early Intervention Unit/ Ma'an Centre with 19children enrolled.
8. Early Intervention Unit/Petra Centre with 20 children enrolled.
9. Early Intervention Unit/Aqaba Comprehensive Center with 25 children enrolled.
10. Hittin Centre for Inclusive Day Services and Community Rehabilitation with 29 children enrolled.
11. Early Intervention Unit, Amman Comprehensive Centre with 26 children enrolled.
12. Early Intervention Unit, Irbid Centre with 25 children enrolled.
13. Early Intervention Unit, Al-Wasatiya Centre with 24 children enrolled.
14. The Early Intervention Unit in Dhiban Districtwith 20 children enrolled.
15. Ajloun Early Intervention Unit with 22children enrolled.
16. Early Intervention Unit, Al Mashraa Centre with 23 children enrolled.
17. Early Intervention Unit, Salhiya Center with 20 children enrolled.
18. Early Intervention Unit, Sports City Center with 25 children enrolled.

#### **1.4 Purpose of Study**

The main goal of this study is to investigate the family need for early intervention instruction to enhance the societal skills among children with ASD in Jordan and to evaluate the proposed early intervention guideline.

#### **1.5 Objectives of Study**

This study aims to achieve the following three objectives:

1. To determine the parents' need for early intervention guidelines to improve social behaviour among children with autistic disorder (ASD) in Jordan.
2. To develop early intervention guideline to improve social behaviour among children with autistic disorder (ASD) in Jordan.
3. To measure the effectiveness of early intervention guideline to improve social behaviour among children with autistic disorder (ASD) in Jordan.

#### **1.6 Research Questions**

Three research questions are proposed as follows:

1. What are the parents' needs for early intervention guidelines to improve the social behaviour among children with autistic disorder (ASD) in Jordan?

2. What is early intervention guideline to improve the social behaviour among children with autistic disorder (ASD) in Jordan?
3. What is the effectiveness of early intervention guideline to improve the social behaviour among children with autistic disorder (ASD) in Jordan?

## 1.7 Research Framework

In solving the problem of social behaviour of children with ASD in this research, a research framework was designed as an approach to solve the problem of low social skills among children with ASD in Jordan. It is explained in detail in the following subsections.

### 1.7.1 Theoretical Framework

Figure 1.1 shows the theoretical foundations of the study and their effect in strengthening good behaviour of children and the use of social theory that seeks to acquire good behaviour through modelling and imitation (Almeida, Angeli, & Pontes, 2017). The theory Albert Bandura of social learning suggested that children with ASD can improve their social behaviour by actively engaging in activities that involve imitating the models. It emphasizes the role of tradition in improving the self-control. The stages of social learning are attention to the model to be imitated and the long-term memory.

Adaptation is the essential feature of neural systems. It can be identified as the temporary decrease in the sensitivity of neurons or receptiveness following long-lasting experience to a specific incentive (or tribute) that they are sensitive to (Lawson, Aylward, Roiser, & Rees, 2018). Informal caregivers of children with autism stigma also experience courtesy stigma, which is an extension of the stigma related with autism. The stigma that people encounter is strongly related to people who have stigma sign (Papadopoulos, Lodder, Constantinou, & Randhawa, 2019).

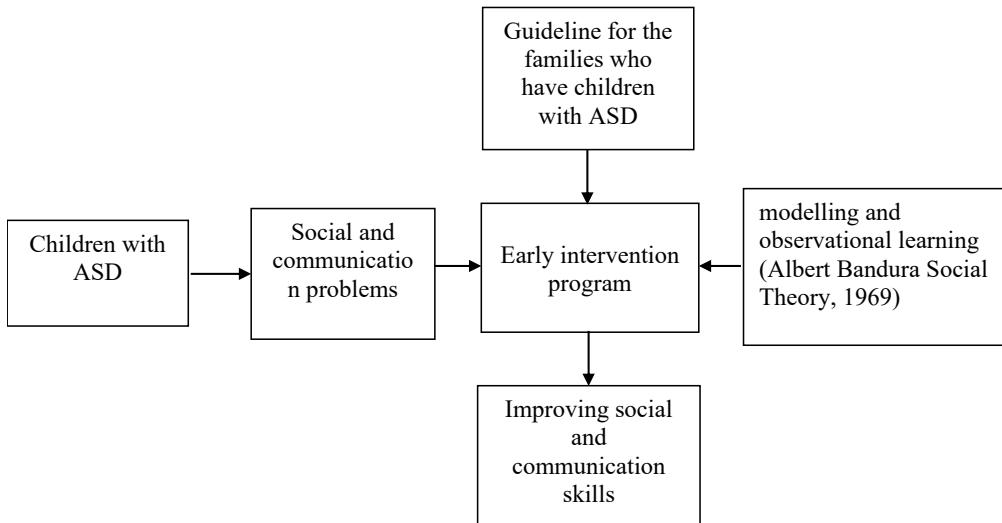
Social theory of Bandura illustrates the theoretical framework of this study, and uses the model and imitation and observation because of their effective influence in acquiring desired social behaviour. It also gives the significance of the first stages of the child live end the early intervention by the parents. The great effect of developing the social behaviour of ASD children helps the community to accept this child.

When a child with a disability or is delayed or uninformed child, early intervention services are considered years of deprivation and developmental degradation. Growth is not just the product of genetic structure; the environment plays a crucial role in growth. Human learning is easier and faster in the early years of the child's life and parents are teachers of their children who need preparation and training to deal with their children at this stage. Some sessions include activities, stories and role-play (Cascio, Moore, & McGlone, 2019).

Another important factor is the children socio-economic situation, which can influence early detection. High income families have great chance to access private services for early intervention than others (Moreno, Morales, & Seller, 2017). An

interactive eye-tracking task was used to examine whether toddlers with and without ASD engaged with and appreciated different types of simulated social interaction. Participants in this study were toddlers at high risk for ASD due to having an older sibling with the disorder (Vernetti et al., 2018).

The Teach program is a state-wide, community-based intervention program that emphasizes environmental organization and visual supports, individualizing goals and the teaching independence and developmental skills. The setting in which the program is implemented differs, depending on the needs and abilities of each child (self-contained classroom, at home and school). Therefore, methods of teaching are created and designed to affect positively on the child with autism and are taught inside the natural context and suitable environment. The Teach program recognizes ASD as a lifetime. It emphasizes the important skills needed for future autonomy (Bremer, Crozier, & Lloyd, 2016).

**Figure 1.1***Theoretical Framework*

### 1.7.2 Conceptual Framework

Figure 1.1 shows Bandura social theory. It illustrates that the techniques utilized in this study strengthen modelling examination and replication. It plays an energetic role in behaviour achievement and social response in children with ASD, particularly in early intervention and parental control. The early stages of the child's life in learning social behaviour and communication skills have a major effect on their integration into the society and removing the barriers that limit their acceptance by the community. The management and maintain of the family have a positive consequence of enhancing children's behaviour and reducing the manifestations of behaviour that is not socially acceptable. It makes their integration into the community easy minimizes the physical and emotional stress of the parents, with the aim of achieving the uppermost levels of

independence for the family and the child (Tully et al., 2017). Bandura ascribed a person's structure of growth to the observation process. In his social-cognitive explanation of the learning process, Bandura stated that children continue interacting with their family, relatives, teachers, and peers during the socialization stage (Gamlie, Dollberg, & Levy, 2018). The conceptual framework of this study identifies the needs of children with autistic disorder families using a questionnaire demonstrating the main central social skills that assist them accept their children with autistic disorder. The family is the primary social group that has a significant impact in the creation and individual social development, particularly in the emotional, psychological, and cognitive fields. However, the complete family life may have some challenges when having a child with a disability since born. They have to rearrange, make new realities appear and insert new prospects (Bennett, Webster, Goodall, & Rowland, 2018).

Bandura social teaching hypothesis is depend on the scheme that observational learning involves reality people frequently cannot learn for others. This hypothesis relates behaviours of cognitive psychology and reinforcement hypothesis to explain the learning procedure among people. Bandura focuses an independent scheme that controls education by effecting processes of attention, and schematic dealing out of experiences to deal with everyday experiences. The learner can influence his self knowledge in original conditions by their surroundings. Learners monitor the feelings of others to begin the process of learning. Following watching the others behaviour, individuals usually absorb and mimic this behaviour, particularly if the observation experience is encouraging or contain gifts correlated to the experimental behaviour. Bandura indicated that simulation includes the real imitation of observed cognitive activities. modelling behaviour involves the trainee noticing and imitating the positive

behaviour and starts acting, this process facilitates designing and using the role-playing and simulation recourses for various exercises topics (Akbar, French, & Lawson, 2019).

Bandura Social Learning Theory teaches Children with ASD how to participate in attention. This process can be summarized in observing the direction in which the child is seen autistic, determining the action to take, commenting on it, and then interacting with him until achieving the shared attention. Behaviour syllabus highlights the significance of functioning objectives and behaviours. Every targeted behaviour should be apparent and objective. The behaviour should be presented in evident terms (Charlop, Lang, & Rispoli, 2018). Children with ASD usually tend to keep away from direct eye communication with others, which hinder their ability to imitate others' behaviour, construct good behaviour, and utilize oral or non-oral communication skills. Challenging behaviour is another major issue among people with ASD.

In addition to examining the factors that have an influence on modelling, Bandura and Walters (1963) found that there are other four interconnected mediating methods governed nature of observational training. They are, attention processes, retention operations, kinetic reproductions, and motivational and catalytic processes. Attention processes means the modelling will not happen unless the subject is brought into the model. Simply put, exposing the subject to the model does not guarantee that the subject will pay attention to relevant cues, will select more relevant stimulus events, or even accurately perceive the stimulus situation (Allen & Santrock, 1993).

It is not enough for the subject to only notice the form and what it does. The subject must come to the model with sufficient perceptual accuracy to obtain the

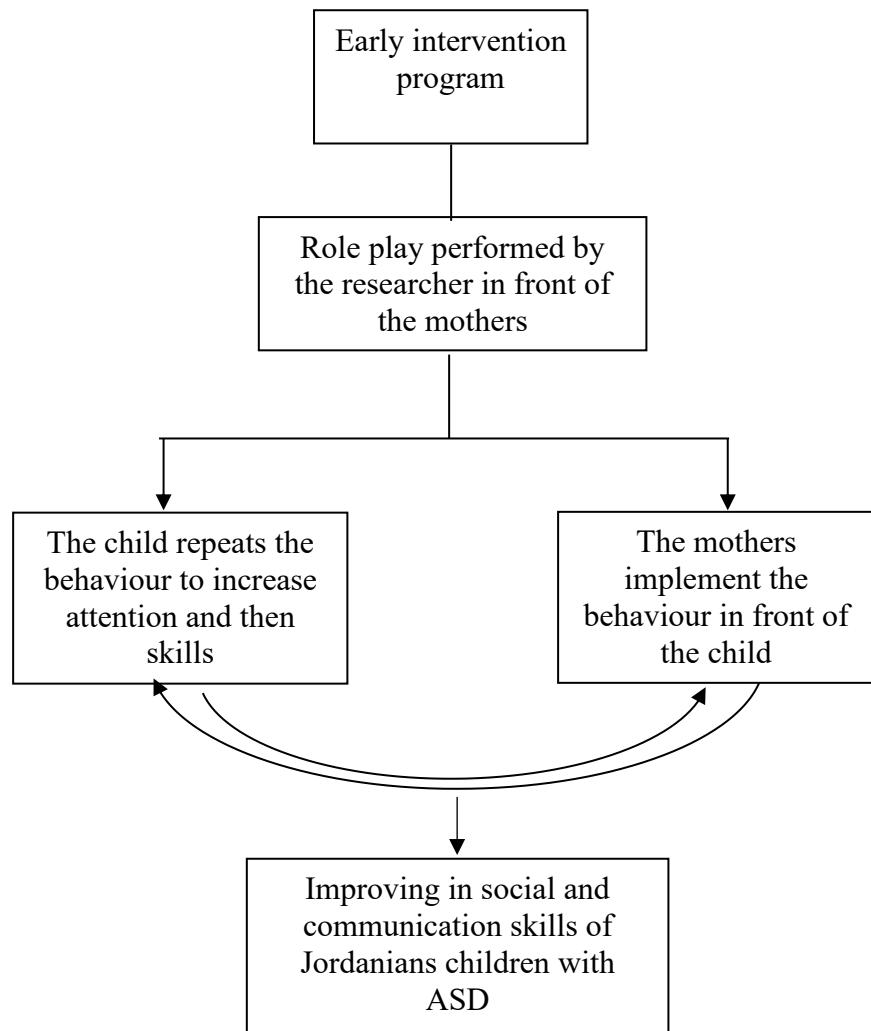
information needed to be used in the model simulation. Different variables affect how closely the subject relates to the behaviour of the model. It is very common that some people are more attentive and responsive to than others. This second method in observational learning requires the subject to retain and remember all important aspects of the model. However, this could happen if the subject imitates the behaviour of the form while that behaviour is occurring. On the other hand, if the subject does not remember the behaviour, he/she will not be able to imitate it five days or five minutes after observing the behaviour. In order to retain what has been taken care of, it is necessary to encode what has been presented and to represent it symbolically.

Acceptance of cognitive or intellectual procedures in their theory means that they recognize certain inner aspects of a person to be effective in developing and modifying behaviour. Bandura and Walters (1963) suggested two internal representational systems, imaginable and verbal as means by which the model behaviour is held by the topic. In a possible representational system, the subject forms permanent and easily recallable images of what they see while observing the form. The images are usually created by conditioning. Hence, any reference to a previously observed event immediately evokes a vivid idea or image of the physical stimuli in question, although they are no longer available. The system of verbal representation is alike to image formation and includes a verbal encoding of something previously observed. During the unique examination, the subject may verbally describe what the model is doing. These verbal descriptions (symbols) can later be rehearsed internally, without overt display of behaviour. These verbal symbols provide cues at a later time when the subject wants to perform a skill that has already been observed. Children can learn mostly by modelling. They innocently imitate what the adults around them do.

This is the crux of Bandura's theory. That is, social modelling is well known as watching and imitating another person's behaviour (Benner & Hill, 1999). Modelling is a key early verbal tradition (Masur, 1995; Benner & Hill, 1999). Parents demonstrate appropriate behaviour during typical interactions between the parents and child, which leads the child imitating the behaviour naturally and performing the behaviour without the parents' help (Holt, 1931).

**Figure 1.2**

*Conceptual Framework*



## **1.8 Significance of the Study**

Hundreds of quantitative studies conducted on the effectiveness of educational and behaviour interventions for children with ASD. The present study may add to the existing knowledge on early intervention and its role in raising family awareness of effective communication methods in improving the social behaviour of children with ASD. It will provide parents and educators a thorough understanding of multiple perspectives about the effectiveness of different interventions and methods of communication and the problems faced by a family who lacks understanding the significance of ASD and ways of communicating with a child with ASD. The insights gained from this study may help to address the challenges and reduce the barriers faced by ASD children in society due to the lack of acceptance and communication. Furthermore, this study can enhance implementing effective educational interventions for children with ASD. This study is also important for child stakeholders with ASD, including the community in which the child lives.

### **1.8.1 School and Education**

There is a shortage of expert public centres for treating children with ASD. The cost of treatment in private centres is very expensive where the cost of each patient ranging from 300 to 500 dinars per month. Hence, there is a need to provide support services for children with ASD (such as occupational psychoanalysis, and communication and speech specialist). The study is therefore important, especially with the presence of

quarantine due to COVID-19, which helps the family in providing specialized training for their children with ASD inside the natural environment.

### **1.8.2 Children with Autism Spectrum Disorder**

ASD is a complex lifelong neurological disorder that affects development of communication and social interaction. According to ASD's diagnostic criteria, an individual must demonstrate impairment in the social use of communication, resulting in poor effective communication and social participation. It may also affect future educational and professional opportunities. These abilities are constrained by the nature of their vulnerability, especially in three areas: social communication, interaction, and narrow attention. Consequently, it can cause a severe negative impact. Thus, social behaviour of the children with ASD must be developed to a high degree in order to achieve self-confidence, especially for children aged four to six years. These disorders are characterised by difficulty in social communication and often involve restricted and repetitive behaviour. In this regard, ASD is considered as a lifetime condition that has no cure; although early intervention can improve function and reduce the impact of the disorder.

## 1.9 Operational Definitions

The main terms used in the current study are defined below. The main terms in this study are ASD, social behaviour, social communication, and early intervention, and guidance for families for early intervention.

**Autism Spectrum Disorder:** is defined as one of the comprehensive developmental disorders that appear during the first three years of a child's life. It affects the child's social skills, communication skills, and what loses him the ability to communicate with the community and those around him (Cheroni, Caporale, & Testa, 2020). Children with ASD in this study are defined procedurally as the children diagnosed with ASD and are joined special education centres in the capital of Jordan, Amman, between the ages of four to six year.

**Social skill** is defined as the child's ability to interact with others, express feelings and control emotions in social situations commensurate with the nature of the situation (Olcay-Gul & Vuran, 2019). A children with autistic disorder needs to recognize and comprehend various emotions as they interact with other individuals. This helps the child to contentedly co-exist with others in the big community. moreover, it is essential to expand training and management for family, relatives, teachers to sustain an children with autistic disorder and assist the child sustain suitable long-term social skills (Khantreejitranon, 2018).

**Social communication** refers to the ability to convey information or ideas to another person in a social setting. Communication included verbal and non-verbal

communication. Social communication in this study referred to the ability of the subjects to initiate a conversation or greeting; the ability to respond to questions; the ability to answer to simple social questions (name, age, favourite food); the ability to request toys verbally or non-verbally (Zampella, Csumitta, Simon, & Bennetto, 2020).

Thus, in this study, social skill to be improved refers to the children with autistic disorder by guiding the family within the natural environment of the child. The procedural definition of social skill is the degree of availability or absence of social skills of children with autistic disorder according to the opinion of the family when answering the questionnaire's questions.

**Early Intervention:** is created first by the congress in 1986 under the Individuals with Disabilities Education Act (IDEA). The purpose of early intervention is to minimize the effects of the disability or delay and to maximize the extent appropriate to the needs of the child. Early intervention services must be provided in natural environments. The document includes information about the services necessary to aid in the child's development and enhances the family's ability to facilitate the child's development. There are three primary reasons for intervening early with a child with special needs. They are to enhance the child's development and to provide support and assistance to the family (Dragoo, 2019). Early intervention recognizes the importance of parent-child interactions and parents' role in children's development. An extensive amount of research indicates that parent training and coaching is highly effective to increase parents' skills to implement interventions to support their children's development in many domains (communication, social skills, challenging behaviour) (Erturk, 2020). This study defines early intervention procedurally as the

procedures that the researcher applied to families of children with ASD to improve their social skills through the application of the early intervention guideline developed by the researcher.

**Guidance for families of children with autism disorder** refers to guiding families of children with ASD involves establishing a relationship between specialists and the parents of a child with special needs. They try to learn more about the child's unique needs and problems. Hence, the family should manage to accept the child as he is and learn appropriate skills and methods for dealing with the children with autistic disorder.

## **1.10 Limitations of The Study**

The purpose of the study is to improve the social behaviour of ASD children. However, the study has some limitations in order to achieve the goals and to answer the questions presented. These limitations are: (1) limitations of sample, (2) limitations of location, (3) limitations of the period, and (4) limitations of intervention.

### **1.10.1 Limitations of the Sample**

The sample is limited to children with autism spectrum disorder between four to six years old. Besides, these children should be diagnosed as children with ASD using the childhood autism assessment scale, without having Pathological conditions. The

diagnostic results of children must be between mild to moderate symptoms of ASD. The researcher had to discuss with the parents before deciding on the samples to be involved in this study.

### **1.10.2 Limitations of Location**

The experimental test helps the researcher determine if there are other design flaws, limitations, or weaknesses. It will allow him/her to conduct the necessary revisions before the study is carried out. This step help the researchers gain knowledge and insights into the relevance of their research to the study they envision, and the factors that hinder achieving their goals. The study was carried out on a sample of families with children diagnosed with ASD in Amman, Jordan, specifically at the Atlas Center for Autism and Capacity Development. It was difficult to conduct field visits to parents of children with ASD and to distribute the questionnaire due to the large distance between the houses of some of the centre. Therefore, the questionnaire was prepared using the Google Foam application and sent via WhatsApp.

### **1.10.3 Limitations of Time Period**

Time posed a challenge for the researcher during the survey. The researcher needed some extra time because the sample did not respond to the questions of the questionnaire. This necessitated the extension of time to ensure that the sample met the study criteria. The child should aged between four to six years and the results of

diagnosis confirm having ASD with no accompanying disabilities. Other challenges are the need to find a sample that meets the study's conditions. This process can take from 3 to 6 months of training to ensure that the sample members are properly prepared to participate in the study. Moreover, there is a possibility that the participants' families may experience circumstances that require the study sessions to be postponed.

#### **1.10.4 Limitations of The Early Intervention Guidelines**

The study did not include all the factors related to social interaction. The factors involved in this study are the rules of social behaviour and expression of feelings and communication skills. The different environments, social classes, and circumstances of each family and its cultures were among the determinants, as they faced difficulty in directing each family towards early intervention. Some fathers may see that the intervention is limited to the mother only. The cultural level of the parents may limit their ability to intervene, leading the family to fail to understand the instructions provided to them, increasing the time to clarify the instructions to train the family for their child with ASD.

#### **1.11 Summary**

Autism spectrum disorder is one of the special categories that have received attention in recent times. This category suffers from general developmental disorders that affect their manifestations in different ways in the child, causing him/her to withdrawal and

isolate. This category faces problems in social interaction and communication, which in turn leads to child's inability to socialize and adapt. The study seeks to lessen the difficulties faced by children with ASD in acquiring social behaviour and communication with others. It is a prominent feature of people with ASD through the program of early intervention as the family is the first teacher of the child and especially in the first years. Thus, training sessions for the families of the child with ASD are conducted. This is done using the theory of social interaction, which focuses on the model and the observation of social behaviour and tradition.