



Effect of Family Involvement (Homely Environment) on a Child on Autism Spectrum Disorder during Social Skills Training: A Narrative Analysis

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Abstract

Introduction: Autism Spectrum disorder (ASD) is a neuro developmental disorder marked by lack of social skills, repetitive behaviour and difficulty in communication. It affects the way a child learns, communicates and behaves. Early intervention helps the individual and the family in understanding the needs and demands of the spectrum. Each child is unique and planning therapy objectively caters to their unique needs. While there is no single cause identified for autism, research suggests that both genetic and environmental factors do contribute in the development of the child who is on spectrum. Hence the role of family comes into picture and by conducting this research it was evident that a child can learn better when he / she is provided with supportive family set up while undertaking therapy. (Family involvement refers to the prior sensitization of family members of therapist and the child).

Objective: The aim of this study is to discover the role of family involvement in teaching social skills to a child on spectrum. **Research Methodology:** Data was collected using case study format as per ICD 10 as the child was diagnosed on the basis of DSM 5. The data along with anecdotes were collected during training sessions over a period of 6 months (Nov'23-Apr'24). Case study, Observations and Interview method were used to collect all the information with regard to the child.

Analysis and Conclusion: The results indicate that there is a positive effect on a child on spectrum when continuously trained or exposed under a homely environment to teach social skills. A noticeable change was seen in the child with improved ability in communicating with others around him. Since ASD is a lifelong condition, hence to ensure that the learned social skills are retained and improved upon, a continuous reinforcement of the imparted skills has to be maintained. This paper explores the various ways in which family dynamics can impact the social skills of children with ASD, highlighting the importance of supportive and understanding family environments in promoting positive outcomes for these individuals.

Keywords: Autism Spectrum Disorder (ASD); Social Skills; Communication; Eye Contact; Therapeutic Session; Family Involvement; Home Environment; Continuous Reinforcement; Structured Teaching

Abbreviations: ASD: Autism Spectrum Disorder ICD: International Classification of Diseases; ABA: Applied Behaviour Analysis; PECS: Picture Exchange Communication System; SCQ: Social Communication Questionnaire; BKT: Binet Kamat Test; CBCL: Child Behaviour Checklist; VSMS: Vineland Social Maturity Scale; IEPs: Individualized Education Plans.

Introduction

Autism Spectrum disorders (ASD) are developmental disabilities which are characterized by difficulties in social communication, along with restricted interests and repetitive behaviors. In the International Classification of Diseases, 10th Revision (ICD-10), Autism Spectrum Disorder (ASD) is classified under the category "Pervasive Developmental Disorders" (F84). The ICD-10 defines ASD as a group of disorders characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities [1]. As per the 11th Revision of the International Classification of Diseases (ICD) incorporates autism spectrum disorders (ASD) under the heading "Neurodevelopmental disorders." According to the ICD-11, autism spectrum disorders (ASD) are a collection of developmental disorders marked by a limited, stereotyped, repetitive repertoire of interests and activities as well as qualitative abnormalities in reciprocal social interactions and communication patterns.

According to ICD-11, these qualitative abnormalities are also widespread enough to contribute to notable impairments in social, familial, professional, educational, and other domains of significance [2]. The prevalence of ASD has increased steadily in the past several decades, and there has been an increase in the awareness about this condition in the society. The ratio for autism is 2:1 - boys to girls. The current estimates of occurrence of ASD range as high as 1 in 150 births. Children with ASD often face challenges in understanding social cues (like facial expressions & gestures), expressing their own emotions & feelings, and forming relationships with people around them. While there is no known cure for ASD, early intervention and supportive environments can greatly improve outcomes for individuals with this condition.

Role of Family

Family dynamics play a crucial role in the development of children with ASD. The family is often the primary source of support and care for these individuals, and the way in which family members interact with a child with ASD can significantly impact their social skills development. For children's communication and language development, parents are essential in providing the input, the context, and

the structure needed [3]. Evidence-based autism therapies incorporate parents as key intervention agents as well as informants, given the significance of parental participation in early social and communicative development [4-6].

This paper will review the existing literature on the influence of family dynamics on the social skills of children with ASD in a different way. Here we will focus on the ways in which positive family environments can promote social development in these children during the therapy sessions. Autism is a neurological & developmental condition which effects the child differently in the way they behave, interact and learn. For some it is the language and communication component or it could be their repetitive behaviours (like hand-flapping, body rocking, spinning objects, or other repetitive movements) and for others it could be the restricted interests in specific activity or topic. Many children with Autism have sensory sensitivities. They may be hypersensitive to certain sound (like noise of a fan) or textures (cloth) or taste. Few children with ASD may repeat words, phrases, or parts of sentences - this can be immediate echolalia (i.e., repeating something right after hearing) or delayed echolalia (i.e., repeating something heard earlier). Each child demonstrates their own unique pattern and behaviour which can vary widely in their intensity. Elimination of a particular behaviour (like flapping or moving) is not the only solution to this. However, understanding this behaviour and working upon it, is a more feasible solution - like allowing them to do what their body need for self- soothing and reducing their anxiety. Providing predictability in a world that may feel overwhelming to them can also be a way out. Behavioural therapy, Applied Behaviour Analysis (ABA) techniques, Picture Exchange Communication System (PECS), TEACCH program are some very effective strategies helpful in educating children on spectrum for regulating their behaviour and emotions [7].

Social Skills in ASD

ASD can be defined by social reciprocity or difficulty with social contact; however, the way these differences show up in children varies according to their age and functionality level. This might involve failing to make eye contact, starting discussions with people at an inappropriate time, and understanding and utilising nonverbal cues like gesture and expressions on the face. Moreover, deficiencies in social skills do not go away with development. In fact, as children get closer to puberty, their level of impairment and discomfort could rise as the social environment become more complicated and their growing awareness of their social limitations [8-10]. These challenges when addressed at the right age can be worked upon with right intervention. Awareness and readiness of the family regarding an intervention program helps them in handling different behaviours of the child. Hence, the family dynamics play a

crucial part in the development of children with ASD.

Impact of Family Dynamics on Social Skills Development

The family environment plays a significant role in the social skills development of children with Autism Spectrum Disorder. Positive family dynamics, characterized by parental involvement, positive parent-child interactions, supportive sibling relationships, effective stress management, and access to support services, can greatly enhance the social development of children with ASD. Understanding the impact of family dynamics on social skills development is crucial for developing effective interventions and support strategies for individuals with ASD and their families.

Parental Engagement: According to research, a child's social development greatly benefits from parental engagement in their education and treatment of ASD children. It is easier for parents to assist their child's social skill development and encourage healthy social interactions when they are actively involved in their child's treatment and education [11].

Parent-Child Interaction: A child's social skill development may be impacted by the nature of the relationships between parents and children who have ASD. Children with ASD can reap advantages from constructive and responsive interactions as they develop social skills and become more adept at interacting and communicating with others [12].

Relationships between Siblings: Siblings are particularly important for the social development of kids with ASD. For a brother or sister with ASD, siblings can serve as social role models by setting an example of proper behaviour in social situations. Children with ASD can benefit from the emotional support and companionship that positive sibling relationships can offer, and this can help with their general social development [13].

Family Stress and Coping: The home environment and, in turn, the child's social skill development can be impacted by the stress that parents of children with ASD endure. A child's social development may be hampered by high levels of stress in the home, which can also result in fewer favourable parent-child relationships and ineffective parenting techniques [14].

Family Support Services: The development of a child's social skills can also be impacted by a family's access to support services for children with ASD. Access to services like support groups, parent education programmes, and respite care helps families better support and care for their kid with ASD so they may grow socially [15].

Review of Literature

Gresham and colleagues' (2006) [16,17] highlighted the fact that social skills are a broad category of competencies. These competencies fulfil a number of crucial purposes:

- **Initiating and sustaining healthy social relationships:** People with social skills are able to build and maintain relationships with other people.

Supporting the formation of meaningful friendships and peer acceptance: Possessing good social skills increases the possibility of gaining the acceptance of peers and forming meaningful friendships.

Leading to a satisfactory transition to school: Socially adept people typically adjust to the educational setting quite well.

Enabling people to manage and adjust to social expectations: Social skills enable people to successfully negotiate a variety of social circumstances.

Gresham and Elliot (1990) [16,18] identified five key dimensions of social skills:

Cooperation: The capacity to collaborate with others in a group setting.

Assertion: Appropriately expressing one's wants, beliefs, and emotions.

Responsibility: Taking ownership of one's deeds and promises.

Empathy: Recognising and taking into account the thoughts and feelings of others.

Self-control: Controlling feelings and actions in social situations.

All of these aspects work together to shape a person's total social competency. Social skill deficiencies can have a detrimental effect on behaviour, mental health, academic success, interpersonal relationships, and general well-being. These deficiencies frequently result in difficulties for kids with Autism Spectrum Disorder (ASD) to making and maintaining friendships. Studies suggest that kids with ASD might feel lonely and isolated than their typical classmates [19-21]. While low social skills are a major contributing factor, it's not always the result of a lack of desire for social interaction. According to Locke J, et al. [22], students with autism typically spend 30% of playtime alone, whereas typical peers spend 9% of the recess alone. Students with autism may also experience bullying and rejection from other people. Children with autism have deficiencies in social skills that have an impact not just on the child but also on parents, teachers, classmates, community members, and care providers. Let's examine the effects on different groups:

Parents and Caregivers:

Financial Stress: According to research by Zablotsky B, et al. [23], there is a relationship between a child's autism severity and the financial strain it places on the family. Parental financial stress might rise while caring for a kid with ASD.

Emotional Impact: According to Nealy C, et al. [24], mothers of autistic children frequently endure emotional strain in the form of stress, guilt, and worry.

Social Impact: Due to caregiving obligations, parents may find that their socialising time is limited. This can cause tension in their relationships with spouses and other children.

Overall Quality of Life: Parents' overall quality of life may suffer as a result of juggling the responsibilities of raising an autistic kid [25-27].

Siblings of autistic children experience more anxiety and stress as well. Their emotional health is impacted by the difficulties of having an autistic sister [28]. Teachers and day-care providers who work with children with autism report higher levels of stress and anxiety [29,30]. In summary, autism-related social skill deficiencies have an influence on a variety of facets of family life, emotional health, and social interactions, not only on the child but on the entire family as well. It emphasises how crucial it is to provide interventions and care for both - the child and those around them.

Research Design

The purpose of this case study is to explore if the presence of familial environment at or during the therapy of a child with Autism has any impact on the development of his/her social skills. In this regard, it was hypothesized that if the therapy sessions for a child on ASD is built around a family like environment then the child is expected to learn basic social skills in an efficient way. By focusing on an individual case, this study aims to offer insights into the unique challenges and strengths that children with autism exhibits while acquiring social and communication skills. Understanding these individual differences is crucial for developing effective interventions and support strategies tailored to the specific needs of each child.

Case studies play a vital role in advancing our understanding of the phenomena by providing rich, in-depth information that complements larger-scale research studies. This case study offers a nuanced view of the complex interplay between biological, psychological, and environmental factors that influence the development of children with autism. By documenting the experiences of individual children, case studies contribute valuable evidence that can inform best practices in assessment, intervention, and support services for individuals with autism spectrum disorder. In order to gather and collect authentic data for ASD individual, firstly, consent was taken from the parent of the child for the research purpose. Also, in order to maintain the confidentiality of the child and the parent, throughout the case study discussion, child and the parent will be mentioned as child A and Parent A, instead of their names. This case study and interview of the parent has been a substantial evidence for the present research paper. It has laid out basis for how interventions can bring a difference in the child's behaviour. Also, how the precise intervention can help him to learn social skills and apply them in real life.

Participant: The participant, referred to as child A, is an 8-year-old boy diagnosed with ASD. He was selected based

on his diagnosis and his willingness to participate in the study along with consent from his parents.

Data collection: This included:

- In-depth case study.
- Semi-structured interviews with kid A's mother, and
- Observations of his social interactions in realistic environments.

The observations and interviews were captured in the form of audio, video and written documents viz, session-flows and in-therapy notes.

Data Analysis: As a qualitative approach, narrative analysis was used in this study to analyse the data. By emphasising the interpretation of stories or narratives, this method allows us to delve into the views and lived experiences of our participants."

The selection of this technique aligns with our goal of comprehensively comprehending the life stories of people with autism and their challenges with respect to acquiring social skills. The objective was to provide profound insights into the child's reality by revealing the complex and nuanced parts of his experiences through the application of narrative analysis."

Using ICD 10 criteria a case study on child A aged 8 years male, who was assessed to be on Autism Spectrum disorder was planned for an intervention program to improve his social skills.

Data Collection

I - Case Study: A Child with Autism Spectrum Disorder

Introduction: A is an 8 -year-old boy who was diagnosed with Autism Spectrum Disorder (ASD) at the age of 5 years. His parents noticed developmental delays early on, including a lack of speech and limited social interactions. This case study aims to provide a detailed examination of his behaviour and development, highlighting the unique challenges and strengths he exhibits.

Case Description: A is the only child living in a nuclear family. His parents describe him as a loving child who enjoys routines and has a keen interest in numbers However, A struggles to express himself clearly and does not make an eye contact while talking to others. He also exhibits repetitive behaviours, such as stimming like finger-flicking and exhibits toe walking.

Assessment Methods: A comprehensive assessment was conducted to evaluate A's cognitive, language, and social-emotional development. This included standardized assessments such as Seguin form board test, Binet Kamat test of Intelligence (BKT), Vineland social maturity Scale

(VSMS), Modified INDT- ASD Diagnostic Evaluation for ASD, Child behaviour checklist (CBCL), short sensory profile and assessment of pre academic skills. Observations were conducted in naturalistic settings to assess A's behaviour in everyday situations in 45-55 minutes session integrating family interaction twice a week.

Results: The assessment revealed that A has significant impairments in social communication and language development, as well as restricted and repetitive patterns of behaviour. However, A showed strengths in certain areas, such as his ability to recognize letters and numbers intervention plan with an Individualized educational Plan and goals for following domains were suggested:

- Speech and language with pragmatics
- Remedial teaching for pre -academic skills.
- Fine motor
- Behaviour therapy
- Social skills training
- Adaptive daily functioning
- Socialization with peers in group activity
- Home training activities with minimal screen time
- Follow up to monitor developmental progress
- Reassessment after a year of intervention

Discussion: The case of A highlights the variability in the presentation of ASD and the importance of individualized interventions. His strengths in certain areas can be leveraged to support his learning and development. This case study underscores the need for early identification and intervention for children with ASD to optimize outcomes.

Conclusion: In conclusion, A's case provides valuable insights into the behaviour and development of a child with autism spectrum disorder. By understanding the unique challenges and strengths of children like child A, we can tailor interventions and support services to meet their specific needs, ultimately improving their quality of life. Apart from the case study a parental interview, Social communication questionnaire (SCQ), and Indian scale for assessment of autism, was also conducted before planning and implementing the intervention program. The parent of child A shared:

II - Summary of the Parental Interview

As per the parent, A is 8 years old and was diagnosed with autism spectrum disorder when he was 5 years. He has always struggled with social interactions and communication, which are typical of his condition. It is difficult to make friends and often prefers to play alone. He lacks attachment and has sensorial needs. He struggles with understanding social cues and non-verbal communication, which can lead to misunderstandings with peers. He doesn't like loud noises and lights. He also has a limited range of interests, which can make it hard for him to connect with others who don't share his interests. It can be tough at times. The parents had to be

mindful of A's need for routine and structure, which can be challenging in a world that's often unpredictable. They also had to help him navigate social situations, which has been exhausting for them many a times.

Results: The narrative analysis revealed several key elements related to social communication in the child. The child demonstrated difficulties in understanding non-verbal cues, such as facial expressions and gestures, leading to misunderstandings in social interactions. He also struggled with initiating and maintaining conversations, often relying on scripted phrases or echolalia. Additionally, A showed a preference for solitary activities, avoiding social interactions with peers. He was involved in stimming and toe walking. He had problem with focus and attention and got distracted with loud noises. He loves to follow routine and thus schedules and daily rooster works well with him. The summary of the intervention program will give a broader view of the child's progress in this case.

Interventions and Data Analysis

Interventions

The intervention used here is structured teaching which are the instructional strategies and environmental support for individuals with ASD developed by the TEACCH program (Treatment and education of Autistic and related communication -handicapped children) often used in all settings such as school, home and specialized therapy sessions. The following steps were adopted to implement this.

- Child A was put on an intervention program where his social interaction and communication was focused as learning target. The child was exposed to a family set up where he is initially verbally prompted to greet the family members or others around him during therapy hours. In doing so, the family of the therapist was sensitized and asked to interact with the child in a particular arrangement every time the child visited the therapist for a session. The intended approach, which involved providing the child with constant reinforcement for social engagement with family members, was the first step in every session.
- A visual schedule (schedule of activity is a fundamental to structured teaching) was maintained and accessed by the child to follow a particular scheme of activities. This included social skills of greeting and making an eye contact with the family members every time he came for a session.
- He was also taught this skill using social stories. Social stories are brief narratives that are detailed and written from the viewpoint of the person with ASD. They use simple vocabulary and visual aids to clearly and concretely explain a social scenario, skill, or idea) using play cards, story books and videos based on what was planned to be imparted as a skill [31].

Results

Initially there was reluctance but with genuine compassion and efforts from the family members, the child felt secured and safe about his space of learning the skill. He slowly got comfortable with this routine of greeting people which he initially did with no eye contact. This improved too with constant verbal prompt of looking at the person while greeting and asking "how are you? With continued sessions he started doing this with more ease and comfort. Now, after 6 months of intervention the child has developed the skill and greets people around him with ease and with better eye contact than no eye contact at all.

The verbal prompt in this particular strategy has been effective in his case as the homely environment helped him to feel safe in his learning space. Compassion and genuine expression of feelings help children learn a skill with ease than being pushy while teaching a new skill. There has been a noticeable positive change in the child's behaviour and now he greets people (family members in this case) with happiness and affection. He looks forward to meet them and takes effort to make small meaningful interactions. Another interesting development was the child has started enquiring about the family members who are not present on a particular day. This tells that the child has developed some kind of social connection with the other family members of the therapist.

Typically, people with autism lack the ability to initiate a meaningful conversation. However, it was observed that after the above interventions and the related effects, the child not only started enquiring but also initiated small conversations which were meaningful. Understanding and supporting these communication styles by the society is important for facilitating meaningful interactions with these kids. This paper has touched upon just one of the social skills whereas there are other areas too which are covered during the intervention program.

Discussion

The findings highlight the complex nature of social communication difficulties in children with ASD. The challenges identified in this study align with previous researches as reviewed earlier and underscore the need for tailored interventions to support social communication development in children with ASD. By understanding the specific challenges faced by children like A, educators and clinicians can design more effective interventions to improve social communication skills by integrating them with family environments. Implementing the right strategy helps in bringing out desired outcome, hence with continuous reinforcements, small goals become achievable

targets. These developments bring in positivity in the child and builds in self-confidence. Also, the noticeable changes become a motivating factor for the therapist, family members and other associated in the learning journey. It is important to remember that even a small goal which is achieved is an achievement and thus should be celebrated with happiness.

Conclusion

In conclusion, the narrative analysis revealed several key elements that provide valuable insights into the experiences of children with autism when provided a familial atmosphere. These include social interactions and communication challenges. These findings contribute to the existing literature by giving a positive affirmation that a structured teaching strategy coupled with family support and a homely environment can enhance the communication and social skills of a child with Autism. However, there is a limitation, that any learning to be more effective and long lasting with children with Autism has to be reinforced on a continual basis. This cannot be a one-time intervention, there has to be conscious effort to make it a part of regular interventions albeit in different forms or in different quantum. Also, the strategy implemented in this case was successful due to its inherent condition that the therapist used her home setting for these interventions. In any other set-up, one would have to improvise to cater to their surroundings. Overall, this study sheds light on the nuanced experiences of children with autism and emphasizes the importance of listening to their narratives and providing them safe and secure surroundings, to gain a deeper understanding of their world and to inculcate necessary social skills to interact with the society. Further research is needed to explore these themes and strategies in larger samples to ensure the generalizability of the findings. Also, documentation of practices and strategies can act as manuals for other therapist for further usage.

Recommendations

Based on the study, the following recommendations can be made:

Intervention Strategies: Create specific intervention plans that address the particular social communication issues that are revealed by narrative analysis. These methods have to concentrate on strengthening conversational abilities, fostering social contact with peers, and increasing awareness of nonverbal clues.

Parent and Teacher Training: Provide parents and educators with training programmes to assist them better grasp the challenges that children with ASD come across in social communication. This can involve methods for encouraging the growth of social skills and promoting deep bonds with others [20].

Peer Support Programs: Encourage children with ASD

and their peers to engage in constructive social interactions by implementing peer support services in educational and neighbourhood settings. These initiatives can enhance social communication abilities and lessen social isolation [32].

Individualized Education Plans (IEPs): Make sure that every child with an ASD has a tailored education plan that meets their unique requirements in social communication. The goals and techniques for enhancing social interactions and abilities should be part of these initiatives [33].

Further Research: Promote further studies on the efficacy of various intervention techniques for enhancing social communication in children with ASD. Studies using a longitudinal design can be used to monitor children's development over time and determine the elements that lead to successful results.

Community Inclusion Programs: Encourage the implementation of community inclusion initiatives that give individuals with ASD the chance to interact socially with their classmates. This can promote meaningful interactions and the development of social skills in a realistic environment.

Support Networks: Provide a platform for families who have children with ASD to connect and exchange strategies, resources, and experiences related to fostering their child's socio-emotional development.

Researchers, teachers, and clinicians may collaborate to enhance the social communication abilities and overall well-being of life of children diagnosed with ASD by implementing the above suggestions into practice.

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References

- World Health Organization (1992) International Statistical Classification of Diseases and Related Health Problems. 10th (Edn.).
- World Health Organization (2018) International Classification of Diseases for Mortality and Morbidity Statistics. 11th (Edn.).
- Roberts MY, Curtis PR, Sone BJ, Hampton LH (2019) Association of Parent Training with Child Language Development: A Systematic Review and Meta-Analysis. *JAMA Pediatr* 173(7): 671-680.
- Akemoglu Y, Muharib R, Meadan H (2020) A Systematic and Quality Review of Parent-implemented Language and Communication Interventions Conducted via Telepractice. *Journal of Behavioral Education* 29(2): 282-316.
- National Research Council (2001) *Educating Children with Autism*. National Academies Press.
- Zwaigenbaum L, Bauman ML, Choueiri R, Kasari C, Carter A, et al. (2015) Early Intervention for Children with Autism Spectrum Disorder Under 3 years of Age: Recommendations for Practice and Research. *Pediatrics* 136(Suppl 1): S60-S81.
- Wolfberg P, Buron KD (2009) *Learners on the Autism Spectrum: Preparing Highly Qualified Educators*. AAPC Publishing.
- Williams White S, Keonig K, Scahill L (2007) Social Skills Development in Children with Autism Spectrum Disorders: A Review of the Intervention Research. *J Autism Dev Disord* 37(10): 1858-1868.
- Schopler E, Mesibov G (1983) *Autism in Adolescents and Adults*. Plenum Press, New York.
- Tantam D (2003) The Challenge of Adolescents and Adults with Asperger Syndrome. *Child Adolesc Psychiatr Clin N Am* 12(1): 143-163.
- Crowell JA, Keluskar J, Gorecki A (2019) Parenting Behavior and the Development of Children with Autism Spectrum Disorder. *Compr Psychiatry* 90: 21-29.
- Parlade MV, Weinstein A, Garcia D, Rowley AM, Ginn NC, et al. (2020) Parent-Child Interaction Therapy for Children with Autism Spectrum Disorder and a Matched Case-control Sample. *Autism* 24(1): 160-176.
- Orsmond GI, Kuo HY, Seltzer MM (2009) Siblings of Individuals with an Autism Spectrum Disorder: Sibling Relationships and Wellbeing in Adolescence and Adulthood. *Autism* 13(1): 59-80.
- Estes A, Munson J, Dawson G, Koehler E, Zhou XH, et al. (2009) Parenting Stress and Psychological Functioning among Mothers of Preschool Children with Autism and Developmental Delay. *Autism* 13(4): 375-387.
- Brookman FL, Baker EM, Stadnick N, Taylor R (2012) Parent Perspectives on Community Mental Health Services for Children with Autism Spectrum Disorders. *J Child Fam Stud* 21(4): 10.
- Ozerk G, Ozerk K, Silveira ZT (2021) Developing Social Skills and Social Competence in Children with Autism.

- International Electronic Journal of Elementary Education 13(3): 341-363.
17. Gresham FM, Van MB, Cook CR (2006) Social Skills Training for Teaching Replacement Behaviors: Remediating Acquisition Deficits in At-Risk Students. *Behavioral Disorders* 31(4): 363-377.
 18. Gresham FM, Elliott SN (1990) The Social Skills Rating System. Circle Pines, American Guidance Service, Minnesota 17(4).
 19. Goldstein H, Kaczmarek L, Pennington R, Shafer K (1992) Peer-mediated Intervention: Attending to, Commenting on, and Acknowledging the Behavior of Preschoolers with Autism. *J Appl Behav Anal* 25(2): 289-305.
 20. Kasari C, Locke J, Gulsrud A, Rotheram FE (2011) Social Networks and Friendships at School: Comparing Children with and without ASD. *J Autism Dev Disord* 41(5): 533-544.
 21. Locke J, Rotheram FE, Kasari C (2012) Exploring the Social Impact of Being a Typical Peer Model for Included Children with Autism Spectrum Disorder. *J Autism Dev Disord* 42(9): 1895-1905.
 22. Locke J, Beidas RS, Marcus S, Stahmer A, Aarons GA, et al. (2016) A Mixed Methods Study of Individual and Organizational Factors that Affect Implementation of Interventions for Children with Autism in Public Schools. *Implement Sci* 11(1): 135.
 23. Zablotsky B, Bramlett MD, Blumberg SJ (2015) The Prevalence of Children Diagnosed with Autism Spectrum Disorder: A National Survey of Parents. *Prevalence of Children Diagnosed with Autism Spectrum Disorder* 1(1): 1-8.
 24. Nealy CE, Ohare L, Powers JD, Swick DC (2012) The Impact of Autism Spectrum Disorders on the Family: A Qualitative Study of Mothers' Perspectives. *Journal of Family Social Work* 15(3): 187-201.
 25. Meadan H, Halle JW, Ebata AT (2010) Families with Children who have Autism Spectrum Disorders: Stress and Support. *Exceptional Children* 77(1): 7-36.
 26. Nik Adib NA, Ibrahim MI, Ab Rahman A, Bakar RS, Yahaya NA, et al. (2019) Perceived Stress among Caregivers of Children with Autism Spectrum Disorder: A State-Wide Study. *Int J Environ Res Public Health* 16(8): 1468.
 27. Taylor JL, Henninger NA (2015) Frequency and Correlates of Service Access among Youth with Autism Transitioning to Adulthood. *J Autism Dev Disord* 45(1): 179-191.
 28. Petalas MA, Hastings RP, Nash S, Reilly D, Dowey A (2012) The Perceptions and Experiences of Adolescent Siblings who have a Brother with Autism Spectrum Disorder. *J Intellect Dev Disabil* 37(4): 303-314.
 29. Corona LL, Christodulu KV, Rinaldi ML (2017) Investigation of School Professionals' Self efficacy for Working with Students with ASD: Impact of Prior Experience, Knowledge, and Training. *Journal of Positive Behavior Interventions* 19(2): 90-101.
 30. Witherell SL (2013) Work-related Stress and Mental Health of Child Care Center Workers. Wayne State University Dissertations, pp: 718.
 31. Gray C (1995) Writing Social Stories with Carol Gray. *Future Horizons*.
 32. Cole C, McCurdy E (2014) Use of a Peer Support Intervention for Promoting Academic Engagement of Autistic Students with Autism in General Education Settings. *J Autism Dev Disord* 44(4): 883-893.
 33. Wilczynski SM, Menousek K, Hunter K, Dipti M (2007) Individualized Education Programs for Youth with Autism Spectrum Disorders. *Psychology in the Schools* 44(7): 653-666.