



An-Najah National University

Faculty of Graduate Studies

**THE EFFECTIVENESS OF PLAY THERAPY
IN DEVELOPING SOCIAL SKILLS AMONG
HIGH FUNCTIONAL AUTISTIC CHILDREN**

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Dedication

For my parents and my husband with all love.

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In addition, I would like to express my appreciation to my dear family and husband who have always stood by me, helped me and supported me. They have all my appreciation and love.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE EFFECTIVENESS OF PLAY THERAPY IN DEVELOPING SOCIAL SKILLS AMONG HIGH FUNCTIONAL AUTISTIC CHILDREN

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: _____

Signature: _____

Date: _____

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THE EFFECTIVENESS OF PLAY THERAPY IN DEVELOPING SOCIAL SKILLS AMONG HIGH FUNCTIONAL AUTISTIC CHILDREN

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ABSTRACT

Background: Autism is a neurodevelopmental disorder. According to the Diagnostic and Statistical Manual Disorder (DSM-5), the essential features of the autism spectrum disorder are impairment in social communication and social interaction across multiple contexts at the present time or in the child's history, and the inability to develop, acquire, understand and maintain social relationships. This is in addition to restricted, repetitive patterns of behavior, interest or activities.

Previous studies have showed that play therapy has positive effects on autistic children's social skills. Accordingly, this study sought to examine the role of play therapy in developing the social skills of high functioning autistic children.

Method: The study participants were seven autistic children aged 6-10 years old. All of them were Palestinian Arabs living in Occupied Palestine and from Palestinian Institute for Childhood. The institute chose the autistic children according to the severity of their autism, and it also chose the high functioning autistic children.

In this study, the researcher used the Autism Social Skills Profile was used to measure if there was an improvement in the autistic children's social skills. The parents and the teacher answered the paper based-scale in 30-45 minutes.

Results: The overall social functioning of children with autism improved after applying the play-based program in comparison with the period before the intervention. The differences were statistically significant. In contrast, the participants significantly improved their social skills in both subscales- social reciprocity and participation\avoidance. It can be concluded that children with Autism Spectrum

Disorder ASD showed significant improvements after the intervention on the total measure of social functioning.

Conclusion: This quasi-experimental study can be used on autistic children by training teachers and guiding parents to set up a play therapy intervention plan to develop the high functioning autistic children's social skills.

Key words: Autism Spectrum Disorder, autistic children, social communication, social interaction, play therapy, social skills.

Chapter One

Introduction

1.1 Theoretical background

According to DSM 5, autism spectrum disorder (ASD) is a neurodevelopmental disorder. The essential features of this disorder are impairment in social communication and social interaction across multiple contexts at the present time or in the child's history, as illustrated by criteria for reciprocal social-emotional deficits, and deficits in non-verbal communicative behaviors used in social interaction, and the inability to develop, acquire, understand and maintain social relationships. Furthermore, restricted, repetitive patterns of behavior, interest or activities and at least two of them are required, which are stereotypical or repetitive in movements, use of objects or speech. These symptoms must be present in the early developmental period but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life (American Psychiatric Association, 2013).

ASD one of the most ambiguous developmental disabilities, because on the one hand the exact causes of autism have not yet been reached, and on the other hand the severity of the strangeness of its non-adaptive behavior patterns. It is a condition characterized by a set of symptoms dominated by the child's preoccupation with himself and his extreme withdrawal, in addition to a deficit in social skills, and a lack of a verbal and non-verbal communication, which prevents him from constructive social interaction with those around him. Deficiencies in social skills result in the emergence of behavioral problems, such as aggressive behavior, and the child's inability to build social relationships that help him integrate and interact with the community around him (Ben seddik, 2007).

The developmental development of children with autism differs from other children, especially in the style of communication they follow. Poor social communication behavior and inability to develop social skills are among the most prominent manifestations of this disorder, especially the child's withdrawal from his surrounding environment and his lack of interest in those around him, his inability to make eye contact and other forms of oral communication, as well as his lack of many socially acceptable traits and behaviors. One of the most important reasons that may hinder

adaptive behavior and social integration is the inability of these children to pay attention to aspects of non-verbal communication such as gestures and facial expressions, and preoccupation with topics far from reality (National Education Association, 2006)

An important characteristic that appears clearly and frequently in autism and autistic disorders is preoccupation with things that are narrow, limited and unique, including stereotypical behavior, which it is one of the strange and observed things is that children with autism, make repeated and continuous movements without a specific purpose or goal, and these movements may continue throughout the period of wakefulness, and usually disappear with sleep, which affects the acquisition of skills, and also reduces opportunities to communicate with others. Examples include: body shaking, hands flapping, fingers waving, rolling circular objects and other various stereotyped behaviors, and most people with autism frequently perform restrictive behaviors that are not linked to a clear goal (Alshami, 2004).

In addition, routine behavior, most children play a specific game for many hours, and they are very resistant to change. Routine behavior is embodied, for example, at mealtime, bathing, and dressing, as well as the routine in arranging the room. Moreover, they have a strong affinity for the change that takes place in the environment (Hallahan & Kauffman, 2006).

Also paying attention to very specific things, many children with autism are bothered by changing the environment around them even the slightest change, and refuse to change the monotony of toys, this refusal may lead to revolution and anger. They also arrange their toys and tools in a certain position and are confused when changing it, resist learning any activity or a new skill, and the child shows interest in a specific thing, such as an empty box, for example, located in a certain place and in a certain situation, and he may look at it or play with it in a certain way and repeatedly boring, and when changing its status or disappearance, the calm child may turn into a flame of anger and screaming, and may end the situation by putting the toy back in its place again. Some parents notice that their autistic child gets used to a certain cup and plate, and refuses to change it, but rather gets angry when it is not present, and they resist being removed from them (Hakim, 2003).

As for the behavioral characteristics, the child with ASD is characterized by special characteristics such as standing on tiptoes, flapping hands, spinning around, shaking the body, great preoccupation with a specific topic in his own world, insisting on resemblance, symmetry, routine behavior, refusing to imitation and responding (Nikolov, Jonker & Scahill, 2006). As for the cognitive characteristics, the autistic child has difficulties in understanding and perceiving stimuli and responding to them, and they are not aware of the situation as a whole, but their awareness is limited to one part of the situation. They also enable to generalize and generate ideas (Alzureikat, 2016). Children with ASD suffer from problems in attention, perception, thinking and language, and they also face problems in understanding the dimensions of the situation as a whole, in addition to problems with memory (Abu Hasaballah, 2015).

Diagnosis of autism according to the classification of the American Psychiatric Association, Fifth edition are: A. Persistent difficulty in communicating and social interaction with different situations, whether in the current or earlier stages, including but not limited to the difficulty in socio-emotional exchange, difficulty with nonverbal communication behavior used in social interaction, and difficulty creating, maintaining, or understanding relationships. B. Patterns of behavior, interests or activities that are restricted and characterized by repetition. C. Symptoms should appear early in a child's development. D. The symptoms must cause significant impairment in social interactions, occupational and other important life activities. E. These disorders are not better explained by intellectual disability or global developmental delay (American Psychiatric Association, 2013).

One of the most important characteristics of children and people with autism is that they cannot develop social relationships that are appropriate for their age. Gillson (2000) believes that the main characteristic of autism is the dysfunction in social behavior, as well as autistic children are described as having a disability in the development and use of non-verbal behaviors such as eye contact, and it is recognized that eye contact facilitates the daily life of autistic individuals.

One of the prominent deficiency appear from the beginning of life, where it appears in poor eye contact to the mother when the child smiles, also the child may not show any response if the mother tries to carry the child. As the child grows, weakness appears in

social communication in forming the relationship with others and interacting with them. (Strock, 2004).

The lack of communication and social interaction skills is a major and prominent feature of children with autism, the child with autism does not respond to any attempt to show sympathy or love. Children with ASD use nonverbal behaviors such as body postures, eye contact, gestures, and facial expression at a lower rate than normal children (Klein et al., 2009).

Communication in general and verbal communicating in particular is great challenges for people with ASD, they find it difficult to use the language in order to express emotions, ideas and form relationships. The fact that people with ASD face difficulties with faced attention, language and social communication makes it hard for them to form and maintain relationships (Rubin and Lennon, 2004), causing all kinds of awkward situations and discomfort amongst them and others they interact with. It is hard for those with ASD to perceive emotional states and consider reasonable and casual factors in order to maintain a conversation and keep up with the emotional changes through it or understand the others intentions and implications during one. Also , the unawareness of ASD people of the social situations and relationship breakdowns they are in and their inability to access them makes it hard for them to repair when needed (Schreiber, 2011).

In addition to communicating with others, people with ASD have a problem of expressing themselves and their own feelings (Dritschel et al., 2010).

Autistic children and teenagers have a problem when making, maintaining relationships in general, and friendships in particular, knowing that friendship can have a great positive affect on children and adolescents in general and those with ASD, friendship can protect them against bullying and contribute to positive emotional outcomes, developing meaningful friendships is in turn thought to improve quality of life and reduce the risk of mental health problems, that's why it is important to support the healthy development of social skills amongst kids and adolescents with ASD. (Laugeson and Frankel, 2010).

This difficulty of making friendship among youth with ASD is shown in several ways, one is that some good quantity of these adolescents do believe they have friends, it's just that their perspective of friendship and their expectations of such relationship

differs highly from the normal one we have. Also, it is proven that unfortunately children with ASD who seek and try to make friends are more likely to be bullied and harassed than those who do not, that's why they prefer not to try in the first place and keep themselves safe (Mazurek and Kanne 2010). The reason to this is most likely the lack of basic useful social skills needed to develop and maintain these relationships. More specifically, utilizing social skills for conversation, get-togethers, and problem solving would help them maintain relationships and become mutual friends with peers.

Moreover, Autistic children might behave in an unparticular way, they can be highly excited for the most ordinary thing like the sight of a cars wheels and totally ignore others that try to make them involved in what is supposed to be an exciting activity or game to share together. Children with autism can ignore a person's existence completely as if they don't even see them or know them in the first place and only address a person if they are in need of them and go back to ignoring them right after and continue finishing the puzzle they were occupied with for the last couple of hours. (Baron-Cohen and Bolton, 2002).

Engel (2011) points out that the child with autism suffers from weakness in play skills and his playing style is characterized by repetition and isolation, and he lacks imagination. The child with autism may spend a long time rotating a car tire instead of playing with the car itself, or he may arrange the cubes in a specific way and repeatedly Without building a form from these cubes, the child with autism also has shortcomings in symbolic and imaginative play, which explains the difficulty of the child with autism participating in a representative performance with his friends. His game does not tempt the children around him to participate in the game.

As mentioned above, autism is neurodevelopmental disorder characterized by poor communication and social interaction, and repetitive behaviors. Numerous evidence suggests that genetic, environmental, and immune factors may play a role in its pathogenesis. Ongoing research continues to deepen our understanding of the potential causative mechanisms of ASD, but no standardized cause has currently been clarified (kid, 2002).

Theories suggest that autism can be caused from several reasons and appears in different ways and symptoms in each person but with shared ones amongst some. Going through the studies and evidences presented in them, autism is likely to be caused by genetic defects. Also, late pregnancy and relatively older parents might be a cause to having an autistic child in addition to brain fever and other infections. Brain fever on inflammation can be caused due to defective placenta, an immature blood brain barrier, the immune response of the mother to a viral or bacterial infection, a premature birth, encephalitis in the child after birth, or a toxic environment. Other than that, intracellular pathogens could induce an immune response, resulting in neuro-inflammation, autoimmune reactions, brain injury, and autism. (Ratajczak, 2011).

There is evidence of a genetic component in autism (Rodier, 2000), the importance of genetic factors in the etiology of autism can be seen in twin and family studies (Muhle et al, 2004). With identical twins, if one has autism, the probability of the other twin having some form of autism is 90%. But for fraternal twins, the probability of the other twin having some form of autism is only 2-3% (DeFrancesco, 2001). Also, siblings of patients with ASD have an increased risk comparison to population criteria (Kim, Keifer, Rodriguez-Seijas, Eaton, Lerner & Gadow, 2019). Autism is 50 to 200 times more spread in sibling with autism than in the general population (Sadock & Sadock, 2008).

Ghazal points out in his study that autism is not a specific disease with a specific symptom, and it does not have analyzes or tests that determine it, but rather a group of symptoms and behaviors that differ in severity and quality from one child to another, as they vary in the child himself, and the child himself has these symptoms with increases and decreases, and with many Of the studies and research conducted, the causes of autism are still unknown.

Reconnaissance of the environmental causes of autism has been stimulated by the growing recognition of the remarkable sensitivity of the developing human brain to toxic chemicals (Grandjean and Landrigan, 2006). Toxic chemicals can cause injury to the developing human brain, as for through interaction with the genome or through direct toxicity. An expert panel formed by the US National Academy of Sciences estimated that 3% of neurobehavioral disorders result directly from toxic environmental-psychological exposure and another 25% result from interactions

between environmental factors and inherited sensitivities (National Research Council 2000).

An association has been suggested between various environmental factors that contribute to vitamin D insufficiency and an increased risk of autism (Grant & Soles, 2009). Population studies in Scandinavia found that using valproate by the mother through pregnancy has been linked with a remarkably increased risk of childhood autism in the offspring (Christensen et al, 2013), whilst using folic acid supplements around the time of pregnancy has been linked with a lower risk of ASD (Suren et al, 2013).

Researchers and scientists have not yet reached a definite and specific reason behind the development of autism disorder, but the causes differed from one person to another. One reason does not apply to everyone who suffers from autism. Autism is a complex disorder and its behavioral manifestations are intertwined with many disorders, and there are still many studies and research which are trying to reach the causes of autism, and there are many factors that have been mentioned in many studies as causes of autism depending on the different specializations and interests among researchers and the diversity of their theoretical backgrounds (Alhaznawi, 2010).

In the past decades, a significant increase in the prevalence of ASD has been observed, which has given rise to claims about the “epidemic” of autism. (Fombonne, 2020).

According to considerable surveys in the United States, the Centers for Disease Control (CDC) and Prevention, reckon the prevalence of ASD at 1 in 68 children, and it occurs in all groups- ethnic, racial, and socioeconomic groups. ASD is more common in boys than girls, in boys its 1 in 42, and in girls it’s 1 in 189. The CDC website provides data from several studies in Asia, North America, and Europe showing the average prevalence of ASD around 1% (Brugha et al, 2011).

According to Alchalabi (2005), it is estimated that the number of children who develop autism and related behavioral disorders is about 2-6 children out of every 10000 approximately, as a result of a neurological disorder that affects the work of the brain, and the prevalence of autism among male children increases more than in females at a rate of 2:1.

Research has shown that in the case of girls with autism, their disability is more difficult and dangerous, or their intelligence is very low than other boys who are in a similar situation (Alzari, 2005).

The World Health Organization (WHO) make an estimate of the international prevalence of ASD at 0.76%; nevertheless, this represents approximately 16% of the world's population of children (Baxter et al, 2015).

As a result of autism being a social classification category with different characteristics from other disorders, many centers and experts have emerged who have worked with children with autism. A child with autism needs constant supervision and follow-up, and he needs a variety of programs, whether they are treatment or training (Bataineh & Arnous, 2011).

Nafisa (2013) indicates that social skills occupy a great importance in the life of the individual in general and the life of the child with autism in particular and in all areas from his childhood until old age, represented in the following: 1) Social skills cannot be overlooked in childhood, it serves as a safety collar for the child in his different stages of development, it is important that the parents' role be integrated with the school in teaching the child social skills that he does not acquire naturally, which include the skill of participation and attention, cooperation, role-playing, the need to talk to others, listen to them, and kindness and tact. 2) Social skills assume a very important place in the training programs for all groups of people with special needs, because of the social problems that this category faces, due to many reasons, the most important of which is the lack of social skills. 3) The social skills of children with autism help them share play and communicate with their peers and behaving properly in different situations. 4) Social skills help children with autism in integrate and interact with the community surrounding them, and increase opportunities for communication and establishing social relationships with those around them. 5) Developing social skills for children with autism helps reduce their aggressive behavior.

Social skills are an important factor in achieving social adaptation within the groups to which individuals belong as well as society, and the acquisition of social skills helps individuals achieve great success in self-independence, self-reliance, enhancing their

self-confidence, and helping to interact with others and creativity and innovation in their mental and physical limits (Youssef, 2011)

The study of Alkashef and Abdullah (2009) stresses the importance of the child's social maturity. Where the child acquires the behavior, skills and experiences that facilitate his interaction and compatibility with the group, because the child's social life is subject to development and upgrading, and this is done through the child's relationship with the individuals around him in the family as a source of love, tenderness and psychological satisfaction. Through these relationships, the child acquires social behavior, norms, and roles that enable him to keep up with his group, achieve social harmony with it, give him a social character, and facilitate his integration into social life. Through social maturity, and the individual's enjoyment of social skills, the individual's interaction with society arises, and children acquire their personalities.

Argeel (1983) adopted a social skills model whose components included the following:

- 1) Verbal communication skills, these skills focus on the literature of speech and dialogue, and that the forms of speech and forms of verbal communication be in agreement with others, these include affection, maintaining self-esteem, avoiding the imperative formula, knowing how to object or say no.
- 2) Non-verbal communication skills are represented in facial expressions and movements, the level of voice, the level of closeness towards others, and the level of gestures towards others.

Farahat (2014) also indicated that among the most important skills that help the child to integrate into the society around him are:

- 1) Cooperation skill: The child begins to acquire this skill through cooperative play situations, which usually appears at the end of the third year, and usually the child tends to play with another child, then play with more than one child.
- 2) The skill of free competition: This skill usually begins in the fourth year, and there is no conflict between that skill and the skill of cooperation.
- 3) Participation skill: It is close to the skill of cooperation, but the skill of participation brings direct benefit to the child himself through his participation with others in playing, and for children to learn to participate in a calm manner far from conflict and selfishness.
- 4) The skill of imitation: Imitation is a behavioral pattern in the child's outcome, and it turns into a skill when it is done for learning.
- 5) Independence skill: This skill requires the child to acquire motor and language skills, and the development of that skill begins with training the child to feed himself and take care of himself to go

to the toilet, and gradually until the child can wear his own clothes, and as the child grows older, he gradually separates from his parents, and the circle of his social relations widens, so his dependence on his parents gradually decreases, and replaced by self-reliance and independence from others.

So far, there is no effective treatment for autism, but all studies such as the study of Alyami (2006), the study of Nasr (2002), the Ghazal study (2007), Sadiq and Alkhamisi (2006), and the Wolfberg study (2016) emphasize the necessity and the importance of early therapeutic intervention, which relies on training programs to develop language, social and behavioral skills. According to this therapeutic method, the importance of group activities is emphasized, which are under the supervision of specialized trainers who guide children through their various activities. Many researches and studies have confirmed positive results and a marked improvement in the behavior of children with autism with regard to enabling them to practice and interact in social activities.

There are many training programs offered to children with autism in order to rehabilitate and care for them, such as providing behavioral programs to improve self care skills, in order to achieve independence and teach them self-reliance. Most of the programs that are offered to children with autism depend on behavior modification procedures, and behavioral programs are among the best methods that have proven very effective in dealing with children with autism and trying to rehabilitate and treat them. Bayoumi indicates that behavioral programs depend on the technique of managing behavior in order to get rid of unacceptable behaviors, reduce stereotyped repetitive acts, and other forms of inconsistent behavior. Behavioral therapy has been shown to be successful in developing social skills, communication skills, self-care, and cognitive skills for children with autism (Bayoumi, 2008).

Muhammad and Ezzat (2008) confirms that music is the only art that can be felt by all children in general, and children with autism in particular, due to their extreme sensitivity to sound, they to music and are attracted to it. According to the American Society of Music Therapy (1999), music helps achieve one or more of the following goals, which are: Providing the child with many different skills, such as cognitive, behavioral, sensory, emotional, or social skills such as the skills of visual communication, interaction, and social participation, and working on their development, furthermore facilitating the process of developing the communication skills of autistic

children, in addition to developing his kinesthetic skills, and assisting the special education teacher in achieving his goals by providing some effective methods for integrating and including music in the educational curricula that are offered to children with autism, and to arouse the child's attention and encourage him to participate in various activities.

Many researches also confirm the ability of music to strength the communication between speech, music, rhythm and motor behavior, in addition to the ability of music to improve mood and attention, and improve the child's ability to learn and interact. Music helps children with autism develop their language and social skills through their participation in group musical activities such as playing and singing. Among the most important benefits the child with autism can obtain through music therapy are a marked improvement in the child's attention and cognition, an improvement in the child's verbal skills, the development of social skills, and self-expression in a safe and successful manner (American Music Therapy Association, 2010).

Alshamri (2007) believes that art therapy programs aim to prepare the child with autism to learn, develop his abilities and increase his chances of self-realization, reduce his sense of inferiority and shortcomings, develop his social communication by working together and cooperating with others to produce artistic work, and training his preparations such as attention, motor skills, helping the child to express himself by producing new works the deepen his sense of success and ability to achieve, and helping the child to communicate with others through his artwork, even if he cannot express what is on his mind in words. Art therapy is also concerned with treating many of the deficiencies that a child with autism suffers from, such as addressing the problems of social skills deficiencies such as deficiencies in visual communication and social interaction skills, as well as deficiencies in language skills.

Alyami (2006) also sees in his study that graphic art help in developing social communication skills for a child with autism, by involving him in various artistic activities such as drawing, coloring and graphic art.

Roody (2015) believes that drama therapy is a method that has been used for a long time to help some people cope with many challenges and disorders to improve their ability to interact successfully. Drama is used as one of the collective play activities for

children with autism to develop their various social skills in an atmosphere of fun and joy, as theatrical exercises include improvisation, acting, physical expression, etc., and many studies have confirmed that drama helps in developing social skills for children with autism, especially visual communication skills and social interaction.

Azab (2011) concluded in her study, which applied a motor expression program in which a child with autism is integrated into group play activities, that the motor expression program has a positive effect on children with autism in acquiring motor skills and improving the level of social interaction, and that the integration of children with autism with their peers in the motor expression program has a positive impact on the development of their social interaction skills.

Nasr (2002) confirms the extent of the impact of play on language learning for a child with autism, and the importance of enriching the programs offered to the child with different games, in order to provide what is appropriate for each level, and these levels must be fully known by parents and the school to guide these children through them, and they are as follows: Level one; this is what known as random play, this type of play focuses children on touching, throwing things, tasting and smelling them. The second level; it is a type of play known as exploratory play, through which the child begins to discover the environment and its impact, and a set of different things must be presented to them to help them identify characteristics. Third level; at this level the child begins to use objects for specific purposes, such as building some objects from blocks or rolling balls. Fourth level; at this level the child shows forms of symbolic play or pretended play, the child proves his ability to present a model that the child has observed in himself, in others, or in the external environment, and then transfer or depicts those models in the form of play. Symbolic play is an important activity that helps the child to study the properties and functions of things and to find an important relationship between each of them and the other, in addition, it is a basic principle for developing the principles of language and communication for autistic children.

Kelly's study (2009) considered that play is one of the most natural things that bring together children, and play helps in developing children's social skills, and through play children can learn about themselves and their identity, and children can learn some social skills such as eye contact, social interaction and participation, and values such as Respect and compassion, teamwork, building relationships between people, imagination

and creativity, and re-enacting some daily life situations, and all of these skills are what a child with autism needs to learn, and play can be the means that helps him learn such skills.

Play can be used to treat some behavioral disorders in a child with autism in order to reduce feelings of anxiety in the child, by discharging the emotional energy of the worrisome situations resulting from the problems he faces in his life. It also helps to develop basic motor skills, and the mental, social and linguistic skills of the autistic child. Play is resorted to as an important way to control, direct and correct the child's behavior. Play is used in cases of lack of integrated and balanced physical, mental, social and emotional development of the child. It strengthens him physically and provides him with general information and social standards and controls his emotions. Play is used to satisfy the multiple needs of the child: such as his need to play himself when he plays, and his need for ownership when he feels that there are things he owns, and his need for control when he feels that there are parts of his environment (Alsaad, 1998).

Play therapy is one of the popular treatments used to help children with behavioral and emotional problems due to its recognition of their developmental issues and various needs. In this therapy the play is what connects a child to the therapist, somehow the child feels more comfortable expressing himself and his feeling through the play in an obvious way or through symbols. This way is found easier to make children express themselves rather than in words (Axline, 1947; Kottman, 2001; Landreth, 2002; O'Connor, 2001; Schaefer, 2001).

Play is a natural activity for children to learn about their world, So play therapy is able to provide a positive incentive for the child, express their thoughts and feelings, develop social skills and learn for themselves (Phytanza, Burhaein, Sukoco, & Ghautama, 2018).

Play can be very useful to children in terms of improving their social skills, motorical and emotional ones and helps them express themselves in better ways. The reason plays have such a positive influence on children and their development is that it causes changes in the mental, psychological and physical construction of the child that it reflects positively on their social development and behavior. A play can help a child express his true feelings, desires and dreams more freely than in mere words, it is an

easier way for children to express themselves and their emotions and deep wishes. It also expands a child's imagination and horizons by putting them into imagined, fictional situations and making them act it. Play therapy depends on these many positive effects of a play on children and of how it makes them express deep emotions like fear, happiness and even pain. This therapy technique of play can achieve therapeutic outcomes and is often used amongst children. (Pehrsson and Aguilera, 2007).

Some therapists are starting to adopt child-centered play therapy as a method to treat autistic children. (Getz, 1996).

Recently, effect of play therapy for improving of social skills has been noticed by most of the socio-science researchers (Stone & Stark, 2013). Play therapy and play has proved to be an efficient way for children to express themselves and their feelings freely and connect to others through teaching them how to let their emotions appear to the others (Rye, 2008). In addition, Play therapy can help children stay away from all kinds of psychological problems and issues by letting them express themselves in healthy way (Ryan & Edge, 2012; Jafari et al., 2011).

Jordan study (2003) aimed to shed light in the importance of the role of social play in developing social skills such as eye contact and emotional interaction among children with autism, which gives them the opportunity to build social relationships with their peers, and the study shows that social play helps the children with autism to develop social interaction and leads to enriching spontaneous play, which encourage their peers to play with them. The researcher concluded that teaching social play to children with autism greatly helps them get out of their isolation, and helps them engage in distinctive social relationships with their peers, and helps enrich spontaneous and imaginative play for children with autism.

Mashhor (2016) worked to identify the effectiveness of a training program based on group play activities in developing social skills for children with autism. The study curriculum represented by a one-case approach on an eleven-year-old autistic child, and its tools consisted of a questionnaire, a checklist for estimating social interaction for children with autism as a pre and post measurement, and a training program based on group play activates. The results of the study indicated that there are differences between the lists of social interactions assessment in the two applications, the pre and

the post measurement, which confirms the effectiveness of the program in developing social skills on the dimension of visual communication, social interaction, participation and the implementation of simple commands.

Play therapy could be used as a way for a therapist to communicate with a child (Kool & Lawver, 2010). It helps child to interact with the outside world and environment, come out of itself and communicate with others (Rye, 2008; Lawver & Blankenship, 2008).

Knell (1998) used play therapy as educational tool in dealing with children problems and as alternative to verbal tools.

Landreth, Ray, and Bratton (2009) indicated that even at schools play therapy is a method used by teachers and school counselors. Through play therapy the adults have easier access to a child's inner world, his thoughts and feelings. Play therapy has been linked to many areas of development including intellectual, social and emotional growth. Children can communicate much better through play and it allows the child to problem solve, express feelings, and use toys to transfer fears, anxieties, fantasies, and guilt to objects rather than people (Holmes & Willoughby, 2005).

Abdul Ghani's study (2013), entitled the effectiveness of a counseling program using play activities to improve the communication skills of children with ASD. The study aimed to find out the effectiveness of a counseling program using play activities to improve verbal, non verbal and social communication skills, as well as auditory, visual, tasting and olfactory sensory skills for children with ASD. The study sample consisted of 20 children with ASD, whose ages ranged between 6-12 years old. The researcher used the following tools. Gilliam's Autism Scale, and the Family Economic and Social Level Scale. The researcher prepared a data form for children, communicative skills scale, sensory skills scale, and counseling program using play activities for children with ASD. The results showed that the counseling program using play activities. It positively affected the communicative skills and sensory skills of children with ASD, which indicated its effectiveness.

Alhassani (2005) conducted a study aimed at measuring the effectiveness of an educational program by playing in developing language communication for autistic children. The study sample consisted of 20 autistic children who were divided into a control group and an experimental group, and the language communication scale was applied to them as a pre and post choice, in addition to the educational program by playing. The results showed that the training program by playing worked on developing the linguistic communication of the group to which the program was applied.

Alzari (2018) asserts that playing for children with ASD helps reduced unwanted behaviors and control those behaviors as well. Therefore, the autistic child must be taught playing skills, because it helps in developing language and interaction with others, as it introduces happiness and pleasure to the same child.

Amin's study (2008) entitled the effectiveness of an early intervention program to develop the joint attention of autistic children and its impact on improving social interactions, on a sample of 6 autistic children, their ages ranged between 5-7 years. The results of the study showed a significant increase in the level of social interactions among the sample members.

Buffington (1988) conducted a study aimed at identifying the effectiveness of a training program for developing communication skills that depend on gestures and signs in addition to oral communication, using some behavior modification strategies such as modeling, indoctrination, and reinforcement.

In a study on play, Choi, Jobling & Carroll (2002) aimed at identifying the effect of play on the development of communication among autistic children, through a normal child participating in a set of games, depending on the directions of the class teacher, and a sample of children was formed. Autistic children consisted of (5) children whose ages ranged from (4-6) years, while the sample of ordinary children participating in play consisted of (11) children and their ages ranged from (4-7) years. The most important results indicated the positive impact of playing on the development of Communication among autistic children, as these children showed, after applying the program, an increase in communication with a play partner and an improvement in their level of visual communication.

The study of Johnston and others (2003) entitled the effectiveness of an early intervention strategy for teaching autistic children in pre-school stages the visual communication system, and its impact on social interaction, on three children with ASD, ranging in age from 4-5 years. The study found the effectiveness of the visual communication system in increasing social interaction among children with autism, in achieving the tasks required of them, and in developing verbal language.

Fadel (2015) conducted a study aimed at verifying the effectiveness a training program using play in developing some language communication skills for children with ASD, on a sample of 12 autistic children, 10 males and 2 females, and its tools were represented by a scale an assessment of language communication skills and a training program to develop some language communication skills. The results of the study indicated the effectiveness of the program in developing language communication skills, with the exception of the comprehension skill.

Jafari et al. (2011) estimated the effect of play therapy on behavioral problems of mal-adjusted pre-school children. The results showed notable difference in mean score of post-tests of case and control groups, and deficit of attention in hyperactive children was reduced after play therapy. They also found that play therapy has significantly affected on behavioral problems in children who received intervention.

Kelly (2009) presented in a comparative study that aimed to identify the effectivities of play therapy program, even if it differs in the approach or style, where the researcher analyzed the results of a study of three autism cases in which play therapy was used. In the first study the non-directive play therapy method was applied, and the second case applied a play program that made the child the focus of the treatment program. The results of the analysis of the two studies indicated that play therapy, even if its methods differed, helped the autistic children participating in the study to develop visual communication skills and social interaction skills.

An additional form of play therapy that is introduced to the therapeutic world recently is sand-play, shaping and molding the sand and replacing all kinds of shapes and objects into the sand and the sand tray stimulates senses. The whole experience of sense stimulation can be enhanced if there was background music involved in the therapy. Sand-play is considered to be an expressive therapy (Pearson & Wilson, 2009).). It has

also been linked to Howard Gardner's theory of Multiple Intelligence (O'Brien & Burnett, 2000). As said before, children with ASD have communication problems and sand play might be an additional dimension to the therapy itself by stimulating visual bridge between verbal and expressive therapies and that this is increased through the use of the multiple intelligences throughout the play session (according to both Pearson and Wilson & O'Brien and Burnett).

Another advantage of sand therapy is that it allows children to express themselves and their inner feelings throughout the shapes they form and the symbols they use in the play (Landreth, 2009) there is a big significant for the symbols that are picked in the play, they should be suitable for kids with ASD and serves the purpose of the therapy. Autistic children tend to choose objects or toys that they might relate to and stimulates them. Sand-play uses a form of symbolic play and the process of sand-play is defined as a psychotherapeutic technique that enables clients to arrange miniature figures in a sandbox or sand tray to create a sand world corresponding to various dimension of their social reality (Goss & Campbell, 2004).

According to Pearson (2003) in his study of Queensland Guidance Officers., sand-play therapy is one of the most favored techniques by children.

Play represents a window to the culture for the child, which is an integral part of the child's personality. Through play, the child learns how to encode different social behaviors, which is his means to practice culturally important activities and prepare him for life (Jordan, 2003).

Reams and Friedrich (1994) found play therapy has increased social development of children. Similarly, Pepin and Stagnitti (2012) showed that play therapy had positive effects on Creativity of intervened children. In several independent studies, authors found that play therapy promotes self-confidence and reduces anxiety and depression (Kuipers & Clemens, 1998; Mizuno & Sakuma, 2013; Seifert & Kollbrunner, 2005).

The use of group play as a means of developing social skills, such as eye contact, social interaction and participation helps in alleviating the severity of some behavioral disorders in children with autism (Khattab, 2014).

Wolfberg (2016) also confirms in her study that group play helps in developing social skills for children with autism, including visual communication and social interaction skills.

Alkhamisi and Sadiq (2006) believe that integrating a child with autism into group play activities is beneficial because it is one of the most appropriate ways to treat children, especially children with disabilities, it is used as a means to solve some of the problems and disorders that these children suffer from. Also it is useful for both sides- educationally and diagnostically. In addition, group play allows the child to experience growth in appropriate situations for a specific stage of development. Moreover, group play helps in emotional venting of the child, which relieves his tension and emotions. Furthermore, play provides an opportunity for parents to participate and engage with their children. Play is a tool of expression and communication between children and each other on the one hand, and between them and their teachers on the other hand. In addition, play helps in activating and developing the physical motor and mental abilities, and the social and emotional developmental of children according to their capabilities. This study indicates that group play activities have created an atmosphere of interaction, friction, cooperative play, emotional and social exchange between children with autism and their normal peers. During the exchange of playing roles and tools such as collars, ropes, sticks, flags and other tools, this way is clearly evident during and after the implementation of the lessons in several behavioral aspects, the most important of which are: increasing visual communication with peers through playing, and the appearance of signs of joy on the face when achieving victory, and is interested in participating with his peers during the practice of activities, and accepts parenting and hugs from researchers and his teachers, and accepts hugs from his peers when winning, and participated in cooperative play, and expresses his emotions with acceptable physical movements such as clapping hands, and relieves the manifestation of anxiety and tension during his contact with others. Group play activities may include many activities such as physical education, music, drawing, drama, pretend games, imitation, imagination and other creative activities.

Al-Khafaji (2012) indicates that groups activities programs help in building and strengthening the moral principles and foundations of the child, and teach the child to respect the rules and laws and adhere to the values and customs of the community. Group play helps the child to feel himself from self-centeredness, and trains him to move from attention to individual goals to concern with collective goals. The child realized the value of teamwork and ways to solve the problems he may encounter within the collective framework, which teaches the child flexibility in dealing, establishing relationships with peers, understanding and listening to others, and respecting their opinions in various situations. The child also learns during group play many good principles such as justice, honesty, self-control, patience, and respect for roles.

Creedon (1993) conducted a study aimed at training a group of autistic children, which included 21 children between the ages of 4-9 years. On a program of communication with the aim of improving and developing their social skills, and getting rid of some socially unacceptable behaviors, such as self-harm. The program included behavior modification strategies, such as reinforcement, symbolic economy, social acceptance, in addition to participating in a number of activities (motor, artistic, social and games), and the results showed an increase in social skills and a decrease in non-adaptive behavior such as self-harm.

The study of Lyons (2008) aimed to investigate the impact of a program based on the strategy of playing with peers and developing social interaction skills such as building friendships with others, visual communication skills and participation in the autistic child, the study approach was represented by a one-case approach on a 3-year-old autistic child who suffers from a significant delay in language, then the researcher applied the play based training program to the child after he was pre-measured using the autistic childhood scale. The results of the post-measurement showed a slight improvement in language and social communication skills of the child.

According to the research of Nathaly Buhaghiar (2005), that aimed to identify the best ways to treat autistic disorder. The research sample consisted of a group of autistic children in pre-school age, and the treatment program included more than one method of treatment, and the results showed: that four treatment methods achieved positive results. A function that is (work therapy - behavioral therapy - treatment by visualized activities - play therapy).

Prendeville, Prelock & Unwin (2006) see that intervention programs by playing with peers considered one of the latest programs used to develop social skills for children with autism, such as interactive, symbolic and imaginative play, and it is one of the best practices. It provide an opportunity for children with autism to build social relationships with their peers, and help them develop verbal and nonverbal communication skills.

Khattab (2014) also found that play therapy affects personality in general, and that motor and sensory games contribute effectively to helping people with autism disorder to deal properly with the place they are in and to increase their ability to pay attention and communicate with others and integrate into society, which effectively helps to reduce the severity of behavioral disorders.

Wilczynski & Pollack (2009) confirm that the strategy of playing with peers has proven its effectiveness with children with ASD; it has also proven successful in developing some of the skills targeted to be developed for children with autism such as Communication, participation and assistance skills. Personal skills (such as; loving, sharing, self-confidence), playing skills (such as organizing play, waiting for turn, taking turns), and social interaction (answering questions, paying attention, exchanging greetings).

This study is design to examine the effectiveness of play therapy program in developing social skills among high functional autistic children.

1.2 Study Problem

Autistic children suffer from a number of problems that characterize them, including poor and deficient social skills, language communication and repeated stereotypical behavior and lack of communication channels between them and the outside world; As a result of this lack of communication process; A child with autism suffers from some social and emotional problems while communicating with ordinary people, and the most important of these problems are social avoidance and social isolation, and a lack of verbal and non-verbal communication, This is due to the characteristics of his disability and his lack of experience in how to communicate well with others. Play can be very useful to children in improving their social skills and helps them express themselves in better ways. Play therapy is alternative to verbal tools and has proved to be an efficient

way for children to express their feelings freely and connect to others through teaching them how to let their emotions appear to the others (Rye, 2008).

The study problem arose through the manifestations of deficiencies in social skills that children with autism suffer from, and the resulting behavioral disorders that impede their integration into the surrounding society. This is the reason for studying the effectiveness of a proposed training program aimed at developing social skills for children with autism by using play activities. The program applied to a group of children with autism as a case study at the Palestinian Institute for Childhood.

1.3 Study hypotheses

The first hypothesis: There are no statistically significant differences in social skills between the pre and post application of the play activities program for autistic children in the study sample, regarding Social reciprocity skills.

The second hypothesis: There are no statistically significant differences in social skills between the pre and post application of the play activities program for autistic children in the study sample, regarding Social participation skills.

The third hypothesis: There are no statistically significant differences in social skills between the pre and post application of the play activities program for autistic children in the study sample, regarding total social functioning.

The fourth hypothesis: The suggested training program based on play activities generally helps in developing social skills of children with autism in the study sample.

1.4 Objectives of the study

The current study aims to investigate the effectiveness of a proposed training program based on play activities in developing social skills among children with autism in Palestine.

The study applied to children with autism at the Palestinian Institute for Childhood, and its goal to improve social reciprocity, social participation and social interaction. The play therapy program includes various and varied activities such as drawing, sand play, water games and play with bubbles, in order to meet the different tendencies and interests of children with autism.

1.5 Significance of the study

The study is concerned with the category of children with autism disorder, and therefore it was necessary to follow a fun way to learn, so play was chosen because play is an important method in treatment, as play is exploited for emotional venting, releasing excess energy, expressing conflicts, and learning the desired behavior.

The importance of the current study lies in identifying the effectiveness of a play-based training program in developing the social skills of children with autism spectrum disorder. This program contributes to the development of social skills for children with autism, which enables them to interact correctly with their peers, and build social relationships with them, which qualifies them to engage in the community positively, and reduces behavioral disturbances and aggressive behavior that may occur due to the lack of social communication skills for children with autism. The importance of the study from both theoretical and practical sides is represented in the following.

1.5.1 Theoretical importance

- Highlighting the importance of play in imparting social skills for children in early childhood.
- Providing families of children with autism spectrum disorder with the importance of play in providing their children with skills, especially in the early stages of life.

1.5.2 Practical importance

- Provide a play-based training program to develop social skills for children with autism spectrum disorder.
- The use of the training program by those working with children with autism spectrum disorder.

Because of the different tendencies, interests and abilities of the children, the current study takes into account the issue of diversity and different learning styles. That is why the current program includes various play activities, such as drawing, sand play, water games and play with bubbles. Which gives an opportunity to diversify the activities to cover the different tendencies and abilities of children with autism; each child according to his inclinations and abilities, which naturally differ from one child to another.

1.6 Study concepts and terminology

1.6.1 Autism spectrum disorder

Autism spectrum disorder is a neurodevelopmental disorder characterized by impairments in social communication, limited interests, and repetitive and specific behavioral patterns, it is characterized by deviation and delay in the development of basic psychological functions associated with the development of social, language and sensory skills, and the emergence of stereotyped and routine behavior, as this disorder appears in early childhood stages (American Psychiatric Association, 2013).

1.6.2 Procedural definition of autism

Noticeable deficiency in various communication skills, such as visual communication skills and social interaction, which appear during the first years of the child's life.

1.6.3 Children with autism

They are group of children who have been diagnosed with autistic disorder, on one of the scales used in diagnosing autism according to the fifth Diagnostic Manual, and therefore they are children who show a clear deficit in nonverbal communication, which was identified by joint attention: eye contact, imitation, listening and understanding, referring to what is desirable, and understanding facial expressions and tone voice that indicate it (Ben siddiq, 2007).

1.6.4 Procedural definition of children with autism

They are children who suffer from clear deficiencies in social interaction skills, verbal and nonverbal communication skills, and they show severe limitations in various activities and interests, self-harming behavior, and those behaviors that reflect a lack of sensory integration, provided that these symptoms appear before the age of three years old of the child's age (Alsanani, 2012).

1.6.5 Social skills

Social skills are personal responses with specific operational definitions that allow the child to adjust to the environment over verbal and nonverbal communication (Matson & Wilknis, 2007).

1.6.6 Procedural definition of social skills

These are the skills that the child uses to communicate with others in different situations and reflect the child's personality, help him build positive social relationships, enable him to face different life situations, and help him solve problems.

1.6.7 Play

It is an activity in which children explore the sounds, colors, shapes, sizes and textures of things through two or three dimensions, where children show their growing abilities to imagine, listen, observe and use extensive tools, materials and other sources, as well as to express their ideas to communicate with the feeling of others.

It is a free and directed activity in the form of movement or work, practiced individually or collectively, and exploits the kinetic and mental energy of the body, and is characterized by speed and connection with internal motives, and with it the individual assimilates information and becomes part of his life and aims only for enjoyment.

1.6.8 Procedural definition of play

Suggested games for developing social skills and knowing the effect of playing in developing these skills through different forms of play and understanding and executing commands.

1.6.9 Group play activities program

A planned and organized process based on the foundations and techniques of behavior modification theories, and includes a set of skills, practice and various activities during a specific period of time with the aim of developing social for the autistic child under study, such as verbal and nonverbal communication skills, imaginations, role playing, team play, imitation and participation (Albayoumi, 2008).

1.6.10 Procedural definition of group play activities program

A group of different play activities in which children participate, exchange experiences and interact, under the supervision of adults.

Chapter Two

Method

2.1 Participants

The sample consisted of seven children between the ages 6 and 10 years identified as having high functional ASD, depending on the diagnosis of the specialized authorities. Five were males and two were females (71.4% and 28.6%, respectively). The participants were selected from Palestinian Institute for Childhood, in Nablus.

In the institution, autistic children are divided into three classes according to the degree of autism they have, whether it is mild, moderate or severe. In the class in which the children suffer from a mild degree of autism, there are seven children, because of that the sample consists of seven children. Specialists in the institution diagnose children by conducting tests for them.

2.2 Measures

Social Functioning: Prior and immediately following intervention, parents and special teachers of participants completed a modified version of the Autism Social Skills Profile (ASSP; Bellini & Hopf, 2007). The ASSP consists of 49 4-point Likert items and results in a Total Social Functioning score comprised of three sub-scores: Social Reciprocity (SR), Social Participation/Avoidance (SPA) and Detrimental Social Behaviors (DSB). The social behaviors in children with ASD were rated as: 1 = never, 2 = sometimes, 3 = often, or 4 = very often. For example, the social behavior described as “recognizes the facial expressions of others” is related to SR. Previous evaluations of the ASSP have found the measure to have high internal consistency ($\alpha = 0.94$) and test-retest reliability of 0.90 (Bellini & Hopf, 2007). A total score of social functioning is calculated by adding all the individual scores and dividing this score by the number of items answered. Higher scores on the ASSP indicate more frequent occurrence of appropriate social behaviors.

For the current study, 23 items out of 49 items were selected to address the research aims. 15 items measure Social Reciprocity and 8 items measure Social Participation/Avoidance. Internal consistency for the current study is presented in Table 1. Cronbach’s Alpha coefficients of two subscales ranged from $\alpha = .85$ to $\alpha = .91$ at

baseline and from $\alpha=.60$ to $\alpha=.89$ after intervention. The internal consistency of the total scale was high pre- and post-intervention, both for parents and teachers ($\alpha \geq .84$).

2.3 Procedures

2.3.1 Design

A within-subjects group design was employed. Each participant took part in the same intervention program and their social functioning skills were measure pre and post-intervention.

2.3.2 Intervention

2.3.2.1 The program

The program was applied at Palestinian institute for childhood in Nablus, the researcher have been going to the institute to see and get to know the children for about 4 months. Before the start of the program, a written consent was obtained from the parents, stating their consent for their children to participate in the program. The program is based on play therapy, it consists of 14 sessions; the duration of each session is approximately one hour. The three axes that the researcher wants to achieve during the sessions were covered, which are reciprocity, social participation and social interaction.

Table 1*Play therapy program*

Session number	Title of the session	Target	Tools
1	Free Play	Break down the barriers	Games
2	Free Play	Break down the barriers	Games
3	Playing with bubbles	Eye contact, Share, Request, Wait for the turn, Social reciprocity, Social participation, Social interaction	Bubbles
4	Painting on balloons	Verbal communication, Eye contact, Recognize feelings	Cards, Balloons, Colors
5	Playing with clay	Verbal communication, Eye contact, Recognize feelings, Social reciprocity, Social participation, Social interaction	Cards Clay
6	Ball playing	Social interaction, Waiting for the turn, Social reciprocity, Social participation, Social interaction	Ball Basket Rings
7	Drawing	Social interaction. Sharing, Social reciprocity, Social participation, Social interaction	Paper Colors
8	Water games	Social interaction , Social reciprocity, Social participation	Water Games
9	Sand play	Verbal communication, Eye contact, Social reciprocity, Social participation, Social interaction	Sand games and tools Big sandbox Cards
10	Sand play	Verbal communication, Eye contact, Social reciprocity, Social participation, Social interaction	Sand games and tools Big sandbox
11	Sand play	Verbal communication, Eye contact, Social reciprocity, Social participation, Social interaction	Sand games and tools Big sandbox
12	Playing with hand puppets	Verbal communication, Eye contact, Social interaction	Hand puppets
13	Playing with hand puppets	Verbal communication, Eye contact. Social interaction	Hand puppets
14	Playing with hand puppets	Verbal communication, Eye contact, Social interaction	Hand puppets

Session 1:

Free play

Session goal – Break down barriers between the researcher and the children.

Tools: Various games.

The purpose of the two first sessions was to break down barriers between the researcher and the children; therefore, the researcher gave the children the freedom to play with any game they like.

Session 2:

Free play

Session goal – Break down barriers between the researcher and the children.

Tools: Various games.

The purpose of the two first sessions was to break down barriers between the researcher and the children; therefore, the researcher gave the children the freedom to play with any game they like.

Session 3:

Playing with bubbles

Session goal- Increasing social interaction, eye contact, sharing, teaching the children to request and to wait for the turn.

Tools – Bubbles.

At the beginning of the session, the barriers were broken by introducing the researcher herself to the children and then each child mentioned his\her name, then the children were asked about their feelings through the cards, and after that the activity that will perform was explained.

The activity is play with bubbles; initially passing one bubbles tray to each child so that the rest of the children wait for their turn and ask to participate, after that the children divided into groups (each group has two children), and each group played with one bubbles tray, at the end of the activity each child took one bubbles tray, so that all the

children play with each other. At the end of the session, the children were asked about their feelings.

Session 4:

Painting on balloons

Session goal – Increasing verbal communication, eye contact and teaching the children recognize feelings.

Tools – Cards, balloons, and colors .

At the beginning of the session, the activity that will be perform was explained to the children. Then children were taught feelings through cards (a card with a happy face, a card with a sad face, and a card with an angry face), after that the children were asked about their feelings, whether if they were happy, sad or angry, the children were asked to draw faces expressing these feelings on balloons, each child draws his feelings on the balloon and then all the children flied the balloons together. At the end of the session, the children were asked about their feelings through cards.

Session 5:

Playing with clay

Session goal – Increasing verbal communication, eye contact and teaching the children to recognize feelings.

Tools: Cards and clay.

At the beginning of the session, the activity that will be perform was explained to the children. Then children were taught feelings through cards (a card with a happy face, a card with a sad face, and a card with an angry face), after that the children were asked about their feelings, whether if they were happy, sad or angry. Each child takes a piece of clay and expresses his feelings through this piece, then creating shapes in clay with small models together, and at the end there was free play in clay. At the end of the session, the children were asked about their feelings through cards.

Session 6:

Ball playing

Session goal – Increasing social interaction and teaching the children waiting for the turn.

Tools – Ball, basket and rings.

At the beginning of the session, the children were asked about their feelings, and then the activity that will be perform was explained to the children. Initially the ball was passed between the children, then the children throw the ball into the basket, as each child is waited for his\her turn, after that they throw the ball into the rings, as each child waited for his\her turn. At the end of the session, the children were asked about their feelings.

Session 7:

Drawing

Session goal – Increasing social interaction and sharing.

Tools – Papers and colors.

At the beginning of the session, the children were asked about their feelings, and then the activity that will be perform was explained to the children. A large sheet of paper was placed on the middle of the table, there was group drawing as each child waited his\her turn to draw, they draw together and they made one drawing. After that there was group drawing as each child waited his\her turn to draw, they draw randomly, and at the end there was free drawing. At the end of the session, the children were asked about their feelings.

Session 8:

Water Games

Session goal – Increasing social interaction.

Tools – Balloons, buckets, sponge and water games.

At the beginning of the session, the children were asked about their feelings, and then the activity that will be perform was explained to the children.

The first activity- Each child took a balloon filled with water, then each child pops his balloon in a big box in turn, when the box is filled with water, each child put a duck in the box in turn, and then they play together.

The second activity- There was two buckets, a bucket full of water and an empty bucket. The children stood in line, and each child took a sponge and putted it in the bucket that filled with water until the sponge is full, and then squeezes it and empty it into the empty bucket, each child must wait for his turn and hand the sponge to his peer when his turn ends.

At the end of the session, the children were asked about their feelings.

Session 9:

Sand play

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Sand games and tools, big sandbox and cards.

At the beginning of the session, the activity that will be perform was explained to the children. Then children were taught feelings through cards (a card with a happy face, a card with a sad face, and a card with an angry face), after that the children were asked about their feelings, whether if they were happy, sad or angry.

The first activity -The children were asked to draw their feelings in the sand by turn.

The second activity- the children build something simple with sand together by turn.

At the end of the session, the children were asked about their feelings through cards.

Session 10:

Sand play

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Sand games and tools, big sandbox and cards.

At the beginning of the session, the activity that will be perform was explained to the children. Then children were taught feelings through cards (a card with a happy face, a card with a sad face, and a card with an angry face), after that the children were asked about their feelings, whether if they were happy, sad or angry.

The first activity -The children were asked to draw their feelings in the sand by turn.

The second activity- the children build something more complex than the previous session with sand together by turn.

At the end of the session, the children were asked about their feelings through cards.

Session 11:

Sand play

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Sand games and tools, big sandbox and cards.

At the beginning of the session, the activity that will be performed was explained to the children. Then children were taught feelings through cards (a card with a happy face, a card with a sad face, and a card with an angry face), after that the children were asked about their feelings, whether if they were happy, sad or angry.

The first activity -The children were asked to draw their feelings in the sand by turn.

The second activity- the children build something more complex than the previous session with sand together by turn.

At the end of the session, the children were asked about their feelings through cards.

Session 12:

Playing with hand puppets

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Hand puppets.

At the beginning of the session the activity that will be performed was explained to the children. Every child wears a doll in the palm of his hand in a different animal shape, the children were asked about their feelings through the puppets. Tell a story that includes the puppets (a story that has a purpose, for example social purpose, respect, etc..) and get the children to share the story.

Each session has a different story and a different goal

Session 13:

Playing with hand puppets

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Hand puppets.

At the beginning of the session the activity that will be perform was explained to the children. Every child wears a doll in the palm of his hand in a different animal shape, the children were asked about their feelings through the puppets. Tell a story that includes the puppets (a story that has a purpose, for example social purpose, respect, etc..) and get the children to share the story.

Each session has a different story and a different goal

Session 14:

Playing with hand puppets

Session goal – Increasing verbal communication, eye contact and social interaction.

Tools - Hand puppets.

At the beginning of the session the activity that will be perform was explained to the children. Every child wears a doll in the palm of his hand in a different animal shape, the children were asked about their feelings through the puppets. Tell a story that includes the puppets (a story that has a purpose, for example social purpose, respect, etc..) and get the children to share the story.

Each session has a different story and a different goal

2.3.2.2 Program philosophy

The philosophy of the program builds on the criteria and classifications found in the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition, the International Classification of Diseases 10th Revision and the American Autism Association, which considers that autism is a developmental behavioral disorder that negatively affects many aspects of performance and growth of the affected individual, especially the field of communication, including non-verbal behaviors, and the resulting weakness of the individual's ability to acquire experiences and skills from others and the lack of interaction with them. It also proceeds from the point of view that all behaviors shown

by the individual are purposeful, and therefore can be developed using appropriate and effective means and methods.

2.3.2.3 The importance of the program

The importance of the program comes in light of what previous studies have confirmed the importance of developing social skills for autistic children through play therapy programs as the main entrance to the development of many other aspects.

2.3.2.4 Program goals

The general goal- the general goal of the training program is to develop social skills for a sample of autistic children whose ages ranged between 6-10 years

Procedural (sub-goals)- the training program aims to achieve the following sub-objectives:

- The development of social reciprocity.
- The development of social participation.
- The development of social interaction.

2.3.2.5 The content of the program

The content is the translation of the objectives of the program into activities and practices through which the sample members learn the targeted behavior, so that it becomes a followed behavior and not just knowledge and information that does not amount to practice and work. Therefore, the content of the program has been determined in light of the general basic objective and procedural objectives of the program, several considerations were taken into account when developing this content, as follows:

- That all activities focus on achieving the objectives of the program that have been previously identified in terms of developing social skill.
- Play activities allow group interaction and self-expression during play.
- Play activities should suit the level of understanding and perceptions of children so as not to challenge their abilities.

- To provide the child with immediate feedback regarding the rightness or wrongness of the behavior he shows during play.
- Play activities should be reasonably related to the direct experiences of the child and to their personal interests and tendencies.
- That the play activities range from easy to difficult so that the child can absorb them, and to provide him with opportunities for success as much as their capabilities allow.
- Choosing the right play activities.

Sessions: The program contains 14 sessions, the application of the program lasts for about a month and a half, with three sessions per week, and the duration of the session is approximately an hour.

Training environment: The training environment consists of a training room that has been organized with appropriate furniture, to provide children with a sense of safety, comfort and happiness.

Training method: The program included a group training method.

Techniques used in the program: The training program relies on some behavior modification techniques such as reinforcement, indoctrination, shaping and sequencing, modeling, concealment, and reprimanding.

- Reinforcement: it is a procedure in which a specific stimulus is added or removed after the response has occurred, which lead to an increase in the probability of that response in the future in similar situations, and the stimulus that leads to an increase in the response is called the positive reinforce, while the stimulus that leads to reducing or removing the occurrence is called negative reinforcement.

The appropriate and the effective reinforcers will be selected for each child of the children of the study sample by observing the child's behavior in various situations, and asking the family about the reinforcers the child prefers. Several thing will be taken into consideration when providing the booster to the child

Using of various reinforcers (nutritional, physical and social), because relying on one reinforcer leads to satiation.

Providing the reinforcer immediately after the occurrence of the behavior to be developed.

Use appropriate reinforcers for each child, so that they create motivation to perform the task.

- **Indoctrination:** it is a procedure given to the child with the aim of helping him to perform the task better. It has three types:

Verbal indoctrination (verbal instructions): verbally urging the child to perform the task required of him, and these instructions must be clear, simple and brief, appropriate to the child's abilities and not bear more than one interpretation.

Physical indoctrination: is to physically help the child to perform the task or activity, when he is not able to do so.

Gesture indoctrination: is the use of some facial expressions, movements, and gestures that give the child an indication of the desired behavior or the correct response.

- **Concealment:** is the gradual removal of indoctrination (whether verbal, physical or gestural) with the aim of making the individual perform the target behavior or skill on his own.
- **Shaping:** it is the gradual and orderly reinforcement of the final target behavior, and this procedure is used when the skill to be developed or the target behavior is of a high degree of difficulty and is not present in the individual's behavioral repertoire.
- **Reprimand:** a method of punishment aimed at preventing the child from performing the unwanted behavior, and urging him to perform the acceptable behavior.
- **Modeling:** the person conducting the training performs the skill or the behavior to be developed, and makes the child observe that performance, and then ask him to imitate and perform that skill or behavior, while the trainer reinforces the acceptable

behaviors, and corrects the wrong ones, using verbal, physical and gestural memorization.

- Prompt: It is helping the child to do an action and then supporting him so that he becomes more determined to try to do the same.

2.3.2.6 Training session steps

The training session includes the following steps:

1. Session time: it means the time of the session, which ranges between 55 to 65 minutes.
2. The general goal: the general goal includes the skills or tasks that the child is trained on, and it contains a set of behavioral goals that should be achieved within a specific period.
3. The behavioral goal: it is derived from the general goal for each child of the sample, taking into account that this goal is applicable during a specific period of time, and taking into account the foundations of building the behavioral goal, which are:
 - Performance: it means describing the behavior in a way that does not allow for personal bias and different interpretations.
 - Circumstance: it means determining the place and the time of the occurrence of the behavior to develop.
 - Standard: it is the criterion by which the acceptable level of performance is determined.
4. Session procedures: they include methods of education and training, how to conduct training and methods of providing information to a child when trying to train him on the skills to be developed for him.
5. Behavioral techniques used: they mean behavior modification techniques (reinforcement, indoctrination, shaping, sequencing, concealment, reprimand).
6. Tools and Aids: these educational aids and tools have been prepared in advance, which helps in training in skills, images, symbols, etc.
7. Training location: the autistic children from the study sample will be trained on the skills to be developed in the training room that was prepared and organized in advance, according to the objectives and necessities of each session.

8. Training method: the training will be collective.
9. Assessment: it is the criterion by which it is judged on the extent to which the objective of the training session has been achieved, and the extent to which the autistic child has acquired the target skill. The verification criterion will be determined in each skill aimed at developing it.

2.3.2.7 Program application procedures

During its implantation, the program went through the following stages:

The pre-assessment stage: Children's social skills were measured through a social skills scale before starting the application of the program.

The training phase of the program: after making sure that the training program can be implemented effectively in terms of the number of sessions of the program, the suitability of its content to the targeted skills, and the effectiveness of the procedures used. The program was applied to the children, three sessions a week, for a month and a half, in a row.

Post-measurement stage: Children's social skills were re-measured immediately after completing the program.

2.3.2.8 Study procedures

1. Obtaining the approval of Palestinian Institute for Childhood to allow the researcher to implement the program that based on play therapy for high functional autistic children.
2. Selecting the study sample and obtaining the consent of the children's parents.
3. Holding a workshop for the participants in the program to get acquainted with the program, its objectives and how to implement it.
4. Preparing the educational environment to start implementing the program and providing tools and means to implement the program.
5. Applying the Autism social skills profile and using it as a pre-scale.
6. Applying the program to high functional autistic children.

7. Applying the Autism social skills profile and using it as a post-scale.
8. Unpacking the lists and analyzing them statistically to answer the study questions.
9. Discussing and analyzing the results.

2.4 Statistical Analysis

Since we had a small sample size ($N=7$), determining the distribution of social functioning scores was important for choosing appropriate statistical methods. Normality of distribution of the total social functioning was assessed using Shapiro-Wilk test and assumptions for the normality were met (pre-intervention $W=.94$, $p=.599$, post-intervention $W=.91$, $p=.382$). Based on this outcome, means and standard deviations were used to summarize social functioning and parametric statistical tests were performed. Correlations between the subscales were computed using Pearson coefficients. The effect of training program on social functioning was evaluated using paired samples t-tests. All data were analyzed using the Statistical Package for the Social Sciences (SPSS, 26.0).

Chapter Three

Results

3.1 The sample

The sample consisted of seven children; five of them were males and two were females. Two of the children were six years old and eight years old, one of them was seven years old and one of them was nine years old and one was ten years old. Five of the children were from Nablus, one was from Qalqilya and one from Tubas.

Table 2

Statistics

		Gender	Age	City
N	Valid	7	7	7
	Missing	0	0	0
Percentiles	25	1.0000	1.0000	1.0000
	50	1.0000	3.0000	1.0000
	75	2.0000	4.0000	2.0000

Table 3

Gender Frequency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	5	71.4	71.4	71.4
	Female	2	28.6	28.6	100.0
Total		7	100.0	100.0	

Table 4

Age Frequency

	Frequency	Percent	Valid Percent	Cumulative Percent
Six years old	2	28.6	28.6	28.6
Seven years old	1	14.3	14.3	42.9
Eight years old	2	28.6	28.6	71.4
Nine years old	1	14.3	14.3	85.7
Ten years old	1	14.3	14.3	100.0
Total	7	100.0	100.0	

Table 5*City Frequency*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nablus	5	71.4	71.4	71.4
	Qalqilya	1	14.3	14.3	85.7
	Tubas	1	14.3	14.3	100.0
	Total	7	100.0	100.0	

3.2 Pre-intervention

Social Skills of the children with ASD before participation in training program are presented in Table 2.

Table 6

Means, standard deviations, and correlations of Autism Social Skills Profile scores in pre-intervention period.

Variable	M	SD	1.	2.	3.
1. Social Reciprocity	2.01	.44			
2. Participation / Avoidance	2.35	.64	.88**		
3. Total Social Functioning	2.13	.49	.98***	.96***	

*** $p < .001$, ** $p < .01$

As can be seen from Table 2, children's total social functioning score pre-intervention ($M=2.13$) is close to the rating '2' which indicates "sometimes" in the questionnaire. As expected, participants' social functioning before participation in training program was quite poor. Comparison of the two subscales within subjects revealed that children showed more appropriate social participation skills ($M=2.35$, $SD=.64$) than social reciprocity skills ($M=2.01$, $SD=.44$) in the pre-intervention period ($t=2.75$, $p=.033$).

In addition, a strong positive correlation was found between the two subscales – social reciprocity and participation/avoidance ($r=.88$, $p=.008$), indicating that children who demonstrated more frequently behaviors that relate to social reciprocity tended to exhibit more often behaviors of social participation, and vice versa.

3.3 Post-intervention

Social Skills of the children with ASD after participation in training program are presented in Table 3.

Table 7

Means, standard deviations, and correlations of Autism Social Skills Profile scores in post-intervention period

Variable	M	SD	1.	2.	3.
1. Social Reciprocity	2.90	.32			
2. Participation / Avoidance	3.09	.48	.82*		
3. Total Social Functioning	2.97	.35	.96***	.94**	

*** $p < .001$, ** $p < .01$, * $p < .05$

As demonstrated in Table 3, children’s total social functioning score post-intervention ($M=2.97$) is nearby the point ‘3’ which indicates “often” in the 4-point Likert scale. Thus, participants’ social functioning after participation in training program can be described as good. The mean score in participation/avoidance subscale ($M=3.09$, $SD=.48$) was slightly higher than social reciprocity ($M=2.90$, $SD=.32$), but the differences were not statistically significant ($t=1.76$, $p=.129$).

Similarly to the pre-intervention period, a strong positive correlation was found between the two subscales – social reciprocity and participation/avoidance ($r=.82$, $p=.026$).

Paired samples t-tests were performed to assess the improvement in children’s social functioning after the intervention program. The results are summarized in Table 4. As indicated, children’s total social functioning improved post-intervention ($M=2.97$, $SD=.35$) as compared to pre-intervention period ($M=2.13$, $SD=.49$), differences being statistically significant ($p=.005$). Correspondingly, participants significantly improved their social skills in both subscales – social reciprocity ($p=.003$) and participation/avoidance ($p=.021$).

Table 8

Means ± standard deviations and t-test values for Autism Social Skills Profile scales pre- and post-intervention.

Subscale		Pre	Post	<i>t-test</i>	<i>p.value</i>	95% CI
Social Reciprocity		2.01±.44	2.90±.32	4.94	.003	[.45, 1.32]
Participation	/	2.35±.64	3.09±.48	3.09	.021	[.15, 1.33]
Avoidance						
Total	Social	2.13±.49	2.97±.35	3.40	.005	[.37, 1.30]
Functioning						

It can be concluded that children with ASD showed significant improvements post-intervention on the total measure of social functioning as well as on the two subscales.

Table 9

Internal Consistency Analysis of the ASSP Scale

Subscale		Number of items	Pre intervention		Post intervention	
			Parent	Teacher	Parent	Teacher
Social Functioning	Reciprocity	15	.88	.85	.79	.60
	Participation	8	.91	.91	.85	.89
	Total	23	.94	.92	.88	.84

A paired sample t-test revealed that no statistically significant differences were found between parents' and teachers' ratings of total social functioning in both time periods: pre-intervention ($t=-1.15$, $p=.296$) and post-intervention ($t=-.49$, $p=.641$). Similarly, there were no significant difference between the two evaluators with regards to the two subscales: social reciprocity (pre intervention: $t=1.54$, $p=.173$; post intervention: $t=-.42$, $p=.691$) and social participation (pre intervention: $t=.37$, $p=.726$; post intervention: $t=1.45$, $p=.197$). Therefore, for each participant parents' and teachers' ratings were combined to obtain a mean score of social functioning, a mean score of social reciprocity, and a mean score of social participation.

Chapter Four

Discussions and Conclusions

The current study aimed to measure the effectiveness of play therapy program in developing social skills among high functional autistic children.

The results showed a significant improvement in social skills after the intervention among high functional autistic children. The results of the study consist with previous studies that had examined the effectiveness of play therapy in developing social skills among autistic children.

The results showed that play therapy is effective in developing social skills among autistic children, based on the results of autism social skills profile scale that was used as a pre-scale before applying the program for the autistic children, and a post- scale after the intervention.

In order to verify the validity of the study's hypotheses, the arithmetic averages and standard deviations of the children's performance before and after the program were extracted at axial level of the study: reciprocity, social participation and social interaction.

Paired samples t-tests were performed to assess the improvement in children's social functioning after the intervention program. Children's total social functioning improved post-intervention as compared to pre-intervention period, differences being statistically significant. Correspondingly, participants significantly improved their social skills in both subscales – social reciprocity and participation/avoidance.

This confirms the validity of the fourth hypothesis of the study, and indicate a significant improvement in the children's performance in social skills after their participation in the play therapy program.

The program includes various kinetic games and artistic activities, where the activities focused on developing social reciprocity, social participation and social interaction, which the program succeeded in achieving.

The children were observed during the implementation of the program sessions as follow:

- Social interaction, participation and reciprocity, such as: the children participated in the activities and interacted with each other, furthermore the children began to respond, and began to carry out many simple commands such as (stop, cooperate, exchange tools) and other simple commands.
- Increasing visual and verbal communication between the children, and between the children and the supervisors implementing the program sessions while instructing them. The researcher used induction, support, modeling and role-playing techniques.

Through the application of the proposed program, which based on play therapy, it was found that group play activities performed their function in this category of children with autism disorder.

The results that was obtained by the researcher, lead us to take into consideration the importance of playing in developing social skills

Through the observations of the group play activities program sessions, which depend on the strategy of playing with peers, the researcher noted the effectiveness of peers in developing social interaction and communication, and this is consistent with the study of Prelock, Prendeville and Unwin (2006) whose results found the effectiveness of the strategy of playing with peers in developing social skills for children with autism.

The result of the current study also agree with the study of Jordan (2003), which aimed to identify the effect of a therapeutic play program in developing the social skills of children with autism, the results indicated an improvement in social skills among the children of the study sample after the application of the play program in visual communication and social interaction skills.

It also consistent of with the results of Kelly's (2009) study, Kelly's study is a comparative study that used a play therapy program. The results of the study emphasized the importance of play in developing social interaction skills for children with autism.

In the same context, the current study agrees with the study of Engel (2011), which presented a program based on the strategy of playing with peers for children with autism, the program aimed to develop verbal and nonverbal communication skills, which was confirmed by the results of the study, where the program of playing with peers helped in developing social skills for children with autism.

It also agrees with the study of Alhassani (2005) which aimed to measure the effectiveness of an educational program by playing in developing language communication for autistic children. The results showed that the training program by playing worked on developing the linguistic communication of the group to which the program was applied.

The study also agrees with Abdul Ghani's study (2013) that entitled the effectiveness of a counseling program using play activities to improve the communication skills of children with ASD. The study aimed to find out the effectiveness of a counseling program using play activities to improve verbal, nonverbal and social communication skills, as well as auditory, visual, tasting and olfactory sensory skills for children with ASD. The results showed that the program using play activities. It positively affected the communicative skills and sensory skills of children with ASD, which indicated its effectiveness

Therefore, it is important to train children with autism in the necessary social skills to help them perceive social situations and social interaction, which is consistent with the study of Ghazal (2007).

During the application of the program, the children began to interact with each other and with the researcher, they were participating in group activities, playing in a team, cooperating, and waiting for the turn. This is confirmed by the results of berg study (2016) of the importance and effectiveness of group play activities in developing social skills of children with autism, such as the skills of social interaction, teamwork and cooperation, waiting for a turn, and other social skills that help children with autism to integrate effectively socially with their peers and their families.

Studies have shown that play is a fun way to train children with autism, and that it has proven effective in providing people with autism with many skills, including social skills. Studies have confirmed that play activities are the most appropriate way to

intervene early and modify the behavior of an autistic child. They have proven the effectiveness of various training programs in developing social skills.

The results of the current study agree with the results of previous studies mentioned above, which used play therapy programs, where the results of the studies confirmed the importance of play in developing social skills.

Despite these positive results shown in this study, we cannot generalize the result to every category of autistic children, and this is what prompts us to take into consideration the age factor, early care and the severity of the degree of autism.

4.1 Limitations

The current research is limited to a sample of children with autism, consisting of seven children whose ages ranged between 6-10 years, the children were selected from Palestinian Institute for Childhood.

These limits can be detailed as follows:

Geographical limits: Geographical limits are determined for the current study at the Palestinian Institute for Childhood.

Temporal limits: The implementation of the current study program starts from the beginning of the first semester of the 2021 academic year until the end of the first semester of the 2022 academic year.

Human limits of the study: The human limits of the current study are seven children with autism.

Institutional limits of the study: The study was limited to children with autism in Palestinian Institute for Childhood.

Objective limits of the study: Building a program based on the use of the play therapy in developing social skills among high functional autistic children.

4.2 Conclusion

This study supports previous studies that have examined the effectiveness of play therapy program in developing social skills among autistic children. The current study adopted quasi-experimental design, and showed a positive effect of play therapy among autistic children in developing social skills. This study is a basis for extended work on autistic children. It is important to increase the awareness in institutes and schools, especially for teachers and parents, about the nature of autism and how to deal with children with autism, through workshops and training courses based on play therapy, the teachers must be trained and provide a sort of guidance for parents about how to construct an intervention plan for those children in order to develop their social skills.

4.3 Recommendations

After reviewing the results of the study, there are a number of recommendations, which are:

1. The need to develop various training programs based on play, which help in developing the social skills of children with autism, and to implement these programs in institutes and schools.
2. The importance to increase the awareness in institutes and schools, especially for teachers and parents, about the nature of autism and how to deal with children with autism, through workshops and training courses based on play therapy.
3. Encouraging the parents to take part in the programs offered to their children, and be part of them.
4. Increasing activities that take into account individual differences between children, and inviting children with autism to participate in them.
5. Raising awareness and encouraging families of children with autism about the importance of their children's participation in various training programs, and the importance of honesty and clarity in giving data and information that help such programs and studies.

4.4 Suggestions

There are a number of suggestion for the researchers, which are:

1. To conduct similar future studies in light of benefiting from the results of the current study on the importance of playing in improving social skills of autistic children.
2. To apply programs based on play therapy on larger sample of children or from several different geographical areas to examine its effectiveness on a larger number of children with autism.
3. To apply programs based on play therapy to improve other skills than social skills for children with autism.
4. To implement program based on play therapy to improve social skills for children with autism who have moderate and severe autism.
5. To increase the duration of the program.
6. Preparing studies on the importance of play in dealing with some disorders.

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Appendices
Appendix A
Informed Consent

Title of the study

The effectiveness of play therapy in developing social skills among high functional autistic children

Principal investigator

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Purpose of the study

The purpose of the study is to develop social skills for a sample of autistic children through play therapy program

Study procedures

The program is based on play therapy and consists of 14 sessions, the duration of each session is approximately one hour, in each week there will be three session for a month and a half.

The goal of the first two sessions is to break down barriers between the researcher and the children, so it will be free play, then he play therapy program will include various activities such as playing with bubbles, drawing, sand play, water games and playing with hand puppets.

Benefits

The program is designed to improve the social skills of autistic children.

Confidentiality

Your responses to the questionnaire will be anonymous, every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

Voluntary Participation

Your child participation in this study is voluntary, it is up to you to decide whether or not that your child take part in this study. If you decide that your child take part in this study, you will be asked to sign a consent form. After you sign the consent form, your child still free to withdraw at any time and without giving a reason.

Consent

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my child’s participation is voluntary and free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntary agree that my child take part in this study.

Parent’s signature _____ Date _____

Researcher’s signature _____ Date _____

Appendix B

Autism Social Skills Profile Scott Bellini

Child's Name:	_____
	<small>FIRST MIDDLE LAST</small>
Birthdate:	_____
	<small>MO. DAY YEAR</small>
Age:	_____
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Today's Date:	_____
	<small>MO. DAY YEAR</small>
School: Grade:	_____
Your Name:	_____
	<small>FIRST MIDDLE LAST</small>
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Street Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone: (_____)	_____

The following phrases describe skills or behaviors that your child might exhibit during social interactions or in social situations. Please rate HOW OFTEN your child exhibits each skill or behavior independently, without assistance from others (i.e., without reminders, cueing and/or prompting). You should base your judgment on your child's behavior over the last 3 months.

Please use the following guidelines to rate your child's behavior:

Circle N if your child never or almost never exhibits the skill or behavior. Circle S if your child sometimes or occasionally exhibits the skill or behavior. Circle O if your child often or typically exhibits the skill or behavior.

Circle V if your child very often or always exhibits the skill or behavior.

Please do not skip any items. If you are unsure of an item, please provide your best estimate. You may use the "Brief Description" section to provide additional information on the particular skill or behavior. For instance, if your child will exhibit a particular skill or behavior more frequently when cueing or prompting is provided, or when interacting with adults rather than peers, please make note of this in the "Brief Description" section.

Never	Sometimes	Often	Very often
N	S	O	V

Skill Area	How Often				Brief Description
Invites Peers to Join Him/Her in Activities يدعو أقرانه للانضمام إليه في الأنشطة	N 1	S 2	O 3	V 4	
Joins in Activities With Peers ينضم في الأنشطة مع أقرانه	N 1	S 2	O 3	V 4	
Takes Turns During Games and Activities يتناوب أثناء الألعاب والأنشطة	N 1	S 2	O 3	V 4	
Interacts With Peers During Structured Activities يتفاعل مع أقرانه أثناء الأنشطة المنظمة	N 1	S 2	O 3	V 4	
Asks Questions to Request Information About a Topic يطرح أسئلة لطلب معلومات حول موضوع	N 1	S 2	O 3	V 4	
Engages in One-On-One Social Interactions With Peers ينخرط في تفاعلات اجتماعية فردية مع أقرانه	N 1	S 2	O 3	V 4	
Interacts With Groups of Peers يتفاعل مع مجموعات من الأقران	N 1	S 2	O 3	V 4	
Maintains the "Give-and-Take" of Conversations يحافظ على "الأخذ والعطاء" للمحادثات	N 1	S 2	O 3	V 4	

Expresses Sympathy for Others يعبر عن التعاطف مع الآخرين	N 1	S 2	O 3	V 4	
Requests Assistance From Others يطلب المساعدة من الآخرين	N 1	S 2	O 3	V 4	
Maintains Eye Contact During Conversations يحافظ على اتصال العين أثناء المحادثات	N 1	S 2	O 3	V 4	
Maintains an Appropriate Distance When Interacting With Peers يحافظ على مسافة مناسبة عند التعامل مع أقرانه	N 1	S 2	O 3	V 4	

Never	Sometimes	Often	Very often
N	S	O	V

Skill Area	How Often				Brief Description
Speaks With an Appropriate Volume in Conversations يتحدث بنبرة صوت مناسبة في المحادثات	N 1	S 2	O 3	V 4	
Verbally Expresses How He/She Is Feeling يعبر شفهيًا عن شعوره	N 1	S 2	O 3	V 4	
Responds to the Greetings of Others يستجيب لتحيات الآخرين	N 1	S 2	O 3	V 4	
Initiates Greetings With Others يبدأ التحية مع الآخرين	N 1	S 2	O 3	V 4	
Introduces Self to Others يقدم الذات للآخرين	N 1	S 2	O 3	V 4	
Politely Asks Others to Move out of His/Her Way يطلب بأدب من الآخرين الابتعاد عن طريقه	N 1	S 2	O 3	V 4	
Allows Peers to Join Him/Her in Activities يسمح للأقران بالانضمام إليه في الأنشطة	N 1	S 2	O 3	V 4	
Responds to the Invitations of Peers to Join Them in Activities يستجيب لدعوات الأقران للانضمام إليهم في الأنشطة	N 1	S 2	O 3	V 4	

Allows Others to Assist Him/Her With Tasks يسمح للآخرين بمساعدته في المهام	N 1	S 2	O 3	V 4	
Responds to Questions Directed at Him/Her by Others يجيب على الأسئلة الموجهة إليه من قبل الآخرين	N 1	S 2	O 3	V 4	
Experiences Positive Peer Interactions يختبر تفاعلات إيجابية بين الأقران	N 1	S 2	O 3	V 4	



جامعة النجاح الوطنية
كلية الدراسات العليا

فاعلية العلاج باللعب في تنمية المهارات الاجتماعية لدى الأطفال
من ذوي طيف التوحد الخفيف

إعداد

سالي عمار طلال عبد الحي

إشراف

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د. علي الشعار

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول علي درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2022

فاعلية العلاج باللعب في تنمية المهارات الاجتماعية لدى الأطفال من ذوي طيف

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إشراف

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الملخص

الخلفية: التوحد هو اضطراب في النمو العصبي. وفقاً لـ DSM5، تتمثل السمات الأساسية لاضطراب طيف التوحد في ضعف التواصل الاجتماعي والتفاعل الاجتماعي عبر سياقات متعددة في الوقت الحالي أو في تاريخ الطفل، وعدم القدرة على تطوير العلاقات الاجتماعية واكتسابها وفهمها والحفاظ عليها. علاوة على ذلك، أنماط السلوك أو الاهتمامات أو الأنشطة المقيدة والمتكررة.

المنهج: تتكون عينة هذه الدراسة من سبعة أطفال مصابين بالتوحد تتراوح أعمارهم بين (6-10) سنوات. جميعهم فلسطينيون عرب يعيشون في فلسطين ومن المعهد الفلسطيني للطفولة. تم اختيار الأطفال من قبل المعهد وفقاً لشدة التوحد لديهم، وتم اختيار الأطفال المصابين بالتوحد عالي الأداء.

في هذه الدراسة، تم استخدام ملف تعريف المهارات الاجتماعية للتوحد لقياس ما إذا كان هناك تحسن في المهارات الاجتماعية للأطفال. أجاب الوالدان والمعلم على المقياس في غضون 30-45 دقيقة من خلال نموذج مكتوب.

النتائج: لقد تحسن الأداء الاجتماعي العام للأطفال المصابين بالتوحد بعد تطبيق البرنامج القائم على اللعب مقارنة بالفترة التي سبقت التدخل، وكانت الفروقات ذات دلالة إحصائية. في المقابل، قام المشاركون

بتحسين مهاراتهم الاجتماعية بشكل ملحوظ في كلا النطاقين الفرعيين - المعاملة بالمثل الاجتماعية والمشاركة/التجنب.

يمكن الاستنتاج ان الأطفال المصابين بالتوحد اظهروا تحسنا ملحوظا بعد التدخل على المقياس الكلي للإداء الاجتماعي.

الخاتمة: هذه الدراسة هي شبه تجريبية يمكن استخدامها على الأطفال المصابين بالتوحد من خلال تدريب المعلمين وتوجيه الآباء لبناء خطة تدخل من خلال العلاج باللعب لتطوير المهارات الاجتماعية بين الأطفال المصابين بالتوحد عالية الأداء.

الكلمات المفتاحية: اضطراب طيف التوحد، أطفال التوحد، التواصل الاجتماعي، التفاعل الاجتماعي، العلاج باللعب، المهارات الاجتماعية.