The Effect of Early Intervention for Individuals with Autism to Increase Communication skills

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Abstract: The research was motivated because of every year the population of children with Autism Spectrum Disorders (ASD) continues to increase. An autism spectrum disorder characterized by three impairments (triad of impairments) are impairment of social communication, impairment of social interaction and behavior. The impact of stress on the family as for their children with GSA disorder can occur either internally or externally. Goal of research is a model of early intervention to enhance social interaction and communication skills of children with GSA. The method used is the Research and Development, with a primary emphasis on the qualitative approach, descriptive analysis, by interview and observation. The results showed that there are parents who initially could not accept, and even today is still not able to accept the children unconditionally and their stress because of confusion how to communicate with their children, but if there is a problem that must be faced by families support each other, think together solution. Early intervention is not well developed in the family, parents prefer intervention by the therapist rather than doing it yourself.

Keywords: Early Intervention, Individuals, Autism, Communication skills

أثر التدخل المبكر على الأفراد المصابين بالتوحد في زيادة مهارات الاتصال

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الملخص: كان الدافع لهذا البحث هو الزيادة في عدد الأطفال المصابين باضطرابات التوحد (ASD) كل عام. اضطراب طيف التوحد الذي يتسم بثلاثة عيوب (ثلاثية من العاهات) هي ضعف التواصل الاجتماعي، وضعف التفاعل الاجتماعي والسلوك. يمكن أن يحدث تأثير الإجهاد على الأسرة بالنسبة لأطفالهم المصابين باضطراب GSA داخليًا أو خارجيًا. هدف البحث إلى تقديم نموذج للتدخل المبكر لتعزيز التفاعل الاجتماعي ومهارات التواصل للأطفال الذين يعانون من GSA. واستخدم الباحث المنهج النوعي، كما استخدم المنهج التحليلي الوصفي، وكانت المقابلة والملاحظة هي أدوات الدراسة. أظهرت النتائج أن هناك آباء لم يتمكنوا في البداية من القبول، وحتى اليوم لا يزالون غير قادرين على قبول الأطفال دون قيد أو شرط، وتوترهم بسبب التشويش على كيفية التواصل مع أطفالهم، ولكن إذا كانت هناك مشكلة يجب أن تواجهها الأسر دعم بعضنا البعض، والتفكير معا في الحل. لأنه في الغالب لا يتم تطوير التدخل المبكر بشكل جيد في العائلات، ويفضل الآباء التدخل من قبل المعالج بدلاً من يفعلوا ذلك بأنفسهم.

الكلمات المفتاحية: التدخل المبكر، الأفراد، التوحد، مهارات الاتصال.

Introduction:

Autism, or the broader category of autistic spectrum disorder (ASD), impacts children in a variety of ways. Autism is a developmental disorder that is marked by profound deficits in social, language, and cognitive abilities. The manifestations of autism vary considerably among children and within an individual child over time. There is no single behavior that is always typical of autism and no behavior that would automatically exclude an individual child from a diagnosis of autism, even though there are strong commonalities, especially in social deficits. In general terms, children within the autistic spectrum display a highly unusual pattern of deficits and skills. Children with autistic characteristics may be classified as having autism spectrum disorder, also known as pervasive developmental disorder (PDD).

Pervasive developmental disorder includes several differentiated disorders, including autistic disorder, but all are characterized by "severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities" (American Psychiatric Association, 1994, p. 65). Autism has been defined by deficits in social reciprocity, communication, and repetitive behaviors or interests and these can each occur at different levels of severity. These early deficits in social responsiveness and communication have a seriously negative effect on the development of subsequent important behaviors.

A child who is not socially engaged and does not learn to communicate effectively is at a definite disadvantage in learning more complex and subtle social and communicative skills. Autism prevalence rates currently range from 10 to 15 cases per 10,000. It is not clear if the actual prevalence of autism is increasing, or if the increased frequency of 2 diagnosis has resulted from wider recognition of the disorder and especially recognition of the full range of pervasive developmental disorders. Either way, autism is no longer considered rare, occurring more commonly than Downs's syndrome, cystic fibrosis, and several childhood cancers (Schreibman, 2000).

Autism also occurs three to four times more frequently in males than females. Although recent advances have been made with respect to possible causal factors, the exact etiology of autism remains unknown. Additionally, although certain behavioral, educational, and pharmacological interventions have been demonstrated to be helpful for many individuals with autism, there is currently no cure for the disorder.

Statement of the Problem:

Given the prevalence of autism is increasing, it is important to study the effectiveness of interventions to treat this ever-growing population. In addition, given that children with autism face language delays, interventions focusing on language skills are necessary. The purpose of this literature review is to examine the research on language interventions commonly used for children with autism and to examine the efficacy of procedures and training based on empirical studies.

Research Questions:

1- To identify, through a literature review, what are the recommended interventions for supporting the development of communication skills in children with autism?

2- What is the efficacy of these intervention strategies?

Definition of Terms:

Autism - Autism is a neurobiological developmental disorder that typically appears during the first 3 years of life.

Autism is referred to as a spectrum disorder, meaning that the symptoms can occur in any combination and with varying degrees of severity.(diagnostic criteria 299.00). Articulation - The act of vocal expression; utterance or enunciation; the act or manner of producing a speed sound (American Heritage Dictionary)

Communication- Any set of interactions that transmits information.

Discrete Trial Training (DTT) - Discrete Trial Training involves the intensive application of ABA principles within a structured teaching environment in order to teach specific skills. OTT programs generally involve several hours of direct one-toone instruction per day (including high rates of discrete trials) over an extended period.

Expressive language - The elements of language also require skills and the ability to produce these communicative behaviors in a way that others can understand.

Pragmatics - Situational context of language including speaker-listener interaction and determining who says what to whom, how they say it, why and when they say it. 7 Pragmatics is knowing how to use language appropriately in social settings (Scheuermann & Webber, 2002).

Echolalia - Refers to the repetition of utterances, words, or phrases heard in the immediate or distant past, often in place of normal, responsive language.

Literature Review

Individuals with Autism have difficulty understanding other`s thoughts, mental states, desires and intentions. These deficits are believed to be responsible for the poor social communication skills in children with Autism. Traditional educational approaches fail to ensure a meaningful improvement in their social performance. When considering an intervention for Autism, there is an agreement on the importance of proof that a treatment is actually effective; that is, actually produces positive gains in skills of the person with Autism.

Only with a better understanding of these individuals can researchers design more effective interventions to better serve their needs. This process requires on-going join efforts of researchers from multiple disciplines. Fortunately, research in this field in the past decade is on the rise. There are many

suggestions and strategies available to teach students with Autism. The incidence of Autism continues to increase and effective therapies are desperately needed (Zane, Davis, & Rossworm, 2008).

In United States, the number of children diagnosed with Autism has increased to 1 out of every 110 and almost 1 in 68 children (Centers for Disease Control and Prevention). As these children spend more time in integrated inclusive settings, there is a need for well trained and highly qualified teachers in keeping with the spirit of the No Child Left Behind Act of 2001 (Loiacono &Allen, 2008).

It is impossible that one intervention will not fit for all children, nor can all children gain the same degree benefit from these interventions. Consequently, meaningful intervention outcomes are obtainable only when interventions are built on the student's strengths and interests. This research paper will focus on evidence-based strategies; video modeling, social stories and picture exchange communication (PECS) as a mean of effective intervention for children with Autism.

Autism is a complex, behavior-defined developmental disorder. Children diagnosed with Autism Spectrum Disorder (ASD) often exhibit stereotypic behaviors such as rocking, spinning, hand flipping, and excessive movements (Centers for Disease Control and Prevention) at a frequency higher than children who are not diagnosed. Individuals with Autism tend to insist on sameness and also find lack of predictability stressing. Typically, children with Autism learn better in a structured environment, high expectations from teachers, and family involvement.

There was a time in American history when all children were not given the same rights with regard to education. The country began to recognize the need for reform in education. In 1975, the Education for All Handicapped Children Act (EHA) was enacted in order to educate the more than one million children with disabilities who had no access to public education. It continues to evolve with the most recent changes signed into law as the Individuals with Disabilities Education Improvement Act On December 3, 2004 (Individuals with Disabilities Improvement Act, H.R, 2004).

IDEA 2004 requires that special education and related services be designed to meet the unique learning needs of eligible children with disabilities, preschool through age of 21. In defining the purpose of special education, IDEA 2004 declares Congress' intended outcome for each child with a disability: students must be provided a Free Appropriate Public Education (FAPE) that prepares them for further education, employment and independent living.

Disabilities included in IDEA are mental retardation, hearing impairments (including blindness), serious emotional disturbance, orthopedic impairments, Autism, traumatic brain injury, other health impairments, or specific learning disabilities. Children with disabilities who qualify for special education are also automatically protected by section 504 of the Rehabilitation Act of 1973e and under the Americans with Disabilities Act (ADA). Ohio law mandates that disability must adversely impact the child's ability to learn. This impact is not limited to academic performance. The decision is based on a child's individual needs and includes social and emotional functioning. The act requires that public schools create

an Individualized Education Program (IEP) for each student who is found to be eligible under both the federal and state eligibility/disability standards.

An IEP must be designed to meet the unique educational needs of that one child in the Least Restrictive Environment appropriate to the needs of that child. That is, the least restrictive environment in which the child learn. The IEP must include a statement that discusses the child`s future and a statement of measurable annual goals, including academic and functional goals and benchmarks or short-term objectives. Benchmarks or short-term objectives shall be included for all children with disabilities and not far only children with disabilities who make alternate assessments aligned to alternative achievement standards. In developing each child`s IEP, the IEP team must consider the results of the child`s performance on any state or district-wide assessment program, as appropriate (Operating Standards for Ohio Educational Agencies serving Children with Disabilities, 2008).

Video modeling has recently expanded into the area of social development in autism. It is an effective method in teaching social skills. At the heart of this method lies the theory of learning through observation. This theory is based on the suggestion that individuals gain knowledge and learn skills by just observing the behaviors displayed by other individuals without any need for a behavioral training or learning-by-doing (Gul & Vuran, 2010).

During recent years, video modeling has both been incorporated within other instructional formats and been used to address additional sub-areas within the social domain to include, for instance, social language and pretend social play skills (Nikopoulos & Nikopoulos- Smyni, 2008). By taking advantage of the tendency of children with autism to better follow visual instructions the use of videotapes could become one promising means for their social training (Nikopoulos & Nikopoulos-Smyni, 2008).

Teaching with video modeling is effective in the teaching of many different skills and can be used for both children showing normal development and children with disabilities. In recent years, the literature has indicated that video model has been successfully used in teaching various social, academic, and functional skills with individuals with developmental disabilities (Gul & Vuran, 2010). Researches have found that the use of video modeling (including self modeling and peer modeling) can have a great positive impact in the areas of social communication, daily functioning skills, and academic performance on children with autism. Video modeling is effective because it focuses on children`s visual strengths not the disability.

Over years, video modeling has been widely accepted as the best practice in the literature and can be used in many different ways. In addition, video modeling can be used to teach new daily functioning skills to individuals with autism. Moreover, video modeling can be also used to improve other behavior or skills in individuals with autism.

Recent studies also suggested that video modeling could be an effective strategy when implemented as part of an intervention package because it can maximize the intervention efficacy and generalization (Huang & Wheeler, 2006).   In addition, video modeling is an intervention in which a person is shown a video of the model performing a target behavior (Sigafoos, O'Reilly, & de la Cruz, 2007)

An effective implementation of video modeling includes capturing positive and successful behaviors, rather than negative and unsuccessful behaviors, to increase attention and motivation. It is important to remove any teacher prompts from the video to avoid prompt dependency. It is not effective if the model is familiar to the student or is at least the same gender close to the student's age. It is necessary that students have the ability to imitate new behaviors. In other words, the behavior should only be one or two steps ahead of where the student is currently. Students should be provided multiple opportunities for the student to view the videos (Nikopoulous & Nikopoulous- Smyrni, 2008).

Bellini and Akullian (2007) state, "Three components of video modeling are attention, retention and reproduction. Attention is an effective approach to teach children with autism, it helps to increase learning and motivation more than live models as studies have been shown. "There are steps of video modeling as Sigafoos, O'Reilly & de la Cruz (2007) demonstrated the steps by choosing the right target behavior, and determine whether is social, functional or academic.

Teachers will choose the right material to implement with each child or groups if they have similar behaviors. I have used video modeling back in Saudi Arabia when I was a teacher, each child has a plan that contain live model, video model and self-model so they can see how they did on the target behavior. However, I would say video modeling might work with some students while others do not. Moreover, effective approaches for children with autism should be based on their preferences and responds.

Overall, video is increasingly popular, economical, readily available, user-friendly technology that can prove beneficial for children with Autism. Although the production of video modeling tapes may be initially effortful and time consuming, taped models can be used repeatedly with the same child and with other children who have similar deficits. Video modeling can be an effective method with a variety of behaviors such as, life skills aggressive behaviors or selective mutism. Video modeling should be combined with other treatment components to increase the probability that efficient learning will occur (Goldsmith & LeBlane, 2004).

Social Stories are beneficial for individuals with autism, as researches have indicated the use of social stories as an effective intervention. A social story is a short story written from the student's perspective and can be used to help the target student better understand complex and confusing social situations (Gray & Garand. 1993). According to Kokina and Kaczmarek (2014) that Social Stories were primarily used for improving social communication skills (e.g., appropriate requesting, contingent responding, social engagement, play and conversation skills) and reducing challenging behaviors (e.g., talking out, tantrums, and aggression).

Social stories provide information on what people in a given situation are doing, thinking, or feeling, the sequence of events, the identification of significant social cues and their meaning, and interests into the writing of social stories; use pictures to help the target student to understand the social story when appropriate and necessary.

Social stories should be introduced to the target student in a relaxed, distraction-free environment. There should be ongoing revision to social stories in accordance with the target student progress. Most social stories are developed or written by professionals or parents. Research proposed the following two keys to implement social stories could be read by the target child independently, or by his/her caregiver. They can also presented through another medium, such as audio equipment, computer-based program, or via videotape (Huang & Wheeler, 2006).

Since students with autism may be more motivated by computer-assisted instruction, the possibility of presenting social studies via PowerPoint warrants exploration. PowerPoint can be used to create social for students who can benefit from their use. When creating Social Stories, teachers should refer to guidelines set out in Gray (2000). Although it may take some time to create social stories with PowerPoint, it may actually be quicker than creating stories with traditional materials.

However, paper social stories do not require access to a computer and can be transported easily from one environment to another. The needs of the individual student should be considered when deciding which medium to use for social stories (Coleman, 2009).

In another study conducted by Reynhout & Carter (2009) teachers reported that they use Social Stories to target a wide range of behaviors including the teaching of social skills (91%), the reduction of inappropriate behaviors (91%) and the introduction of changes/new routines (87%). In addition, teachers reported that they used social stories in classroom and other settings "home", and social story may be written based on one particular student or generic Social Stories (Reynhout & Carter, 2009). Future research required for the maintenance and generalization of skills targeted, but in general using Social Stories show increasing in students with autism in social skills.

Language and communication are major areas of concern for children with autism. Pictures Exchange Communication System (PECS) is one of the most popular and an effective intervention and approach of teaching individuals with autism. Researches have shown that augmentative and alternative communication (AAC) systems, such as sign language, electric communication aids, PECS, can increase the communicative interactions of children with autism and enable them to exercise control over their environments (e.g., by making requests) (Marckel, Neef, & Ferreri, 2006).

Pictures Exchange Communication System (PECS) provide an effective means of enabling children with autism or severely limited communication skills to exercise control over their environment by requesting preferred items. PECS involves teaching individuals to use pictures cards to request items or

activities. When a child beginning to develop skills with AAC systems, however, communication may be limited to a relatively small number of signs or symbols.

PECS is usually taught in six phases. First, the communication partner makes a list of the child`s favorite item. One of these items is selected, and a picture of the item is made. Then the child is prompted to hand the picture card back to the communication partner. Once the communication partner receives the card, the request is spoken aloud. At this point, the requested item is given to the child.

Secondly, the communication partner moves slightly away from the child so that the child has to move towards the communication partner to place the picture card in their hand. Next, the child is given more than one picture card. Now the child must choose which one represents a desired object, and then give the card to the communication partner.

In fourth phase, the child is given a card with the phase "I want _" on it. This card now must be used with the picture card showing what is desired. The idea is that the child will learn how to communicate using complete sentences. Before the fifth phase, the child has never been asked directly, "What do you want?" in this phase, the communication partner asks the child this direct question, and waits for the child to hand him/her a picture card. This builds the foundation for future communication when a parent needs to know the desires of his or her child.

Finally, once the child can use PECS with fluency and has generalized the system to more than one communication partner, the child is taught how to comment on something they observe (Bondy & Frost, 1994).

Children may need to learn problem-solving strategies. As applied to AAC system, one problem-solving strategy would be, to identify alternative symbols that could be used to generate reinforce able response when a single specific symbol for a stimulus is not readily available. For instance, "purple" and "drink" might be used in the absence of a symbol for grape juice (Marckel, Neef, & Ferreri, 2006).

Improvisation skills might be most needed, however, when the desired item is absent, such that the child has no other way of communicating the request (e.g., by pointing). When individuals learn to improvise their requests by using descriptive features of preferred items, they can potentially demand for a much greater number of preferred items with fewer pictures cards (Chaabane, Alber-Morgan, & DeBar, 2009).

In conclusion, the ultimate goal of different intervention is the same to enhance quality of life for children with autism. Like all typically developing children, children with autism also desire and deserve better education and higher quality of life (Huang & Wheeler, 2006).

Furthermore, the IDEA of 2004 requires that students with disabilities have access to, and make progress in, the general education curriculum (Individuals with Disabilities Education Improvement Act, 2004). It is, therefore, increasingly important that students with autism be taught the core curriculum with accountability measures consistently implemented in order to document their academic progress.

Evidence suggests that children with autism are too often provided disjointed curriculum that focuses on activities, functional skills, or specific IEP objectives rather than instruction based on a general education core curriculum. As a result, a scope and sequence of curriculum and learning objectives are often omitted. Therefore, it is necessary to provide a challenging and appropriate curriculum to students with autism to facilitate their learning of a range of skills, beyond merely functional skills (Kurth & Master george, 2010).

Individuals with autism are basically visual learners. Unlike ordinary people, they tend to think in pictures and might not be able to follow verbal instruction. Using effective teaching strategies, such as video modeling, social stories and picture exchange communication not only help children with autism communicate more effectively, they help educators become more efficient in their teaching. However, as educators we have to be aware that no one approach or intervention can fit all individuals with autism, so we have to try as many approaches as we can to help individuals with autism to increase their communication skills.

RESEARCH RESULTS:

The uniform appearance will assist the reader to read paper of the proceedings. It is therefore suggested to authors to use the example of this file to construct their papers. This particular example uses an American letter format with 25 mm margins left, right, top and bottom. The research results were obtained profiles of parents and children as a basis for making an early intervention model to improve social interaction and communication skills of children with autism spectrum disorders.

Parents Profile

Parent 1:

Competence Ls and husband had a desire to better understand their children by seeking reference about the barriers that held her and also how to handle. Have the hope that his son will be able to develop optimally and can live adaptive to the environment. Can be independent. Ls and her husband are very concerned about their children, especially for the health and future. They have health funds (health insurance), they try to take their children to places of therapy, the family includes a harmonious family, they are open to another. In his spare time they took his son out of the house for a walk, or eat in restaurants. Barriers meant everything into the difficulties experienced by parents in dealing with their children. There were visible from the interviews that parents (mother and father) cannot accept fully that their children including children with autistic disorder. Mom does not have a desire to communicate about his condition to his family, still feel uncomfortable when some people were saying about her shortcomings, so that his motion was a little limited. Mother and father that their child is still trying to be like children in general. When a speech therapy say that their children included in children with nonverbal

GSA, the mother did not receive. 3) Requirement needed From the results of the assessment can be seen that the mother requires an understanding of children with autism spectrum disorders and accept the conditions of the child unconditionally, and has the courage to admit his condition so as to have the desire to intervene directly to his son so that the child can develop optimally.

Parent 2:

Competences Mom was able to accept her condition unconditionally, she received her according to her condition, she was not much demand in children, which is important child development can develop optimally. Advice from experts note, he was among those who shabar in encountering her condition is sometimes screaming (tantrums). Barriers Acceptance of the child is still not fully, still looking for a good school, and still treating the expert indirectly, by himself. Requirement needed Need a lot of practice to intervene in the child according to his learning needs.

Parent 3:

Competence MH can understand her well, in some ways could handle the children. Always want to give the best for their children in the optimization of its development. Even a single mother but tetep keep the family together with maintain a relationship with her ex-husband. Barriers MH does not follow association or participate in organizations associated with children with special needs. Requirement needed Needs a lot of activities with organizations related to children with special needs in order to further develop her insight.

Parent 4:

Competence Families UI is a family that has a clear function, which is where the father is a priest in the family. They educate children demga not differentiate from one another even though inclusive including children with GSA, but the child is treated fairly, not privileged or treated like children with disabilities khusus. Orang parents have an understanding of the child's condition, and enough discipline to their children. They impose discipline and rules to all members of the family. Barriers UI and families still feel confused to membelajarkan her to communicate with the environmental and social berinteraks families and neighborhoods, is also confused for so their children do not impulsive (enter people's houses at random). Requirement needed Need the knowledge of how to develop communication with the child, especially when the child has the desire of parents can understand, and teaching of social rules.

Parent 5:

Competence Families can receive and understand her well that his son should be a diet, then their parents will arrange their children's diet with rationalization to optimize child development and reduce behavior disorders. Barriers For some reason MG still cannot let their children play and mingle with

another children. Requirement needed Should strive to let their children get along with peers in the community with supervision.

DISCUSSION

The results showed that there are parents who are less able to accept children with ASD conditions, the psychological stress experienced by parents lasted for almost a year, both parents are inconsistent and conflict, especially when they know their child's condition. Cathy Pratt (2008), a Director of the Indiana Resource Centre for Autism (IRCA), states that when children diagnosed with autism, families often face financial and social challenges. Stress continues to be substantial when the whole family become victims and family relations to be disrupted, even this stress contributes to the high divorce rate among parents. Family stress happens because they mostly do not understand about children with impaired ASD, so that they cannot raise children properly. The results of interview showed that the family has a clear function, where the father as the head of the family is trying to protect family members, meet the needs of the family. The parents were divorced father still has a role when there are problems in the family. They are still in a relationship between a father and mother, sit together to find solutions to problems associated with their children. Berns (2004) states that the family has five basic functions:

1- The function of reproduction, the family has a duty to maintain and develop the existing population in the community for the sustainability of future generations;

2- The function of socialization, the family is the transmitter of values, knowledge, attitudes, skills from the previous generation to the next;

3- Assignment of social roles, the family is a means to provide the identity of the other family members, such as race, ethnicity, socio-economic, religious and gender roles;

4- supporting economy, families have the functionality to meet the food and clothing the other family members;

5- Emotional support / maintenance, family interaction and communication experience, the first for children, in which the interaction and communication that is based on love and compassion that are deep, caring, nurturing thus providing a sense of security to other family members. Friedman (1998), revealed that the family function covers several aspects:

1. The function of affective is the function of internal affective family who will be the strength of the family to support each other, appreciate each other in a frame of love, mercy and compassion;

2. The function of socialization which is a function associated with the development of social interaction in the family. The family is the first place for children to interact and socialize;

3. The function of reproduction is the function of the family to continue the descent from one generation to the next so that the community maintained;

4. The function of health care is that the family has a function to keep the family members of health problems, caring for family members when having health problems, maintain the health of each family member's health both physically and emotionally social.

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