

Strengthening the role of the family in supporting the social interaction and well-being of children with autism spectrum disorder

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Abstract: The purpose of this study was to explore the issue of strengthening the family in supporting the social interaction and well-being of children with autism in Jeddah, Saudi Arabia. The study used a descriptive approach and relied on the social survey. The sample of the study included 110 parents of children with ASD, who were selected randomly. The questionnaire of 35 items was used as an instrument for the study to collect data. The results showed parents regard discovering the problem of ASD among their children to be a very important and effective aspect. On the other hand, they think the institutions and care centres have a low role in supporting them when dealing with their children. The findings did not reveal significant differences between the parents according to their gender and level of education. The results showed that the parents from both genders believe that there are challenges facing them to help their children become socially interactive and the role of institutions and care centres is not effective. The findings did not reveal significant differences between the parents according to their gender and level of education. The results showed that the parents from both genders believe that there are challenges facing them to help their children become socially interactive and the role of institutions and care centres is not effective.

Keywords: Children with autism spectrum disorder, Communication, Family role, Parents, Schools, Social interaction, Support.

1. Introduction

Disability is a general human phenomenon that is not devoid of any society or social class, and there is no doubt that the weakness of the phenomenon terrifies many dysfunctional societies with social, educational, behavioural, and educational dimensions, which requires attention to the welfare of people and their families [1]. Autism disorder is considered one of the developmental disorders spread throughout the world, and there is a lot of confusion about the group that is troubled by the lack of accurate knowledge of the factors and the symptoms that can be seen. However, interest in studying it has increased in many parts of the world [2]. When this disorder takes its toll on you, you suffer from the problems that are generated and you find yourself in various states, such as being stuck in social interaction and in communication metaphors, which creates great difficulties in the development of playing behaviour. It is a heavy burden and a major obstacle to families, educational, recreational, and community institutions in general due to what makes them weak [3].

Autism is considered one of the most common developmental disorders, which is characterized by deficiencies in social interaction skills and play skills, in addition to stereotypical, repetitive behaviours and interests [4]. Autism represents an interrelated and complex developmental disability that usually appears during the first three years of a child's life. It represents a disorder in thinking and perception, social interaction, verbal and non-verbal communication, and self-care skills. Autism is accompanied by accompanying disorders and disabilities at a rate of up to 10%, and it rarely appears [5]. Autism is without

disability, and the main cause of this disorder is not specific, although some attribute it to multiple, overlapping reasons, which constitutes an obstacle in the process of diagnosing autism. Autistic children are characterized by several characteristics, including difficulty in social interaction (difficulty with social relationships), difficulty in communication (verbal and non-verbal communication), imaginative play (difficulty in developing imagination during play), resistance to change in the usual routine, and weak play skills (especially symbolic play skills), poor self-care skills [6, 7].

Many studies have emphasized the role of family counselling in treating autistic children and in developing their self-care skills, as the birth of an autistic child in the family is a source of pressure for both parents and siblings, due to the additional burdens that his birth entails and complex family relationships, which threatens the structure [8]. The psychological impact on the autistic child and his family may make the family a hotbed of conflicts, which negatively affects normal siblings. Therefore, such families need continuous support and constant guidance, to help them play a positive role in the growth of the autistic child, understand his circumstances, and develop his skills [9]. Based on the above, the need for a program to guide the family of the autistic child to develop the self-care skills of their autistic child is crystallized.

1.1. Problem Statement

The birth of an autistic child or the discovery of his disability is a shock to the parents and even to all family members, as that family is looking forward to the birth of a normal child, and therefore this child's disability is a threat to their ambitions and expectations, which causes that family to experience a series of negative reactions to it, and these may continue. The responses, in one way or another, depend on the family's ability to interact with their autistic child, the services his disability requires, and the problems the autistic child suffers from. This requires the family's involvement in programs to provide them with information about their child's disability, the services provided to him, methods of communicating with him, and training on them. The family has a large and effective role in the progress and development of the skills of the autistic child, as the child's training in terms of working hours in the school or centre does not exceed midday, while he spends the rest of the time at home, on the weekends, and on occasions, which requires the cooperation of family members with teachers or therapists. Continuously in the child's programs, while creating the appropriate environment at home, to help him reach it as successfully as possible and work to modify his behaviour, as the care of the family and the tenderness and compassion of the parents represent the basic effort in caring for autistic children as a basis for treating the autistic child and modifying his behaviour, and then learning the skills of caring for children. The self is what helps him acquire many other skills. Hence, the researchers saw the importance of family guidance to help parents improve the self-care skills of their autistic child in Jeddah, Saudi Arabia.

1.2. Questions of the Study

1. What is the role of institutions and supporting agencies in supporting the families of children with autism spectrum disorder?
2. Are there differences in the views of the families toward the role of institutions and supporting agencies in supporting them according to the parent's gender and level of education?

1.3. Significance of the Study

The current study is concerned with the category of autistic children, which is considered one of the special categories and the interest in which has increased recently locally, in the Arab world, and internationally, especially with the increasing number of children with autism, and the accompanying problems in social interaction, verbal and non-verbal communication, and stereotypical and repetitive behaviours and interests. Therefore, they need help through mentoring programs. There is a variety of counselling therapeutic methods in different techniques for treating autistic people, but most studies have not focused on family counseling in developing self-care skills for autistic people. The participation of family members in guidance programs for the child builds bridges of trust and familiarity between them,

creates a sense of responsibility, and contributes to increasing communication with their child, which reduces feelings of frustration, increases parents' hope, and encourages them to be optimistic. Helping parents acquire some of the skills necessary to train and educate the child. An acceptable response, helps the child grow properly while achieving the greatest degree of family harmony and increasing interaction between family members.

1.4. Study Limitations

This study was limited to the context of Jeddah in Saudi Arabia. The study included families of children with ASD who receive support from schools and local care centres. The study was implemented in 2024.

2. Literature Review

Autism is one of the most puzzling disorders among scientists and researchers, as there is no specific cause for autism. This may be due to the unusual nature of the behaviours of people with autism, and since each case has its characteristics, many theories and causes have emerged to explain autism [10]. The explanations have focused on the initial explanation for autism being due to psychodynamic reasons, and in 1970 psychologists moved to cognitive explanations, while most current research and studies assume that it is due to biological reasons. Despite these efforts, the direct and specific factors of autism have not been identified [11]. Psychological theories emphasize the major role of parents in their child's autism, and that it is due to parental pressure and their failure to perform their duty towards their child. The mother of the autistic child was given the term "Mother Fridge" to describe her coldness and indifference [12]. Some of them would even transfer the autistic children to other families as a way to treat autism, which led to a growing feeling of guilt among the parents of the autistic children. The personality of the fathers and mothers of the children is characterized by Autistics are perfect, cold, and isolated, with a high economic and social level, a high professional and educational level, and high intelligence [13]. Despite this, this theory has not received attention.

Many theories have provided explanations for autism, including the Theory of Mind. It is one of the theories that has been widely spread recently, due to its role in explaining the lack of social interaction in children with autism [14]. The theory of mind assumes a deficiency in the ability of autistic children to understand what is going on in the minds of others and to understand their point of view. Therefore, autistic children suffer from a deficiency in social skills and a deficiency in understanding complex social emotions. Some researchers in cognitive theory have emphasized that the main cause of autism is a cognitive deficiency, and some attribute this to the fact that the main symptom of autism is language disorder [15]. Some researchers emphasized that the deficiency of mental perception is due to a difference in the child's ability to imagine the world, which is called primary mental representation, and the child's belief about what others imagine about the world. Central Coherence Theory refers to understanding the meanings of things in their overall form [16]. Some have argued that autistic children have a limited ability to see the big picture, as they tend to focus on small details, and this weakness is the main reason for autistic children's resistance to change and their commitment to a strict and specific routine. The central coherence theory explains the attention deficit that autistic children suffer from, due to their constant tendency to focus on the partial details of a topic instead of the overall view [17].

The methods of treating autism varied, and they differed from one period of time to another. Old methods such as psychodynamic therapy disappeared, and new, more effective methods emerged, such as those based on behaviour modification, in addition to medical treatment such as treatment using drugs and vitamins [18]. Although autism is generally considered a chronic disability, as there is no single treatment that cures autism, effective therapeutic interventions provide or stimulate various aspects of development, provide the autistic with appropriate harmonious behaviours, alleviate parental pressure, and reduce the symptoms of autism while developing basic life skills, which enable him to practice his life and activities independently [1]. It is necessary to support the parents of autistic children in every possible way so that they understand the child's problem. Therefore, parents must be trained on how to

deal with the child's problems, confront them, resolve conflicts that may arise from the presence of an autistic child, and try to overcome feelings of guilt and blame the parents for being the cause of the disorder [2]. The child is reflected in the child's response and progress. There are two basic trends related to the involvement of fathers in raising their children: The first trend considers that the role of fathers is limited to developing independence in their children and training them in social roles, while the use of mental stimulation techniques remains one of the tasks of specialized trainers. A second trend calls for the comprehensive involvement of parents in everything related to raising their children [3, 4].

There are several levels of cooperation between parents and specialists. Perhaps the most important is the first interview. The first meeting is of utmost importance because it is the initial impression and reference that will affect their view of their child's disability in the future [5]. Involving parents in the evaluation is important, as parents can be involved in two types of evaluation [8]. Diagnostic evaluation in which the abilities of the autistic child are identified, such as communication, self-reliance, and family history. Observational evaluation: It is not enough to observe the child's behaviour but rather to concentrate [9]. Rather, it is more important to monitor this behaviour in the natural environment. Involving parents in developing programs makes it easier for them to participate in implementing them, and also enables them to introduce some changes and ideas to the programs based on their experiences with their children. Involving parents in implementing the program is important as parental participation contributes to the methods followed at home and school being consistent and coherent, which affects the program positively [10, 13].

2.1. Previous Studies

Different studies investigated this topic. [Bejarano-Martin, et al. \[19\]](#) conducted a meta-analysis to determine if Focused intervention practices (FIPs) are generally beneficial in children with ASD who are 6 years old or less. Fourteen trials with 59 outcome measures were included in the meta-analysis after five electronic searches yielded 1,828 references. There were 785 participants in the studies, and their average age was 41.6 months, with 41.6 months of ASD. For research with a group design, we used Hedges' g (g), and for studies with a single case design, we used the Nonoverlap of All Pairs (NAP) to determine the total socio-communicative impact size for each particular skill imitation, joint attention, and play. To further investigate the possibility of differences in outcomes based on intervention and demographic variables, correlations and random-effects metaregression models were used. We looked examined the effects of potential bias in publishing. The data indicate that whereas FIPs have moderate to large beneficial impacts, those involving caretakers or instructors have medium effect sizes.

On the other hand, [Pacia, et al. \[20\]](#) summarized 54 research that assessed the efficacy of social communication therapies given to children with autism spectrum disorder (ASD) who were less than 6 years old by their parents or siblings. Interventions mediated by parents were examined in fifty research, whereas those involving siblings were examined in four studies. Interventions involving telehealth were examined in fourteen papers. Studies differed in the intensity of their research and the treatment effects. There was no clear relationship between treatment efficacy and method, setting, or dose. Joint Attention, Symbolic Play, Engagement & Regulation (JASPER), Early Start Denver Model (ESDM), and Pivotal Response Treatment (PRT) are parent-implemented intervention packages that meet the criteria for evidence-based therapy in this demographic. Some youngsters were able to successfully generalize their talents, according to most research. Additional research and clinical practice in the areas of telehealth and sibling-mediated intervention show promise.

[Ong, et al. \[21\]](#) assessed the efficacy of a parent-assisted intervention for children's friendship training in improving the quality of friendships and social skills among ASD children. To examine the beneficial effects of social skills and friendship quality before and after parent-assisted children's friendship training (CFT) intervention, we performed quasi-experimental research; The methodology included recruiting 30 kids and their parents for a 12-week field session. Evaluation Tools for the Social Skills Improvement System and the Play Quality The efficacy of the friendship training that the children received from their parents was evaluated both before and after the intervention. After the session, parents

were asked to fill out a semi-structured questionnaire. The results showed that the children's social skills had improved thanks to the intervention. Furthermore, both pre-and post-intervention friendship quality increased in ASD children, whereas involvement remained the same. Parents noted an increase in awareness, a decrease in fear and resistance, ease with learning and adjusting, a recognition that change is difficult, and the ability to locate help following the session.

Lee, et al. [22] selected four Chinese children on the autistic spectrum in their research to see how a Lego intervention, facilitated by their parents, affected their social relationships. Each of the four pairs of parents participated in the intervention by working with their kid to build a Lego model; each parent was tasked with providing materials and engineering the model. All four children's spontaneous social initiations and reactions were significantly enhanced by the intervention, which used a multiple probe design across all four family triads. What's more, these improvements were sustained for six weeks after the intervention ended. Parents were more likely to urge their children during the first few intervention sessions, but this trend reversed as the program progressed. In their homes, parents faithfully carried out the intervention. We talk about the intervention's efficacy and the possible advantages of online parent education.

Fante, et al. [23] conducted qualitative research using a semi-structured interview to delve into the subjective effects of ASD on parents' quality of life (QoL), the intervention's influence on QoL and adjustment, and the effectiveness of the intervention overall. The sample included 31 parents who were undertaking a multimodal intervention for their children with ASD severity 2 or 3, who were 5 to 11 years old. The interview transcripts were subjected to a bottom-up Thematic Analysis to extract recurring themes. From parents' perspectives on the intervention, we derived three overarching themes: the effect of ASD on QoL, helpful external resources, and factors related to QoL improvement. From parents' perspectives on past interventions, we derived five overarching themes: positive impact on parents, parental involvement, useful features, critical issues, and dissatisfaction with previous interventions. The findings shed light on how parents adjust and what treatments help them enhance their quality of life. In conclusion, having an autistic kid in the house may affect parents' quality of life in many ways, including their physical and mental health, their ability to achieve their overall objectives, the dynamics within their families, and their relationships with others.

3. Methods

The current study is descriptive and relies on the social survey approach in a random sampling area, and therefore includes all the data of the study, analyzing the results of previous studies, collecting field data, and converting data into description and analysis.

3.1. Sample

The sample of the study included 110 parents of children with ASD, who were selected randomly from the city of Jeddah, Saudi Arabia. The participants were asked to join an online survey after asking for their consent in participation as part of the ethical consideration of the study. The following table presents information on the participants.

Table 1.
Demographic data on the participants.

Variable	Category	Frequency	Percentage %
Gender	Male	66	60.2%
	Female	44	40%
Academic level	High school	12	10.9%
	Bachelor degree	75	68%
	Post-graduate	23	20.9%
Total		110	100%

Table 1 describes the demographic data on the participants. It is clear that male participants formed a larger portion of the sample. According to the academic level, most participants were holder of bachelor degrees.

3.2. Instrument of the Study

The questionnaire was used as an instrument for the study to collect data related to it, due to its nature in terms of objectives and society. It is considered one of the most widespread research tools and is used in various fields of science and knowledge. It is most effective in terms of time and consistency, and the possibility of collecting data among the largest number of individuals, as well as answering some of the questions about the time of the interviewer, and it ensures that the interviewees are based on wide geographical areas.

The validity of the instrument was determined by sending the questionnaire to 10 university professors of special education, who provided their input on the structure of the items and their integrity. The questionnaire was modified according to their reviews and opinions. The total number of items was 35 paragraphs distributed over five dimensions. Moreover, the Cronbach Alpha was used to determine the reliability of the questionnaire as shown in the following table.

Table 2.
The Cronbach alpha coefficients for the questionnaire.

Dimensions	Number of paragraphs	Correlation coefficients
Methods of discovering the child with ASD by the family	7	0.628
The level of acceptance by the family for having a child with ASD	7	0.624
The problems faced by families of children with ASD	7	0.761
Methods used by the family to support social communication of the child with ASD	7	0.619
The role of institutions and care centres to support families of children with ASD	7	0.880
Total	35	0.843

Table 2 shows that the Cronbach's alpha coefficient was within the statistical parameters. The total value for the dimensions of the instrument was 0.843, which is an acceptable value for the reliability of the instrument to applied in this study.

4. Results and Discussion

4.1. The First Question

To answer the first question of the study, the standard deviation and the mean scores of the participants' responses were calculated as presented in the **Table 3**.

Table 3 shows that the dimensions of the questionnaire received varying degrees of confirmation from the participants. Parents regard discovering the problem of ASD among their children to be a very important and effective aspect. On the other hand, they think the institutions and care centres have a low role in supporting them when dealing with their children. The total score of the questionnaire was within a medium range ($MS=2.33$, $SD=0.65$), which indicates different views and opinions from the parents' perspectives.

Table 3.

The results of the responses of teachers to the dimensions of the questionnaire.

Rank	Dimension	Mean score	Standard deviation	Level
1	Methods of discovering the child with ASD by the family	2.71	0.44	High
2	The level of acceptance by the family for having a child with ASD	2.51	0.60	Medium
3	The problems faced by families of children with ASD	2.38	0.75	Medium
4	Methods used by the family to support social communication of the child with ASD	2.38	0.68	Medium
5	The role of institutions and care centres to support families of children with ASD	1.70	0.80	Low
Total		2.33	0.65	Medium

The most important ways in which the family discovers the child with ASD is by the lack of response to the language, the language finds extreme in social interaction and communication, the failure of the child to play with others, and the difficulty with producing words and pronouns. The parents also showed that their children preferred to sit alone for long times, repeat words without understanding their meaning, and have aggressive behaviours, such as verbally speaking and showing off. The most common problem they face is the lack of sufficient support from the community to adapt to the condition of their autistic child. They also experience difficulty in teaching their child and the lack of harmony between the child with ASD and his/her siblings.

4.2. The Second Question

As shown in the previous section on the first question, there were variations in the views of parents on the level of support they receive from institutions to help increase the social skills of their children with ASD. To find the differences according to the variables of gender and level of education, the t-test was conducted as shown in the following table.

Table 4.

The t-test for the independent sample to find the differences in views according to gender.

Skill	Group	Mean score	Standard deviation	T value	Sig.
Methods of discovering the child with ASD by the family	Male	2.70	0.21	1.20	0.23
	Female	2.60	0.26		
The level of acceptance by the family for having a child with ASD	Male	2.52	0.31	1.29	0.20
	Female	2.40	0.45		
The problems faced by families of children with ASD	Male	2.40	0.40	1.72	0.08
	Female	2.18	0.62		
Methods used by the family to support social communication of the child with ASD	Male	2.36	0.28	-0.57	0.55
	Female	2.41	0.38		
The role of institutions and care centres to support families of children with ASD	Male	1.73	0.54	-3.59	0.001
	Female	2.23	0.58		

Table 4 reveals the absence of statistical differences in the views toward the dimensions of the questionnaire according to the gender variable. All the values of the dimensions were not significant, which indicated similar views for parents regardless of their gender. Any parent who has a child with ASD would feel the same way and try to achieve the same support, especially since the sample belongs to

the same cultural context. The results showed that the parents from both genders believe that there are challenges facing them to help their children become socially interactive and the role of institutions and care centres is not effective. Therefore, parents understand the important role these institutions have in providing different types of support to create a better environment for children with ASD.

To find the differences in the parents' views according to the level of education, the mean scores and standard deviation were obtained as shown in the following table.

Table 5.
The differences in views according to the level of education.

Age category	Number	%	Mean score	Standard deviation	Sig.
High school	12	10.9%	2.70	0.22	0.08
Bachelor degree	75	68%	2.80	0.44	0.20
Post-graduate	23	20.9%	2.94	0.76	0.55
Total	110	100%	2.814	0.474	

Table 5 shows that the variable of the level of education of the parent has no significance in their view toward the challenges they face and the role of institutions and care centres in providing support to them and their children. The table reveals that the significance values were not within the significance level, and therefore, all categories agreed on similar views. These results could be because the sample comes from a similar cultural context and the level of education plays an insignificant role for the parent when the issue is related to the health of their children. Parental instinct is stronger than the type of education the parent has, as it is clear that they all agreed on the problems of having a child with ASD and the challenges they face when seeking help and support from responsible institutions.

5. Conclusion

This study explored the issue of strengthening the family in supporting the social interaction and well-being of children with autism. The main factor for the success of the support and intervention is the parents' implementation of the support, as they represent the first vital area of communication through daily interaction and communication to provide them with various skills to practice program activities. The results showed parents regard discovering the problem of ASD among their children to be a very important and effective aspect. On the other hand, they think the institutions and care centres have a low role in supporting them when dealing with their children. The findings did not reveal significant differences between the parents according to their gender and level of education. The results showed that the parents from both genders believe that there are challenges facing them to help their children become socially interactive and the role of institutions and care centres is not effective.

6. Recommendations

The study recommends spreading awareness among parents and teachers regarding the problem of autism in terms of its nature - symptoms - causes - and methods of therapeutic intervention. It is important to emphasize working on the idea of teamwork during diagnosis and intervention with people with autism. The study also recommends increasing interest in holding seminars and guidance courses for parents to guide them on how to intervene to help their children with autism. Coordination between ministries and various agencies concerned with caring for people with special needs, especially those with autism is very vital. It is recommended to encourage researchers to work as a team when dealing with an autistic child as an intensive and integrated intervention, taking into account the need for parents' participation in implementing these programs. Institutions should pay attention to the equipment for the appropriate places for these children in terms of the building, tools, means, and program. Schools and kindergartens should be equipped with the opportunity to accept these children, to integrate them with ordinary children, to accept them and try to deal with them and participate in social activities.

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Competing Interests:

The author declares that there are no conflicts of interests regarding the publication of this paper.

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