

Treatment Intervention Programmes For Autism

العنوان برامج التدخل العلاجي الخاصة بالتوحد

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Abstract:

Autistic children cannot study in (regular) general education programs without modifications in the curriculum, methods, or teaching methods, or taking into account the individual's disability circumstances. That is, they need adapted programs that help them learn in order to guarantee this group equal opportunities in learning like other normal people.

The concept of therapeutic intervention is considered one of the concepts that is of interest to all workers and those interested in the field of caring for people with special needs, and treating autism is one of the most controversial issues in the educational community in recent years, as societies that still strive to care for the disabled and rehabilitate them and look to their education As a primary goal, because statistics have shown the presence of large numbers of autistic people, these data require concerted efforts to integrate autistic groups

academically, educationally, psychologically, and socially, and to prepare appropriate treatment programs for them to provide the best possible care for them.

Keywords: Treatment Intervention Programs; Autism.

Le résumé:

Les enfants autistes ne peuvent pas étudier dans des programmes d'enseignement général (ordinaires) sans modification du programme, des méthodes ou des méthodes d'enseignement, ou sans tenir compte de la situation de handicap de l'individu. C'est-à-dire qu'ils ont besoin de programmes adaptés qui les aident à apprendre afin de garantir à ce groupe les mêmes chances d'apprendre que les autres personnes normales.

Le concept d'intervention thérapeutique est considéré comme l'un des concepts qui intéressent tous les travailleurs et ceux qui s'intéressent au domaine de la prise en charge des personnes ayant des besoins spéciaux, et le traitement de l'autisme est l'une des questions les plus controversées dans la communauté éducative de ces dernières années. en tant que sociétés qui s'efforcent toujours de prendre soin des personnes handicapées, de les réadapter et de veiller à leur éducation. Comme objectif principal, parce que les statistiques ont montré la présence d'un grand nombre de personnes autistes, ces données nécessitent des efforts concertés pour intégrer les groupes autistes sur les plans académique, éducatif et psychologique. , et socialement, et de préparer des programmes de traitement appropriés pour leur prodiguer les meilleurs soins possibles.

Mots clés : Programmes d'intervention thérapeutique ; Autisme.

الملخص:

المتوحدون لا يستطيعون الدراسة في برامج التعليم العام (العادي) دون تعديلات في المنهج أو الوسائل أو طرائق التعليم أو مراعاة لظروف العجز لدى الفرد، أي يحتاجون إلى وبرامج مكيفة تساعدهم على التعلم لنضمن لهذه الفئة فرص التكافؤ في التعلم مثل غيرهم من الأسواء. إذ يعتبر مفهوم التدخل العلاجي من المفاهيم التي تشكل اهتماماً لدى جميع العاملين والمهتمين في حقل رعاية ذوي الاحتياجات الخاصة، وأن علاج التوحد من أكثر القضايا المثيرة للجدل في

الوسط التربوي في السنوات الأخيرة، إذ أن المجتمعات التي مازالت تتجهد في رعاية المعاقين وفي تأهيلهم وتنظر إلى تعليمهم كهدف أساسي، لأن الإحصائيات بينت عن وجود أعداد كثيرة من المُتوحدين، هذه المعطيات تحتاج إلى تضافر الجهود لدمج فئات التوحد أكاديمياً وتربيوياً ونفسياً واجتماعياً، وإعداد البرامج العلاجية المناسبة لهم للتکفل الأحسن والأفضل بهم.

الكلمات المفتاحية: برامج التدخل العلاجي، التوحد.

1. Introduction:

Autism is considered "autistic disorder," autism, or childhood self-reported disorder. It is a disability and one of the most difficult developmental disorders for the child himself, for his parents, for the family members who live with him, and for his teachers. This is because this disorder is characterized by ambiguity and strange behavior patterns that accompany it, and by the overlap of some of its behavioral manifestations with some symptoms of other disabilities and disorders. Its incidence in the world reaches a rate of 5 cases per 10,000 children under the age of 12 years. Autism spectrum disorders spread among males at a higher rate than females in general, and the prevalence ratio among males to females ranges from 1:2 to 1:5 (American Psychiatric Association, 2000). As for autism disorder, the prevalence of the disorder among males to females is estimated at 1:3 or 1:4. There is no scientific explanation for why autism is more prevalent among males, and this is what distinguishes it from mental disabilities, in which the incidence of males and females is equal.

The problem of autism is indeed a puzzling problem, because an autistic child does not appear from his outward appearance to suffer from any deficiency. He appears completely normal and is therefore difficult to identify or diagnose at first glance. Autistic children are put by those who deal with them, whether parents, psychologists, or occupational therapists, in Extreme confusion as a result of their extreme difference from other children. The autistic child (the autistic child) appears like the absent present. He is

physically present but absent in his own world. His looks penetrate through others but do not stop at them and he does not appear to care or feel those around him. It's a child screaming silently.

The category of autistic children (autistic children) is one of those special groups that need care, training, education and rehabilitation that leads them to return again to interacting with their families and ordinary peers and integrating into the melting pot of society.

On this basis, teaching autistic children in Algerian schools faces several obstacles and challenges, some of which are human resources (lack of training for specialists in therapeutic intervention programs for autistic children), some of which are pedagogical, educational, didactic, and others are social-pragmatic...which raises many questions and problems, from Here the importance of the current research became clear in trying to uncover the reality of the most prominent therapeutic intervention programs for autistic children, and thus the following questions were raised:

- What are the conceptual frameworks and scientific facts for autism and its related disorders?
- What are the common signs and symptoms of autism spectrum disorders?
- What are the most prominent therapeutic intervention programs for autistic children?

2. Research objectives:

The current research aims to:

- Highlighting the theoretical, conceptual background and scientific facts of autism and its related disorders.
- Detecting common signs and symptoms of autism spectrum disorders.
- Identifying the most prominent therapeutic intervention programs for autistic children.

3. The importance of research:

The importance of the current research can be determined as follows:

- This research opens the way for other studies concerned with therapeutic intervention programs for autistic children.
- This current research attempts to fill the gap in the field of scientific research in the field of therapeutic intervention programs for autistic children.
- The current research derives its importance from targeting an important segment of society, namely autistic children.
- The importance of the current research is evident in that it is one of the few studies - according to the researchers' opinion - that shed light on therapeutic intervention programs for autistic children in Algeria.
- It addresses the obstacles and problems that prevent the implementation of therapeutic intervention programs for autistic children.
- The results and suggestions that the current research will yield may help in getting an idea about therapeutic intervention programs for autistic children.

4. Research limitations:

The limitations of this research are represented in the following points:

- Objective limits: Focuses on therapeutic intervention programs for autistic children.
- Spatial boundaries: The focus will be on therapeutic intervention programs for autistic children and other resources.
- Time limits: This research was conducted during the academic year 2023/2024.

5. Defining research concepts procedurally:

The research concepts can be defined procedurally, which are as follows:

5.1. Autistic children:

Autism is defined as a neurodevelopmental disease that specifically affects: social interactions, communication, and the general behavior of the child. This disorder was often known as mysterious and difficult and therefore difficult to treat or even untreatable. This is

what led to specialists' aversion to it and their tendency to treat lesser disorders. Complex or at least simpler treatment.

5.2. Remedial Intervention Programs:

It is an organized and planned process that takes a number of sessions, and consists of a group of activities and tasks in addition to a number of techniques that aim to improve the performance of an autistic child, and is specialized in providing support and determining a treatment plan that takes into account the psychological, mental, educational, social, emotional, and sensory-motor aspects appropriate for children with disabilities or autism. Or others with special needs, including developmental delays, as soon as possible after diagnosing the child's disorders and knowing his needs.

6. Previous studies and comments on them:

Some studies and research that are directly and closely related to the research topic will be reviewed. These relevant studies are as follows:

Many works have been devoted to studying this problem, which has multiple facets, including the study of Bouhidel; Bahtan (2022), which aimed to increase knowledge of the importance of the (TEACCH) program, and reveal its advantages and the points it focuses on in improving some of the behaviors that children with autism spectrum disorder and those with communication disabilities suffer from. It was started from a question: What is the importance of (TEACCH)? What is its role in treating and developing the skills of people on the autism spectrum and those related to communication disabilities? The descriptive approach was relied upon, by conducting a review of several previous studies on a sample of children on the autism spectrum who underwent (TEACCH) programs. The results after reviewing these studies were that it was proven that the (TEACCH) approach has the ability to provide appropriate education for children who suffer from autism spectrum disorder, and develop functional skills, communicative work, motor skills, visual coordination and other

important skills. It also became clear that this The program is characterized by flexibility (Bouhidel; and Bahtan, 2022, p 355).

It also addressed the study of Amrou Mohamed Ismail Mohamed (2015), in which the study aimed to verify the effectiveness of the training program for mothers of autistic children to use the (PECS) program in developing the skills of applying the picture exchange communication system among mothers and some non-verbal communication skills among their children. The study sample consisted of (10) mothers and their autistic children at the Rahma Center for People with Special Needs in Damietta. The study sample was divided into two groups (05) mothers and their children as an experimental group and (05) mothers and their children as a control group. The scale of non-verbal communication skills for autistic children was applied to the children in both groups, while The mothers of both groups were given a checklist for assessing the skills of applying the Picture Exchange Communication System (PECS) by the mothers to develop some processing skills, which was represented by the use of the Picture Exchange Communication System (PECS) by the mothers to develop some of their children's nonverbal communication skills. The application took (46) session. The results showed that there were statistically significant differences between the average ranks of the mothers of the experimental and control group in the post-measurement of the skills of applying the picture exchange communication system (PECS) in favor of the experimental group, and in favor of the post-application for the mothers of the experimental group, in addition to the presence of statistically significant differences between the average ranks of the children of the experimental and control group in Post-measurement of non-verbal communication skills for the benefit of the experimental group. And in favor of the post-application for the children of the experimental group. The results of the study also showed the positive impact of the training program on developing the skills of implementing the PECS system among mothers. The effect size reached (0.997), while the effect size on

developing non-verbal communication skills among children reached (0.947), which is a large positive effect (**Ahmed; and Abdel Khalek, 2018, pp 418, 419**).

The study by Mohamed Mohamed Abdallah Zaki (2013) also aimed to identify the improvement of some non-verbal communication skills among autistic children using a proposed water recreation program. The researcher used the experimental method and the research sample included 14 children. The researcher used a measure of non-verbal communication skills among autistic children as tools for collecting data. The most important results were that sign language improved among the autistic children in the study sample as a result of using the proposed program, communication improved among the children as a result of using the proposed program, and physical movements improved among autistic children as a result of using the proposed program. Gestures improved in autistic children as a result of using the proposed program. The facial expressions of the autistic children, the study sample, improved as a result of using the proposed program (**Ahmed; and Abdel-Khalek, 2018, p 418**).

The study of Adel Abdallah and charif Ali Hamdi (2008) also demonstrated the effectiveness of the music therapy program in developing social interactions among a sample of autistic children. The study included eight children whose ages ranged between 10-12 years. The results revealed the effectiveness of the music therapy program in Developing the levels of social interactions for these children and continuing the effectiveness of this program after the follow-up period (**Ahmed; and Abdel-Khalek, 2018, p 418**).

Ec-chammary's study (2007) indicated an evaluation of the programs provided for autistic students in the Kingdom of Saudi Arabia by the staff working in those programs. The results of the study indicated that the study sample members' evaluation of the programs provided for autistic students was positive, and the results also indicated that there was a statistically significant effect between the estimates of workers in government centers and workers in private centers for autism programs (**El-gharir, 2016, p 71**).

In the same context, Carol's study (Carol, 2007) indicated the detection of qualitative indicators for a full integration program in the pre-school stage, in which a case study methodology was used to verify three qualitative dimensions in pre-school programmes, inclusive education and verifying commitment to implementing the curriculum. Selected for the program, qualitative measures were used to collect data through formal and informal observations, surveys, personal interviews, and document review. The study sample included (40) participants from principals, special education teachers, preschool teachers, teacher assistants, and parents, and used positive guidance strategies, and a strong focus on helping children develop problem-solving skills and showing respect for others. The results showed that content-based education activities and continuous child assessment practices were aspects that needed development. One of the most positive aspects for parents and teachers was the availability of integrating special education with child care services in one place. Implementation of the curriculum was also strong in relation to family involvement, including classroom structure and routine, teacher-child interactions, and guidance of the child's learning, but application was weak in relation to the physical environment and the use of an effective self-evaluation system (**El-gharir, 2016, pp 71, 72**).

In the same context, the study of Mohamed chawki Abdel Salam (2005) aimed to reveal the effectiveness of the individual counseling program in developing some linguistic communication skills among a sample of autistic children, and the skills included in the program are (listening, understanding, recognition, and speaking). The sample consisted of 10 children with autism, aged between 6-12 years, divided into two groups (experimental and control). Study tools: Autistic Child Scale, Autism Diagnostic List, Linguistic Behavior Observation List for Autistic Children, Individual Guidance Program. The results showed the effectiveness of the individual counseling program, as the program helped develop the linguistic communication skills of members of the experimental group on which the program

was applied. As for the control group, it did not cause any change, using the pre- and post-test (Ahmed; and Abdel-Khalek, 2018, p 418).

In general, the current research has benefited from these studies in developing a theoretical framework for the research. Through these studies, a vision and a road map were developed to monitor everything related to autism and therapeutic intervention programs. Its objectives varied and were aimed at the deepest and most precise skills, which are communication skills such as listening, understanding, assimilation, and others. Studies on small samples, the largest number being 14 children. Those with early childhood ages between 6-12 years. In addition to samples of educational staff and managers and some mothers and their autistic children, these studies unanimously agreed that therapeutic, training and guidance programs have a significant impact on improving the skills to be studied according to each study separately, such as those mentioned in this research or not mentioned.

7. Research methodology:

This research will use the historical descriptive analytical method by collecting descriptive data, and not necessarily clarifying relationships or testing hypotheses, making predictions or arriving at meanings and implications, although the research aims to reach those goals, and this approach will be used to find out some facts about everything Related to autism and therapeutic intervention programs for autistic people.

8. Theoretical framework:

8.1. A historical overview of autism:

This condition was described for the first time by the English psychiatrist Henry Maudsly in 1867. Leo Kanner described a child named Donald in the words of this paragraph: "He quickly looks up with a strange smile, no, it is a smile." Sarcastically, he moves his fingers in a strange way, shakes his head rapidly, shakes his head more and flaps his hands, whispers and murmurs words that I do not understand, ignores all people and rushes towards solid

objects. I tried to hold him and he became very angry. He screamed loudly. This was precisely the year 1938, but These words did not see the light until 1943, when Kanner wrote an article entitled "Autistic disturbances of affective contact." Since that time in 1943, the word "autism" has become associated with the scientist Karner. He used the name of these cases: Autism Infantile, or infantile subjectivity, and provided a detailed description of it. Kanner noted the presence of a clear set of symptoms different from schizophrenia, represented by the inability to relate externally or to establish external relationships with others, and isolation into oneself. He called it "Kanner "Many names such as childhood autism or childhood schizophrenia.

The psychiatrist Eugen Bleuler provided the first description of autism when he talked about social withdrawal in schizoid people and likened it to what Freud described as auto-eroticism, withdrawal from reality, playing with parts of things, and emotional-controlled adaptation, which are among the main characteristics of autism (El-mokabala, 2016, p 13). In 1910, Bleuler coined the New Latin word "Autismus" (the English translation is "Autism") while he was defining the symptoms of schizophrenia. This name was derived from the Greek word (Autos) That is, the word "autism" goes back to a Greek origin. It means self, and it was used to mean pathological admiration for oneself, indicating the withdrawal of an autistic patient into his fantasies. In its entirety, it expresses a state of developmental disorder affecting children.

Many researchers were not convinced by the idea that otistics or autistics as a term did not exist before 1943. Here is (Frith, 1989), where she confirms that this concept was recognized in the past in different societies, such as ancient Russia, which was the first to use the term otistics. At that time, it meant (bizarre behavior), and the word otic was also used to describe the gullible person (innocence) and the person who lacked social awareness (social awareness), as well as India.

The word autism was used for the first time in 1938 when Hans Asperger of the University Hospital of Vienna adopted the term Bleuler, which means autistic psychopaths. The beginning was “autistic” and not “autism”, and this word “autistic” was an expression About what is called self-absorption (Ec-cherbini, 2015, pp 09-11; Metouali, 2015, p 13).

The first historical roots of interest in children with autism spectrum disorder are considered, as some scientific reports indicate that interest in this group goes back to the scientific beginning of special education, specifically the child whom the French doctor Itard found in the Aveyron forests and later named him Victor. He suffered from autism in addition to severe mental disability (El-mokabala, 2016, p 13).

Three decades after Kanner's observations, autism was universally recognized as an emotional disorder. Among the scientists are those who believe that autism is the result of some environmental influences in the early childhood years, and among the scientists who supported this thinking was the American scientist of Austrian origin, Bruno Bettelheim, in 1967. Because of this belief, parents were made to feel guilty towards their children with autism. Previously, treatment efforts focused on changing the child's environment (the family) to change the child's behavior (Ala-Ismail, 2012, p 11).

Since the 1970s, there have been three qualitative shifts in thinking about the cause of autism. The first shift was around the concept of autism. Autism is now defined as a developmental disorder and not a psychological or emotional disorder, according to the American Psychiatric Association in 2000. The second shift was about the origin of the disorder. What is known now is that autism is congenital and the child is born with it from birth. Therefore, the parents (even if they mistreat the child) have nothing to do with the appearance of the disorder. Some studies also indicate a relationship between some genes and autism. The third shift, which was controversial, is the “facilitated communication” method, which is considered one of the means of facilitating communication for children

with autism and is known as Augmentative and Alternative Communication (ACC) (Ala-Ismail, 2012, pp 11, 12).

8.2. Definition of autism:

There are many terms that refer to the subject of autism in the Arabic and English languages. In the Arabic language, the term autism was common, and before that the term childhood schizophrenia was common, and in English the term (autism) is used to refer to cases of autism, and the term "autistic child" (El-mokabala, 2016, p 13). He is: a child who is self-absorbed and withdrawn from the world. Autistic children may sit and play with their fingers, for example, and they seem lost in a world of internal fantasies.

Therefore, it is difficult to find an agreed-upon definition of autism disorder due to the many researchers who have been interested in it and their different specializations and scientific backgrounds. However, most definitions focus on describing the symptoms and describe autism as a syndrome and not as a disease or as a disorder or as a behavior disorder or behavior disorder or as a mental disability. Kanner considers He was the first to provide a clear definition of autism as a disorder that arises from birth, affects communication with others and language, and is characterized by routine and resistance to change.

El-Khouli (1976, p 61) mentions. In his encyclopedia, it is stated that subjectivity or self-enclosure (Autism) is a word that refers to a person's isolation within himself and his introversion, and modifying his thoughts and perceptions according to his own needs and desires instead of his thinking and behavior being realistic and objective (Badr, 2004, p 19). Autism is define as a disorder in cognitive ability accompanied by some disturbances in the psychological and biological aspects, which makes it have a great impact on all aspects of the development of the social aspect of the individual (Aaronz; Gittens, 2008, p 07).

Kanner's diagnostic definition: In 1943, Kanner was the one who tried to define autism, and defined it as: a disorder that appears during the first thirty months of a child's life, and

affected children suffer from the following characteristics, focusing on the first and second characteristics as a criterion for diagnosing autism: (**El-mokabala, 2016, p 14**).

- A severe lack of emotional communication with others.
- Maintaining routine and resisting change.
- Inappropriate grasping of objects.
- Weak ability to imagine.
- Isolation and severe withdrawal from society.

An autistic child (autistic, ruminative) means a child who has lost contact with others or has never achieved this contact. He is completely withdrawn and completely preoccupied with his fantasies, thoughts, and stereotyped behavioral patterns (such as twirling things, twisting them, or jiggling), and among his other characteristics is his indifference toward parents and others and his inability. About tolerating change, speech defects or mutism. This condition is interpreted by some as having an organic basis, while others interpret it as a form of schizophrenia (**Badr, 2004, p 17**).

The American Autism Society (ASA) (Autism Society of America, 2006) believes that autism is a developmental disorder that appears in the first three years of a child's life, leading to a deviation in the child's normal development and deficits in the following areas: (**El-mokabala, 2016, p 14**).

- Social competence.
- Communication and language.
- Stereotypical behavior, interests, and activities.

The International Medical Classification of Diseases (ICD-10) defines autism as a group of disorders characterized by a qualitative deficiency in mutual social interactions and communication patterns and a limited, stereotypical, and repetitive repertoire of interests and activities (**El-mokabala, 2016, p 15**).

The Individuals with Disabilities Education Act (IDEA) defines autism as: It is a developmental disability that significantly affects verbal and non-verbal communication and social interaction. Significant symptoms appear significantly before the age of three years and negatively affect the child's educational performance. Among the characteristics are: Other manifestations associated with autism are the child's preoccupation with repetitive activities and stereotypical movements, his resistance to environmental change or his resistance to change in daily routine, in addition to unusual or natural responses to sensory experiences (**Al-Abadi, 2006, p 14**).

It is also considered the definition of the National Society for Autistic Children (NSAC). One of the most acceptable definitions among professionals. It states that autism is the basic pathological manifestations that appear before the child reaches 30 months of age, and includes the following disorders: (**Chabib, 2008, p 17**).

- Disturbances in the speed or sequence of growth.
- Disturbances in sensory responses to stimuli.
- Disturbances in attachment or belonging to people and events.
- Disorder of speech, language and cognition.

The World Health Organization also has a definition of autism. In 1982, it defined it as: "A developmental disorder that appears before the age of three years and appears in the form of a deficit in the use of language, play, interaction, and social communication (**Chabib, 2008**).

The autistic child has different Arabic translations, including the self-sufficient child or the self-sufficient child, but there is a scientific consensus that tends to the word "autism" because of its prevalence and stability among researchers and practitioners and because it expresses the nature of the disability. Kannar (1943) is considered the first to define childhood autism, as Through his observation of eleven cases, he described the behaviors and characteristics characteristic of autism, which include the inability to develop social relationships with others, delay in acquiring speech, non-communicative use of speech after

its development, stereotypical and repetitive play activities, maintaining symmetry, and poor imagination and analysis. Definitions are based on Kanner's description (El-gharir, 2016, p 63).

8.3. Autism on the spectrum, disease, disorder, disability, syndrome, and others:

Pervasive Developmental Disorders (PDD): These are cases of neurobiological autonomic disorder represented by the cessation of growth in the linguistic, cognitive, emotional, and social axes, or their loss after their formation, which negatively affects the development of personality in the future. Some scientific circles call this The group is called Autistic Spectrum (Moustapha; and El-cherbini, 2011, p 21).

Comprehensive developmental disorders are characterized by qualitative imbalances in mutual social interactions and communication patterns, and a limited, stereotypical, and repetitive repertoire of interests and activities. These qualitative oddities represent a common feature of an individual's performance in all situations, and are widespread at a rate of 10-15 children out of every ten thousand (Moustapha; and El-cherbini).

The term Pervasive Developmental Disorder is used as the basis for the formal diagnosis of individuals who share many characteristics with autism, but who fail to meet all of the criteria for this diagnosis. The term (PDD) includes: autism, Asperger syndrome, atypical autism, Pervasive Developmental Disorders Not Otherwise Specified (PDD - NOS), Rett Syndrome, and Disintegrative Disorders (Moustapha; and El-cherbini).

Autistic disability was considered one of the psychotic disorders that occur in childhood, and its treatment of early childhood minds is limited to "autistic disability" and can be called "autistic psychosis" and also early childhood autism (Moustapha; and El-cherbini, 2011, p 22).

Autism is one of the most severe disabilities that begins with the child's birth and continues with him until his death. Only a small percentage survive it or improve in their condition, not exceeding (20%) to (30%). This is limited to mild cases that suffer from autism only. Without

being accompanied by mental retardation or intellectual disabilities. In addition to that, we find that more than (70%) of autism cases reach adulthood or old age while they still suffer from severe disability and remain in need of complete care within the family or in a comprehensive care center where they reside for the rest of their lives (**Badr, 2004, p 15**).

The category of autistic people began to be viewed as a category called autism or autism in the sixties of the twentieth century, with similarities at that time between childhood schizophrenia and autism until the eighties, after the issuance of the Diagnostic Manual of Mental Disorders and Mental Disorders II (DSM II) (**Ec- charkaoui, 2018, p 16**).

Autism began to be recognized as an independent disorder and not a type of childhood schizophrenia or early childhood psychosis, as there has been confusion between these mental disorders since 1978 with the publication of the Ninth International Manual under the title Infantile Autism. In addition to this, there is a difference between the group of symptoms of autism and the group of symptoms of schizophrenia in childhood, as the former is characterized by the following clinical signs: The autistic child is incapable of interacting with others, which makes his parents describe him as independent and not dependent on others, and that he prefers solitude and does not feel the presence of others, and that he perceives others as if they were Solids (**Ec- charkaoui, 2018, p 16**).

Autism is included as an independent category in the third Diagnostic Statistical Manual, amended in 1987, within a broad category of behavioral disorders resulting from emotional disturbances and poor social adjustment, with similarity in language disorders, personality profile, and cognitive indistinction resulting from cognitive disturbance and difficulty in social interaction. In the Fourth Manual (DSM IV) in 1994, it was listed as a widespread and non-specific developmental disorder, not as an emotional-affective disorder (**Ec- charkaoui, 2018, p 17**).

Autism is viewed as one of the disorders that affect the growth process, whether in terms of its speed during the developmental years, especially in early childhood. Accordingly, an

autistic child can be defined as that child who suffers from a developmental disorder before the age of three years, so that it appears in the form of constant preoccupation. It is more in itself than being preoccupied with those around it, absorbed in thought, with weak attention and weak communication. It is also characterized by excessive motor activity and slow linguistic development. The child has a weak response to external sensory stimuli and resists change in his environment, which makes him more in need of relying on Others, and attachment to them (El-mokabala, 2016, p 15).

Autism spectrum disorders are neurodevelopmental disorders, meaning they result from abnormalities in the way the brain develops and functions. This term includes a group of different disorders, including conditions that were considered separate, such as autism and Asperger syndrome. Some people still use the term "Asperger's Syndrome", and it is generally thought to represent the milder end of the spectrum of autism spectrum disorders.

People with autism spectrum disorders have problems with social behavior and communicating with others, and tend to engage in individual interests and activities that they do over and over again (WHO, EMRO, 2020, p 02).

Autism spectrum disorders become evident, in most cases, within the first five years of a person's life. These disorders begin in childhood and often continue into adolescence and adulthood. Globally, one in every 160 children suffers from an autism spectrum disorder, and these disorders are more commonly diagnosed in boys than in girls.

People with autism spectrum disorders often suffer from other conditions, including epilepsy, depression, anxiety, and attention deficit hyperactivity disorder.

The level of intelligence and cognitive performance of people with autism spectrum disorders varies greatly, ranging from very poor to superior performance (World Health Organization, Regional Office for the Eastern Mediterranean, 2020.)

8.5. Common signs and symptoms of autism spectrum disorders:

Each person with an autism spectrum disorder has a unique behavioral pattern, but there are some common signs and symptoms: (**World Health Organization, Eastern Mediterranean Regional Office, 2020**).

- Communication problems (difficulty using or understanding language) such as delayed speech development, limited vocabulary for age, repetition of a group of words or phrases, focusing attention and conversation on a few subject areas, and slurred and superficial speech.
- Difficulty in social interaction: This includes difficulty making friends and interacting with people, difficulty understanding facial expressions, difficulty understanding their own feelings and the feelings of others, not making eye contact, not wanting to hug, not responding when called, or refusing to do things that are asked. of them do it.
- Repetitive behaviors and following strict routines: This may include repetitive physical movement such as flapping hands. Frequent moving of objects, such as turning the wheels of a toy car, doing activities that could cause self-harm such as biting or hitting the head, sticking to the same routine every day, and difficulty adapting to changes, even minor ones.
- Emotional sensitivity: hyper- or hyposensitivity to sounds, lights, touch, taste, smells, pain, and other stimuli.

Kanner listed the following characteristics of an autistic child: (**Moustapha; and Eccherbiny, 2011, p 23**).

- The child's inability to establish relationships with others.
- The child does not appear in the way he sits or stands still.
- Delay in language acquisition, as 8 out of 11 children begin speaking either at the appropriate time or later.
- Autistic children have good memory.
- Rhyme (repetition of specific sounds).
- The child adheres to the literal meaning of the words.

- Personal pronouns are used inaccurately (as opposed to pronouns).
- The autistic child shows unusual or abnormal reactions to sensory stimuli.
- The autistic child shows an overwhelming desire to see the world around him as fixed.
- Discomfort from change.
- Playing repetitively.
- All autistic children come from intelligent families.

8.7. Some psychological and educational programs to teach autistic children:

By extrapolating many studies and literature on the most important psycho-behavioral and pedagogical therapeutic methods used with autistic children, we note that there are many of them, some of which can be listed but not limited to, as follows:

- Applied Behavior Analysis (ABA) and the Lovass program.
- Son-Rise program.
- TEACCH program.
- Daily Life Therapy and Higashi School.
- Auditory Solidarity Training (AIT).
- Facilitated Communication (FC).
- Sensory Integration Therapy (SIT) and the Irlen Method.
- Play Therapy.
- Art Therapy.
- Music Therapy.
- Treatment using the Floor Time strategy.
- Picture Exchange Communication System (PECS).
- Discrete Trial Training.
- Time Delay strategy.
- Medical treatment with drugs.

Below is a simplified and quick presentation of some methods and treatments:

8.7.1. Treatment with the Holy Quran:

Mahmoud Ali Mohamed (2004) points out that when he was working in one of the centers specialized in special education, and autistic children were showing signs of screaming, sleeping on the floor, and other such characteristics, he was keen to read the Qur'an with them after the program ended, and he would notice beautiful pictures of these children. Someone caresses his hands and smiles in his face, and this is confirmed by research and studies in the Netherlands (Ec-charqawi, 2018, p 295).

8.7.2. Psychological therapeutic programs: (Es-sherbini, 2015, p. 33).

- How to modify behavior using positive reinforcement.
- Using music, art, and rhythmic movements in a fun atmosphere
- Play therapy as a method of communication and integrating children into group activities.
- Occupational therapy to develop motor and sensory skills.
- Using animals, such as riding horses or playing with dolphins.
- Treating the family and providing guidance and support to its members, with a focus on the mother and siblings to avoid the negative effects of disability on them.

Among the educational programs for teaching autistic children are the following: (ec-cherbini, 2015, pp 67 - 70; Madjid, 2010, pp 135 - 141).

8.7.3. Learning therapy:

Learning treatment is, without any exaggeration, the only path and hope for autistic children so far, especially as a result of the interest and focus in scientific research circles to improve their preparation, training, and develop their abilities and skills in the field of linguistic and non-verbal communication, social and emotional development, treatment of stereotypical, abnormal and aggressive behaviors, self-care training, and even psychomotor and vocational training. Thousands of autistic children have achieved great success in achieving an appropriate amount of independent life, and the educational therapeutic intervention program began early in the child's life in the following ways:

a. The TEACCH method: It is an abbreviation for (treatment and education of autistic and related communication handicapped children) and was developed by Dr. Eric Schopler in 1972 AD in North Carolina University in America, and it is considered the first educational program specialized in teaching For monotheists The Teach educational curriculum is based on teaching communication skills, social skills, play, self-reliance skills, cognitive skills, skills for adapting in society, motor skills, and academic skills. It is a program for autistic children and those who suffer from communication problems, and it is considered the first educational program specialized in teaching autistic people accredited by the American Autism Society. This program has many advantages in addition to early intervention. It relies on the (Structure Teaching) system and organizing the child's environment at home to suit the autistic child. It creates special educational programs for each child according to his social, mental, muscular and linguistic abilities using well-studied tests. It is an integrated program from the age of 03 - 18 years old exploits strengths such as: attachment to routine, anxiety and tension in regular educational settings, difficulty understanding the beginning and end of activities and the sequence of daily events, difficulty Difficulty in moving from one activity to another, difficulty understanding speech, difficulty understanding places and spaces In the classroom, preferring to learn from Through visual perception instead of spoken language.

The organization's educational environment is based on: establishing a specific routine (establishing routine), Organization of spaces (physical structure), daily schedules, organization of work (works structure), learning Visual instruction.

b. Fast For Word method: It is an electronic program that runs on the computer and contains a set of video games. It is a linguistic program that contains linguistic exercises based on developing the basic skills of an autistic child. The program was designed based on research conducted by language therapist and neurologist Paula Tallal over a period of approximately thirty years (Metouali, 2015, p 226).

As for the idea of the program: Children using the program listen through earphones to some sounds and use the computer mouse while interacting with the Fast For Word linguistic exercises. With each click of the mouse, the program adapts to the progress of each student and provides him with effective and purposeful training. The goal of the program is to develop some basic skills such as: developing oral language and auditory skills that provide a strong foundation they need to learn to read, which includes: (knowing sounds, maintaining focus and attention, listening comprehension, and linguistic formation). Time taken to complete the program: The student spends 100 minutes a day, five days a week, for 48 weeks to achieve maximum success.

c. Lovaas Method: It is called Applied Behavior Analysis (ABA) and is an educational program for early intervention for autistic children by psychiatrist Dr. Ivar Lovaas, a professor of psychiatry at the University of Los Angeles in California who runs a specialized center for the study of He treated autism, and began his journey in the world of autism in the late 1950s. He based his experiments on the theory of behavior modification. He is considered the first to apply behavior modification techniques in teaching autistic people. This program is based on training in organized education and individual education based on the strengths and weaknesses of a child and the involvement of the family in the education process. The method is known by different names, including behavioral intervention, behavioral analysis, and others.

d. Individual Educational Program (IEP) method: It is defined as a special educational program whose preparation is based on the assumption that each child has his own unique educational needs and different levels of development for his different abilities, or rather that he has a special picture or graphic page (profile) that identifies his problems. His needs and mental age and the levels of development of each of his abilities in relation to his chronological age. This profile is prepared based on an accurate measurement and

evaluation of these abilities conducted by a team of psychologists and educational specialists to be a basis for planning the individual education program (**Madjid, 2010, pp 135, 136**).

The idea in special education, as we know, is to prepare the autistic child with his own educational environment that allows him to learn at a speed slower than the learning speed of the average child, with a focus on educational activities, topics, teaching methods, and technology of his own so that he can compensate for the shortcomings imposed on him by the autism disability and on the growth of his abilities. The choice depends on The appropriate separation for his level and the degree of his backwardness in each of these abilities from the average child when he joins the school or educational center and whether he suffers from autism only or from other disabilities that accompany autism and require special educational methods, programs and activities in addition to those required by autism (**Madjid, 2010**).

The evaluation program must also exclusively include an accurate description of the stereotypical behaviors that the autistic child engages in repeatedly, consuming a large portion of his time and focus, as well as specification of the abnormal and aggressive behaviors that cause harm to him or those with whom he is in contact. The inventory and evaluation of these behaviors leads to the educational program including some means and methods for treating those behaviors that, if neglected, would prevent the effectiveness of the educational program and achieving its goals (**Madjid, 2010**).

8.7.4. Auditory Integration Training (AIT):

Sound usually travels through the auditory canal and causes the eardrum membrane to vibrate, causing the ossicles to vibrate. The vibration is transmitted to the fluid in the inner ear, causing the nerve endings to vibrate, and the sensation is transmitted to the brain via the nerve. audio. The outer and middle ear act as a transmitter and reinforcer of sound, while the inner ear transforms sound from mechanical energy into electrical energy that is transmitted by the auditory nerve to the brain.

This process is a natural and mechanical process for a normal person, but for an autistic person, the first two stages of the hearing process take place normally, with the suspicion that the defect is in the third stage, which is the stage of transmission of the auditory sensation to the brain via the auditory nerve, so the child appears as if he does not hear or does not hear. He understands commands directed to him, prefers to carry out tasks guided by visual evidence, his vocabulary for reception and transmission is limited, he is unable to follow a series of instructions and commands, he does not distinguish between words that are similar by sound, and he finds it extremely difficult to understand sentences related to time and place, adjectives and abstract concepts.

The opinions of supporters of this method are based on the fact that people with autism suffer from sensitive hearing (they are either overly sensitive or have a lack of auditory sensitivity), and therefore treatment methods are based on improving the hearing ability of these people by doing a hearing examination first, then wearing headphones. The ears of autistic people so that they listen to music that has been installed digitally so that it leads to reducing excessive sensitivity, or increasing sensitivity in the event of its deficiency (Metouali, 2015, pp 15, 16).

There are two types of training in auditory integration: (El-imam; El-djoualda, 2011, pp 84, 85).

- Tomatis Method.
- Berard Method.

The auditory integration training procedure includes:

- An audiometric test to find out whether the person is experiencing “peak hearing loss” that can be reduced or eliminated through AIT.
- Filtering sounds at a specific frequency selected according to the individual’s hearing. When there is difficulty in obtaining an accurate audiogram, the basic modulation device is used without specific filters.

- Musical modification by reducing and enriching the tripartite musical output alternately and on a random basis. Each session lasts 30 minutes, two sessions per day for 10 days.
- There is another measurement of the person's hearing strength after five days to determine whether the audio peak is still present, whether there is a need to adjust the filter, and whether the person suffers from speech and language problems, and after half the sessions have passed, the volume level in relation to the ear is reduced. The left brain to stimulate linguistic development in the left hemisphere.

After conducting training on auditory integration, the individual perceives all vibrations well and evenly, and he should not have an "auditory peak." Both methods - Tomatis and Berard - have been shown to be useful in treating hypersensitivity of hearing, and they have also been used with people suffering from autism. Dyslexia, developmental and intellectual disabilities, hyperactivity and others.

8.7.5. Sensory Integration Therapy (SIT):

It is taken from another science, occupational therapy, and is based on the fact that the nervous system connects and integrates all the sensations emanating from the body, and therefore any defect in the connection or coordination of these sensations (smell, hearing, sight, touch, balance, taste) may lead to autistic symptoms. The treatment is based on analyzing these feelings and then working to balance them. But in reality, not all autistic children show symptoms indicating a sensory imbalance, nor is there a clear and proven relationship between the theory of sensory integration and language problems in autistic children, as this must be taken into account while developing the treatment program for each child (Madjid, 2010, p 145).

This program includes the child's deep breathing, massage, gentle touching, and the use of touch that aid in adaptive responses as well as training the child's brain to integrate inputs to different sensations (Madjid, 2010).

8.7.6. Facilitated Communication:

Scientist Rose Marie Crossley from Australia points to a specific strategy in teaching cases of severe autism. The facilitated communication method depends on the presence of an assistant who helps the autistic child by placing his hand on his hand, and the autistic person types on a typewriter or voice communication device with the help of the other person. This method received direct media attention, and was covered by many American media outlets. But the criticism directed at this method is that the therapist may intervene too much and choose the appropriate letters to form sentences that express his own emotions and feelings, not the autistic child's. There is still controversy about this method and its validity. However, it is proven that this type of training is successful and cannot be ignored because the sense of touch is a strong sense that can be relied upon to convey the message to others (Madjid, 2010, pp 144, 145).

8.7.7. Son – Rise Program:

The first beginning of the Sun-Rise program goes back to Kaufman; and Samahira, who are the parents of a child named Rayn, who was diagnosed at the age of nineteen months as an autistic child who suffers from a severe deficiency in the level of intelligence. This happened in the early seventies. From the last century. Since the initial diagnosis of the child, "Rain," emphasized the need for him to be placed in an institute for intellectual education, his parents were determined to help their child themselves. They designed a home program and transformed their child, who was unable to speak and isolated, and whose intelligence level was weak, into a child who spoke and interacted socially, and whose intelligence level was high.

Kaufman; and Kaufman (1976) emphasized that the therapeutic design followed with their child is based primarily on an attitude of unconditional love and acceptance, believing that parents are the best teacher for their children. When these parents succeeded with their child through home work with him, they published a book that included practical experience and applied practice of the method they followed with their child. This book was

in 1981 under the name "The Child's Awakening: The Miracle of Love," which It later appeared to us as a story for a movie.

Rabia Ibrahim (2003) indicated that the method of the Sun-Rise program is concerned with strengthening the child's social communication, and this may be what distinguishes it from other therapeutic programs. Among the basics that this program adopts is participation and using the child's desires as a basis for learning, as well as learning through joint play and the use of Excitement and fun factor. The philosophical approach to the Sun-Rise program is that the child should derive information, understanding, and insight from the teacher, and the teacher should use what is known as "soothing" compassionate teaching and create an exciting social environment for learning. Using this method with autistic children consists of selecting a special room. It helps reduce distraction as much as possible, and the Sun-Rise program supports improving the condition of autistic children by:

- Participating in and editing the child's traditional, repetitive behaviors. Thus, this process facilitates the child's ability to make visual contact, which is the first beginning of improvement.
- Using the child's motivation well, which is the first step to learning and acquiring the skill from the point of view of the designers of this method.
- Interactive play and enhancing social and communication skills.
- Exploiting energy, excitement, enthusiasm and constant love.
- Creating a safe environment free of mental distraction, which in turn facilitates the teaching and learning process.

8.7.8. Diet therapy:

Individuals with autism spectrum disorder suffer from multiple nutritional problems in their forms and manifestations. Most children with autism disorder suffer from a natural imbalance of bacteria, yeasts, and germs in the intestines, and thus harmful molecules begin to spread in the digestive system, and some of them suffer from yeast overgrowth in the

intestines. It is considered one of the most common disorders, and there is an increase in intestinal permeability, which means; Intestinal filtration, which leads to chronic disorder in the intestinal wall, and thus leads to other problems. Casein and gluten allergy. Food allergy in an individual with autistic disorder. This type of allergy means the inability to digest food proteins in an effective manner, which results in reactions with an effect similar to the anesthetic morphine. On natural drug receptors in the brain.

People with autism disorder are exposed to indigestion and malabsorption, and the digestion process is incomplete and normal, which leads to poor absorption by the body of beneficial nutrients for the body. As a result of intestinal disorders, there is difficulty or lack of muscle movement during the excretion process, and this is known as (constipation). A group of individuals with autism disorder were found to be allergic to foods containing phenol, and they had problems and deficits in the sulfation process and in the sulfate transfer enzyme.

In terms of immunity in general, they suffer from a weak immune system in the intestines, which leads to their exposure to recurrent intestinal infections and inflammation of the digestive system.

Steps to help: (**Mahmoud;; and Abou El-Ainin;; and El-Makdami;; and El-Tali, 2015, p 139**).

- Start by eliminating casein and gluten by following a diet free of these two substances, with the need to consult a specialist doctor.
- Clean the child's diet by reducing the intake of fast food, carbohydrates, sweets, and foods containing colorings, preservatives, artificial flavors, and hormones found in many foods.
- Reducing substances that contain sugar, especially with cases suffering from intestinal disorders associated with bacterial and yeast overgrowth or parasites.
- Exclude allergenic foods after conducting a food allergy test.
- Perform a stool culture analysis to identify diseases related to the intestines.

- Use nutritional and nutritional supplements that help remove some inflammation and allergies localized in the intestinal system.

8.7.9. Music Therapy:

She studied the practical and therapeutic effects of music on autistic children. It was found that music has a significant impact on reducing hyperactivity in children and lowering the level of anxiety, and that it is much better than using speech, as it helps the child remember the songs. Also, this program is simple and easy for the child to train on and has no side effects (**Madjid, 2010, p 146**).

8.7.10. Play Therapy:

The American Psychiatric Association (APA, 1994) confirmed that play is the third dimension of the triad of social weaknesses in autistic children. Play, especially symbolic play, is one of the weaknesses and deficiencies in autistic children. In general, play occupies a great place as a therapeutic aspect for children in general and autistic children in particular. Before delving into play as a treatment for autism, the following question must be answered: Why is play difficult for autistic children?

Moore (2002) summarizes the answer to the previous question in the following points:

- Autistic children suffer from linguistic and speech problems that prevent them from understanding and producing words that express their desires and needs.
- Autistic children suffer from problems in social interaction with others, which in turn leads to a deficit in the ability to play group games with normal and abnormal children.
- Autistic children suffer from a lack of imagination, and thus play becomes a major problem for these children.

As a result of the combination of these three factors, play becomes extremely difficult for these children and does not play its positive, effective role with them. In order for the child to be able to participate in social and functional games, he must first pass through

the initial and early stages of play (such as opening the mouth to speak and waving the hand) and communicative play, such as collecting and stacking objects, using one object as a container to carry other objects inside, moving them, and stacking them in an almost natural way. Osteopathic children have limited experience with these two types of games due to their lack of curiosity and desire to explore things, and instead are constantly engaged in repetitive and persistent behavior. In general, Sayed Othman (1986) emphasized that play generally frees the child from restrictions, so his mind opens, his imagination is unleashed, and he is trained in innovative works through immersion in it. Because playing is a good opportunity for work, mastery, mastery, and training.

As for El-gharir (2016), he indicated in his research that there are many methods and therapeutic methods through which the autistic child is dealt with to provide him with social, cognitive, linguistic, and motor skills and experiences. The following are some of these programs: (El Ghrir, 2016, pp 65, 66).

- a. Behavior modification programs: Behavioral therapy is the science that applies the methods that emerged from the laws of behavioral theory in an organized manner, in order to bring about a fundamental and positive change in behavior, by providing experimental evidence that confirms the responsibility of these methods for the change that has occurred in behavior.
- b. Entertainment programs: Many studies have proven that entertainment programs are necessary for autistic children. Because of the joy and happiness it provides in the lives of autistic children.
- c. Social programs: Successful social interactions are among the most difficult challenges for individuals with autism. Autistic children and adults, who have functional skills to a large degree, often suffer from difficulties in social skills, and the availability of opportunities for social interaction through mingling with others, including trips. , various activities, and joint camps with ordinary children.

- d. Communication program (pronunciation and speech): Such programs detect the problems that people with autism disorders suffer from, including linguistic communication.
- e. Physical, occupational and aquatic therapy: The body, gross and fine motor skills are evaluated.
- f. Sports games and activities: They are effective in developing their physical and psychological aspects.

9. Conclusion:

Until now, there is no specific treatment for autism. All we do is do our best to enable this autistic child to coexist with us and with his community in a normal way. Therefore, it is imperative for everyone, and for specialists working in the field of autism treatment in particular, to link daily life experiences to research results. Scientific studies have found ways to find a treatment for autism, especially treating disorders that affect the social aspects of the individual through methods that focus on his interaction with his community because it is the basis of autism. It is unreasonable to focus on the superficial deficits of many people with autism. This explains why some psychological programs do not achieve success. Such as auditory integration training, sensory integration therapy, and behavior modification techniques, in addition to many well-known alternative treatment methods, provide the desired results in the long term, as treatment is a slow and tiring process, and most programs have varying degrees of effectiveness depending on the experience of the therapist, the patient's response, and the encouraging environment surrounding him. . We conclude from the above that it is necessary to provide programs and intervention services to all parties and workers in the field (children with disabilities or disorders, families, teachers, specialists, ...) to provide the necessary assistance and support to the autistic child, with the aim of improving their lives at all levels.

10. Research proposals:

Among the suggestions that can be presented following this research are the following:

- Early detection of autistic people using reliable tools and experts in the field and specialty.
- Classification of autistic children according to the degree and type of disorder.
- Choose the appropriate treatment program for each autistic disorder and not confuse them.
- Do not try some of the alleged treatments because some of them may be dangerous or cause additional harm.
- Treating this group of society well and kindly, and benefiting from some of the positives they possess.

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