

Exploration of Parents' Perceptions on Social Skills Displayed by Children with Autism Spectrum Disorder

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Abstract: A common symptom noted amongst children diagnosed with Autism Spectrum Disorder (ASD) refers to social skills impairment. The level of impaired social skills exerted by children with ASD relies on the disorder severity. As such, this research looked into the parents' perceptions towards social skills exerted by children with ASD. Hence, interview sessions with semi-structured layout were carried out with ten parent who had children diagnosed with ASD. All interview sessions were recorded, which were later transcribed and coded using Nvivo11. Next, the interview transcriptions were discussed with the parents for clarification and accuracy of details. The study outcomes revealed several common features related to ASD, which are lacking social initiation, limited eye contact, poor social communication, limited joint attention, dysregulated emotions, and poor response towards social cues. Conclusively, children diagnosed with ASD displayed discrepancies in social skills, particularly in communication, social motivation, social awareness, autism mannerism, and social cognition. Few interventions suggested by parents to enhance children's social skills at home were discussed.

Index Terms: Keywords: Social skills, parents' perceptions, Autism Spectrum Disorder.

I. INTRODUCTION

Autism spectrum disorder (ASD) is characterised by significant impairments in social communication and social interaction across contexts (American Psychological Association, 2013). ASD now recognised as the most common childhood neurodevelopmental disorder, diagnosed in approximately 1 in 48 children (APA, 2013). Social skills refer to social behaviour, which enable one in interacting with the others to exchange responses in a positive manner. Nevertheless, those diagnosed with ASD experience some challenges in communicating and socialising with the others, as they tend to exhibit repetitive behaviour. Social skill deficits are a pervasive and enduring feature of ASD. In specific, ASD children exert deficits while initiating social conversations and skills (Leung, Vogan, Powell, Anagnostou, & Taylor, 2015; Whalon, Conroy, Martinez, & Werch, 2015), communicating in social events (Kelley, Stoll, & Stoppelbein, 2014; Kelley et al., 2014; Koegel, Vernon, Koegel, Koegel, & Paullin, 2012), discussing topics of interest (Stronach & Wetherby 2014), making eye contact (Soto et al. 2016), and giving joint attention (Hurwitz & Watson 2016). Therefore, exhibiting appropriate social

behaviours and initiation is bound to be a struggle amongst those diagnosed with ASD (Smith & Iadarola 2015).

According to Bradshaw, Koegel, & Koegel (2017), children with ASD often struggle in social communication. Impairments in the area of social communication and social interactions can be manifested as deficits in nonverbal communication used socially such as poor eye contact, difficulty integrating verbal and nonverbal communication, reduced gesture use, impaired joint attention (Kelley et al. 2014). Eye contact is used for a variety of social purposes in typically developing children, including for requesting and sharing interest, enjoyment, and other internal states. However, eye gaze among individuals with autism, this regulation is ineffective and leads to elevated levels of arousal during eye contact.

Besides, children with autism are also display impairment in joint attention and joint engagement (Shire et al. 2016). Joint attention involves sharing attention with others through actions of pointing, showing, give respond to others, and initiating object-directed gazes between objects and people (Shire et al. 2015). Children with ASD, however, show impairments in joint attention skills as compared to children with delayed and typical development (Hurwitz & Watson 2016). The act of actively giving attention during a communicative event refers to joint engagement. One's language development is facilitated through the use of symbol-infused joint engagement at a longer time so as to estimate their language acquisition capacity. Thus, gestures of joint attention and language are applied within the related context, particularly when the child with ASD is engaged actively.

Given the social impairments present in children with ASD, this study attempts to explore the perceptions of parents' perceptions on social skills of their children with Autism Spectrum Disorder (ASD). There are three objectives in this study. First, to explore the signs of children with ASD that occurs at home, and second, to explore the social skills functioning among children with ASD, and third to explore the interventions that can use use at home to enhance their social skills functioning.

II. LITERATURE REVIEW

Diagnosis of ASD reflects social communication and interaction deficits, along with repetitive and restricted behaviour (APA, 2013). Nonetheless, the degree of

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deficiency in their social interaction is dictated by three essential aspects. Impairment in social-emotional reciprocity is inclusive of shortfall in non-verbal communication (e.g. body posture, eye gaze, facial expression) and display of limited attention or interest towards objects or persons (APA, 2013). Additionally, those diagnosed with ASD portray poor understanding, development, and sustenance of relationships, apart from displaying lack of response in communicative events due to poor skills (APA, 2013). However, social skills for children with ASD has across the core deficits of ASD due to homogenous of disorder. Perceptions and belief of parents are vitally important for understanding the range of social skills of their children and intervention that can provide to this atypical children with ASD. In this study, the main themes for social skills in this study are discussed.

A. Social Awareness

Social awareness is one of the important element in social competence. Social awareness is one's ability to understand the changes that occur in the surrounding. Children with ASD are often over-focused in their own surrounding, thus failing to respond promptly when called or unaware when approached for social reciprocity. According to Greenspan's model of Personal Competence (Greenspan & Wieder 1999), social awareness included three categories such as social sight, social sensitivity and communication. In sum, it refers to capability of interpreting a social event, comprehend social setting and capability of relating one's thoughts and feelings to another.

B. Social Cognition

Social cognition refers to ability to take another person's point of view into consideration. Social cognition also involves knowledge, self-awareness, and perspective taking (Andrés-Roqueta, Adrian, Clemente, & Villanueva, 2016; Radley et al., 2014); expressing emotions (Bird & Viding 2014); understanding the feelings of others (Fletcher-Watson et al. 2014); empathising (Peterson 2014) the ability to attribute the causes of those behaviours to internal mental states. The self-awareness aspect of social cognition is one's ability to monitor and control his or her own actions during social interactions (Boutot & Myles, 2011).

C. Communication

Social communication skills include a broad array of verbal and nonverbal behaviors used in reciprocal social interaction (Tager-Flusberg et al. 2005). Communication in verbal behaviour is speech and spoken language while nonverbal behaviour, such as eye gaze, facial expression, gestures and social interaction. Typically, children use both verbal and nonverbal expressions to convey message. Nevertheless, ASD children have communication impairment, as they have limited communicative speech, but instead use gestures, such as pulling hand and leading to the desired and handing a thing to an adult seeking aid (Moss et al. 2012).

D. Social Motivation

Social motivation reflects one's desire to be with others and to interact with them. This denotes the motivation or the desire to respond to a social cue or joint attention, such as

pointing at an object to signal attention. They are also interested in sharing enjoyment and initiating/taking part in collaborative activities (Chevallier et al. 2012). Besides, social motivation influence characteristic of play and friendship among peers (Calder, Hill, & Pellicano, 2013;Hobson, Hobson, Malik, Bargiota, & Caló, 2013). According Yeo & Teng (2015), the most observed social skills deficit displayed in children with ASD is behavioral and affective areas such as less initiative to play with peers and show low motivation in group activities.

E. Autism Mannerism

Autism mannerism refers to hand flapping, body rocking, eyes contact, responses when being called, emotional responses, repetitive behaviour, parrot fashioning, self-talking, self-stimulation and self-regulation (DiStefano et al. 2016).

III. METHODOLOGY

A. 3.1 Design

The qualitative design approach was adopted in this study in order to determine the perception of parents towards social skills displayed by the children diagnosed with ASD. Therefore, the interview approach was employed with semi-structured layout in order to gather data. Next, thematic analysis was performed to identify codes and categorise themes from the gathered data.

B. Participants

The study participants were selected amongst parents who had children diagnosed with ASD by using the purposive sampling method. Table I presents the demographic profiles of the selected participants. However, the sample names were not disclosed in this study to retain confidentiality and anonymity in adherence to ethical standards.

Table I: Demographic of Participants

Participants	Sex	Age
Mdm. Linda	F	40
Mdm. Jennifer	F	38
Mdm. Goh	F	43
Mdm. Latifah	F	35
Mdm. Sabtuyah	F	31
Mr. Syafiee	M	36
Mr. Othman	M	45
Mr. Sylvester	M	36
Mr. Kang	M	38
Mr. Zaidi	M	40

C. Procedure

This study adopted the semi-structured interview approach at the participants' homes in order to gather their perceptions regarding social skills exerted by their children diagnosed with ASD, as observed at home. This study was performed by adhering to a pre-defined interview protocol and a list of research questions related to the topic investigated. The



interview sessions probed into several integral aspects and views, such as (1) ASD symptoms, (2) functions of social skills, and (3) recommended interventions practiced at home. Additionally, probing strategy and other flexible methods were employed during the interview sessions to gain information. Upon permission, the interview sessions were recorded for transcription and analyses purposes.

D. Tables and Graphs

Table II presents the gathered data pertaining to children diagnosed with ASD assessed in this research. All selected children sought special education at the same national pre-school. In retaining confidentiality and anonymity, their names are not disclosed in this study.

Table II: Demographic of preschool special children

Children's Name	Sex	Age	Race	Category of Disability	Verbal Ability
Fariz	M	6	Malay	Autism Spectrum Disorder	Non-verbal
Reeve	M	6	Kadazan	Autism Spectrum Disorder	Non-verbal
Tan	M	6	Chinese	Autism Spectrum Disorder	Non-verbal
Wong	M	6	Chinese	Autism Spectrum Disorder	Non-verbal
Aqil	M	6	Malay	Autism Spectrum Disorder	Verbal

IV. RESULTS

There are three questions research in this study namely what are the characteristic of ASD that display among children, how the social skills functioning of the children and what approaches can use to enhance social skills children with ASD. Thematic analysis was used to identify the pattern in data and to find out the characteristics of the Autism Spectrum Disorders especially those highlighted in social skills functioning and approaches that used at home. Due to relevancy of themes derived from the gathered data, the method appeared inductive. The generated transcript was read twice and verification was sought from the participants prior to coding. Table III presents all the related codes, sub-themes, and themes.

Table III: Codes Derived From Thematic Analysis

Code	Sub-theme	Theme
• No awareness of surrounding	Behaviour disorders	
• Poor social initiation	Social	
• Avoidance eye contact	motivation	
• Impairment in social interaction	Social	Characteristic of Autism Spectrum Disorder
• Impair in verbal communication	communication deficit	
• Cannot understand the instructions given	Theory of Mind (ToM)	
• Does not understand the social cues	Impairment in Social	
• Difficult to share toys	cognition	
• Mood swing	Social	

• Throw tantrums	awareness	
• Melt down	Emotional problem	
	Sensory issues	
• Poor response when being approach		
• Inside their own world		
• Poor response to social cues		
• Less eye contact	Engagement	Social Awareness
• Poor social initiation		
• Impair social interaction		
• Not alert of surrounding		
• Poor joint attention		
• Short attention span		
• Limited words		
• Poor verbal response		
• Use body geatures to communicate (e.g. Pull hands)	Interaction	
• Point 'out' when they want to go to the toilet	and Communication	Social Communication
• Poor social interaction	on	
• Echolalia		
• Impair in emotion expression		
• Short attention span		
• Does not understand face expression		
• Does not know how to express feelings	Theory of Mind	Social Cognition
• Impair in understand the social cue		
• Does not understand body language		
• Low level of empathy		
• Solitary play		
• Repetative play		
• No initiative to play with peers or siblings	Play	Social Motivation
• Poor play skills		
• Throw tantrum when prompt to play with siblings		
• Rigid with daily routine		



- Self-talking
 - Spinning
 - Running back and forth
 - Melt down
 - High tolerate in pain
 - Repetative behaviour
 - Self-stimming
-
- Play intervention – Floortime, Child-Centred Play Therapy (CCPT), playgroup
 - Visual Schedule
 - Social stories
 - Peer mediated intervention

Behavior and Autism
sensory issues Mannerism

Strategies and Approaches
Intervention

Participants' perceptions were interpreted in seven main themes namely (i) Characteristic of ASD (ii) Social Awareness, (iii) Social Communication, (iv) Social Cognition, (v) Social Motivation, (vi) Autism Mannerism and (vii) Approaches. The children's with ASD showed the signs of Autism, which led to some outcomes in social interaction, communication, behaviour, play skills, poor social responses as well as sensory issues. The results also showed that some approaches suggested by participants have helped the children with ASD in social skills at natural setting such as at home. The strategies were recommended to improve the social skills amongst ASD-diagnosed children, particularly at house. These strategies include peer-mediated and play interventions, as well as use of social narrations and visual placards. Exemplar quotes are used to elaborate the related processes.

Theme 1: Characteristic of Autism Spectrum Disorders

Children with ASD spend less time participating in social interactions (McConnell, 2002), and are less inclined to initiate social contact with peers (Bauminger, Shulman, & Agam, 2003) than children without ASD. The core deficits in social interaction and communication as well as stereotyped behaviour usually display in children with ASD. However, the deficit is based on the the degree of the severity of this disorder. All the participants seemed to provide similar perceptions, wherein ASD children displayed varied social, communicative, and behavioural abilities, in comparison to normal children. The following presents several excerpts regarding the gathered perceptions:

- 'My son always in his own world, we are very hard to communicate by verbal. He usually does not want to play with his siblings.' (Linda, 40)
- 'My child have problems in social communication. He is non-verbal and he cries and throw tantrums whenever he wants something from us.' (Sabtuyah, 31)
- 'My child play alone most of the time. He has behaviour problem.He seems no eye contact and poor interaction with us.' (Syafiee, 36)
- 'My child cannot stand with loud noises such as sounds from vaccum, hair dryer and grass cutter outside the house. He will close both ears and melt down most of the time.'

(Othman, 45)

'My boy likes to spin a plate repeatly. He will feel frustrated if we take away the plate.' (Kang, 38)

'My child does not understand the basic instructions and social cues. We face difficulties when we want to teach him some living skills such as toilet train, take off a shirt, shower and eat independantly. (Jennifer, 38)

Theme 2: Social Awareness

Social awareness is one's ability to understand the changes that occur in the surrounding. Children with ASD are often over-focused in their own surrounding, thus failing to respond promptly when called or unaware when approached for social reciprocity. The deficit of this social awareness was expresses by parents as below:

'My boy does not response to his name when we call him...'
(Latifah, 35)

'My child has poor eye contact. He does not look at me when I call his name.' (Goh, 43)

'My child does not seem to be interested in activities or conversation that I made with him..he just walked away when I talked to him.' (Linda, 40)

'He does not know the danger...he just walks or run in the middle of the road.' (Zaidi, 40)

'My child always in his own world... I feel so difficult to interact with him.' (Kang , 38)

Theme 3: Social Communication

According to (San José Cáceres et al. 2014), about 30% of those diagnosed with ASD tend to display minimum verbal traits until 5 years old, which includes socialising discrepancies (APA, 2000). In fact, studies have proven that children suffering from ASD may continue struggling with social interactions throughout their life, despite acquiring apt linguistic nuances. Out of the six pre-school children with ASD assessed in this research, five seemed to be non-verbal, which appears to be a common occurrence amongst those aged between five and six (DiStefano et al. 2016). The children examined in this study were all males and displayed communicative deficiencies, as observed by their parents in the following:

'My child seldom interact with us.. he prefers play alone.' (Othman, 45)

'My child has limited words, usually he just copy what I said.' (Latifah, 35)

'My son does not shows eye contact as other neurotypical children.' (Jennifer, 38)

'My child shows less interest, and less engagement during play activities.' (Kang, 38)

'My child seems difficult to join attention with me.' (Goh, 43)

The children with ASD exhibited variances in development of expressive language (EL) and non-verbal communication, in comparison those with normal progression and those diagnosed with various other developmental deficiencies. As for those with ASD, they heavily rely on body gestures for communication (Greenspan & Wieder, 2003). Upon using body language and words,

autistic children tend to feel that they are included, hence start learning to give responses. Over time, they become comfortable interacting with people (Wieder & Greenspan 2003) Greenspan & Wieder, 2006). Perceptions gathered from parents regarding gestures exerted by their children with ASD are:

“My child pulls my hand whenever he wants something” (Slyvester, 36)

“My son does not talk, but he can point to their milk bottle” (Sabtuyah, 31)

“My son points ‘out’ when he wants to go to toilet” (Goh, 43)

“Sometimes he bites and scratch me whenever he feels upset or frustrated..” (Linda, 40)

Theme 4: Social Cognition

The term ‘social cognition’ refers to comprehending one’s behaviour and associating the causes of displaying such behaviour (Laugeson et al. 2012). The theory of mind (ToM) upholds that children with ASD should be allowed to interact in a meaningful manner with teachers and friends. Nevertheless, ToM is deprived amidst most children suffering from development issues, thus could be linked with failure in understanding feelings, stances, beliefs, and behaviour displayed by others. As depicted earlier, ASD is an area that is largely untapped regardless of the vast studies available, hence a puzzling riddle. The following describes the parents’ perceptions about struggles in comprehending information and social cues faced by children with ASD.

“My son does not understand social cues. he does not know how to make friends.” (Kang, 38)

“He does not understand my face expression when I show my angry face.” (Shafiee, 36)

“My son does not know how to express his feelings..” (Goh, 43)

“My child does not understand my instructions. I use pictures to teach him basic social skills such as ‘hi’, ‘good morning’ and ‘please’.” (Jennifer, 38)

Theme 5: Social Motivation

Children with ASD have social motivation deficits that limit their learning experiences in the context of social. This causes poor social skills and impaired progression in social cognitive domain.

Deficits in motivation adversely affect social cognition progress. Within the social motivation context, learning experiences and social inputs are deprived of ASD children, thus affecting social cognition. The ‘mindblindness’ aspect amongst children diagnosed with ASD refers to social deficits, wherein one have problems comprehending social contexts that further cause failure in social interaction. For example, children with ASD exhibiting lack of motivation in initiating social play skills and being less responsive.

Some early markers that can be detected in children with ASD are limited joint attention, less interest in social play skills, and lack of pretend play (Lillard et al., 2013; Jervis & Baker, 2004; Lee et al., 2016). The notion ‘pretend play’ refers to development of language, social awareness and skills, emotions, cognition, ToM, and understanding social cues (Chan et al. 2016). In this context, ToM reflects the

integral ability of one in establishing interpersonal communications and social relationships. In fact, several researches have concluded that ASD children fail to comprehend pretend actions embedded in play (Chan et al., 2016; Hobson, Hobson, Cheung, & Caló, 2014; Lillard et al., 2013). Deficits in pretend play reflect absence of playfulness aspect amongst children diagnosed with ASD. The parents in this study seemed to assert limited responsiveness, lack of motivation in social initiation, and deprived play skills amongst their children:

“My child always displays solitary play at home. He doesn’t shows any initiative to play with his brother” (Jennifer, 38)

“My child are very rigid... He will throw tantrum if we change the way his play. He likes to line up the train all the time...” (Othman, 45)

“My son does not play pretend play.. he displays sensory play most of the time.” (Kang, 38)

“My child does not have friend in playschool. He always show less motivation to make friend at school.” (Latifah, 35)

“My child does not know how to make friend at school. He prefer to play alone.” (Goh, 43)

Theme 6: Autism Mannerism

Autism mannerism is referring to behaviour and sensory problem display in children with ASD. Generally, children with ASD display repetitive behavior, self-stimming, melt down and sensory issues. ASD-diagnosed children exert repetitive behaviour or vocal, stereotyped traits, limited interests, sensory features or behaviour, and inflexible adherence towards schedules or routines. Although the behaviour, such as flapping in excitement, may be displayed by normal children during development phase, such traits are bound to halt at certain stage. Children diagnosed with ASD face difficulties in controlling emotions and exert atypical responses to certain sensory aspects, thus escalating lability and reactivity. The parents selected in this study claimed as follows about the autistic traits of their children:

“My son always melt down whenever we bring him to crowded place...” (Othman, 45)

“My child rocks back and forth all the time at home he always displays ‘stimming’ when he is alone.” (Sabtuyah, 31)

“My son has hand flapping problem.. I cannot stop him from doing this” (Zaidi, 40)

“My child will scream and throw tantrum whenever we do not give him candy...he is picky eater. He only drinks milk and eat candy” (Kang, 38)

“My child always display ‘echolalia’.. He does not the meaning of words...he just ‘copy and paste’ for what I say.” Goh, 43)

Theme 7: Approaches

Early intervention is crucial for children with Autism Spectrum Disorder to enhance their social competence as well as social skills in their early years. However, it is important to choose an appropriate intervention especially at home in order to give them a promising

outcomes of the intervention. Finally, parents highlighted what intervention they wanted to facilitate a child's motivation to communicate and socialise with others. Some approaches that suggested by parents such as play based intervention, peer mediated intervention, video modelling, social stories and others strategies that can embedded into evidence based intervention to enhance social skills among children with Autism Spectrum Disorder.

"I think play intervention like Theraplay, Integrated Play Group, Child Centre Play Therapy (CCPT) can be use to help our children to communicate in the appropriate way.." (Zaidi, 40)

"They can learn how to communicate if mix with other peers.. peers is important..I always encourage my children to play with their brother." (Shaffiee, 36)

"My child likes to watch mickey mouse.. he copies the words from there..." (Latifah, 35)

"Social stories is a good strategies to help to my child to understand the social events like going to grandma's house, park or shopping mall." (Jennifer, 38)

"My son learns words and greeting phase from DVD. He has a good imitation skills." (Slyvester, 36)

V. DISCUSSION

This research investigated perceptions given by parents towards social skills exerted by their children with ASD. The study outcomes shed new light upon social skills traits of children diagnosed with ASD. Social awareness is ability children with ASD to understand the changes that occur in the surrounding. Naturally, children with ASD are often unaware when approached for a social reciprocity. The children with ASD display impair in responding social cues such as response to the name, eye contact, or gestures like smile, shake hand, nod head and response to the danger situation. In addition, they often display deficits such as interpreting a social event, comprehend social setting and low capability of relating one's thoughts and feelings to another. This study indicates the social interaction is the biggest issue in dealing with social awareness. In fact, social awareness is an important element in enhancing social communication skills children with ASD.

Results from the interview sessions displayed several reasons behind social communication deficits faced by non-verbal ASD children, particularly in expressing and displaying social skills towards others (Tager-Flusberg et al. 2005). Social non-verbal behaviours that are commonly assessed include eye contact, gestures, body language, and facial expressions as well as the coordination and integration of these behaviours flexibly across contexts. For instance, children with ASD display avoidance of eye contact during conversation. Besides, they also having difficulties to interpret gestures and body language. Moreover, impairment in recognise and interpret facial expressions also occurs in children with ASD. All these communication deficits make the children getting harder to have friendship with peers in school or with siblings at home.

This study amplifies the issues faced by children diagnosed with ASD in social communication particularly their verbal ability in social context. These children only speak when the

necessity arises and exhibit 'echolalia', which refers to meaningless repetition of words, that is self-directed and difficulties in establishing age-appropriate social interaction (Paul, 2008). In fact, echolalia seems to be a common trait amongst children with ASD that affects learning behaviour and social relationships (Neely et al. 2015). Children ASD with minimum verbal ability tend to showcase echolalia or repeat less meaningful words in social context. In precise, children with ASD facing deficit in receptive language skills generate more echolalia, in comparison to those with better age-appropriate receptive skills (Neely et al. 2016). Many non-verbal children with ASD prefer using body language for communication (Mavridis 2015), for example, pointing as a cur to visit the loo or pulling one's arm as a hint to reach an object. Moss, Howlin, Magiati, and Oliver (2012) claimed that one-year-old children and infant siblings at high-risk generated and comprehended several gestures than those at lower risk. These children may also go back to their early communicative styles (e.g. throwing tantrum and yelling) to gain attention.

Children suffering from ASD experience deficit in ToM, thus failing to successfully communicate socially (Kimhi 2014). Skills related to ToM have substantial impact upon social communicative skills (Kana et al. 2015), particularly in understanding desires, emotions, beliefs, and intentions of others, apart from predicting behaviours of others based on social cues. Since children with ASD only partially comprehend social cues and mental states of others (Boucher 2012), they have poor social communication skills and relationships. Failure in interpreting emotional and social cues, as well as deficits in reckoning social behaviours and mental states of others, has a huge impact upon diverse social tasks. For example, children diagnosed with ASD lack complex social emotions, such as guilt; failure to reflect oneself with another, such as feeling embarrassed; or failing to comprehend accountability or taking responsibility of one's action, such as pride. Kasari, Chamberlain, and Bauminger (2001) made comparison between children with ASD and those normal, which revealed that children with ASD had limited complex emotions, thus experienced deficit in communication, apart from demanding extra time and additional prompts prior to generating complex emotion. children with ASD face problems comprehending social cues, hence failure to reckon emotions and facial cues.

Deficit in social motivation is common amongst children with ASD, which affects social cognition progression. Within the framework of social motivation, limited social interest deprives learning opportunity and social inputs amidst developing children, thus stripping their social cognition aspect. The 'mindblindness' aspect amidst children with ASD reflects the difficulties they face in relation to social communication and relationships, responsiveness, social initiation and play skills.

The early markers displayed by children with ASD are limited joint attention, less social interest and skills, as well as lack pretend play (Lillard et al., 2013; Jervis & Baker, 2004; Lee et al., 2016). The notion 'pretend play' refers to development of language,

social awareness and skills, emotions, cognition, ToM, and understanding social cues (Chan et al. 2016). In this context, ToM reflects the integral ability of one in establishing interpersonal communications and social relationships. In fact, several researches have concluded that children with fail to comprehend pretend actions embedded in play (Chan et al., 2016; Hobson, Hobson, Cheung, & Caló, 2014; Lillard et al., 2013). Deficits in pretend play reflect absence of playfulness aspect amongst children diagnosed with ASD.

Some strategies recommended by parents in addressing deficits displayed by children with ASD are social narrations, intervention with peers and play at home, video modelling, and visual schedules. Social interaction amongst ASD children can be enhanced via play intervention (Dykstra et al. 2012) due to its positive effect upon social play skills and traits. Floor time play (FTP) is an intervention approach that can enhance social interaction, communication and engagement children with ASD (Dionne & Martini 2011). Kasari et al. (2008; 2012) have found that the effect on language and communication skills after social communication treatment by using Floortime approach and table top training during the treatment (Liao et al. 2014). Floortime also appears to an effective approach applied by parents to increase social interaction, engagement, and socio-emotional functioning (Aali, Amir, Yazdi, & Abdekhodaei, 2015; Dionne & Martini, 2011). Besides intervention at home, the Floortime approach has also been used across several settings, such as therapy centres and at schools. This particular model was initially designed to assist children diagnosed with ASD to develop social interaction, emotional functioning, and increase intellectual capacities, including establishing relationships with other people. For instance, children with ASD have been reported to make significant gains in social awareness, communication skills, emotional development and to decrease stereotyped behaviours. Development of communicative circles amongst ASD children can be enhanced via Floortime (Liao et al. 2014) through strength and progression level building. The intervention using Floortime™ for at least 14.2 hours on a weekly basis can substantially enhance progress and minimise autistic behaviours in 47% of children diagnosed with ASD. However, most researchers employed convenience sampling and dismissed control groups (see Dionne & Martini, 2011; Greenspan & Wieder, 2005; Mahoney & Perales, 2003; Solomon et al., 2007).

Besides, Child Centre Play Therapy (CCPT) promoted positive social communication skills included social interaction and social engagement children with parent or teacher, besides enhancing self-concept and emotional regulation among children diagnosed with ASD (Salter et al. 2016; Taylor, 2018; Bratton et al., 2013; Carrizales, 2016). Furthermore, CCPT has been prove to reduce disruptive behaviour, including aggressive occurrences (Ray, Blanco, Sullivan, & Holliman, 2009; Bratton et al., 2013) and negative social behaviours (Cochran et al., 2010). The literature indicates that CCPT supports the development of social and emotional growth amongst children suffering from autism (Bratton et al., 2013; Fall, 2010; Landreth, 2002; VanFleet et al., 2011; Wilson & Ryan, 2005). In fact, all the studies that have been reviewed suggested that each CCPT

intervention was indeed effective in enhancing their social and emotional skills.

Children with ASD display social discrepancies, including limited social initiation and responsiveness, as well as difficulties engaging in social interactions (Koegel et al., 2008; White et al., 2007), thus affecting social relationship that leads to isolation and withdrawal, along with deficits in school and community integration (Bellini et al., 2007). As such, the Peer-Mediated Intervention has been proven to enhance social initiation and engagement amongst ASD children with peers (Wolfberg et al. 2012), including comprehending direct instructions related to social communication (Banda et al. 2010; Katz, & Girolametto 2013; Mason et al. 2013; Schmidt, & Stichter 2012), reinforcing strategies, and peer-prompting (Harper et al. 2008; Loftin et al. 2008). Some approaches, such as reinforcing and probing, focus on gestural or verbal prompts to encourage autistic children offer praises upon accurate responses and use scripted social phrases in successful interaction (Hughes et al. 2011) in the attempt of promoting play activities and engagement in functional plays (Harper et al. 2008). The associated peers are taught to reinforce interaction in a natural manner by giving encouraging responses to initiate autistic children to play and interact (Jung et al., 2008; Loftin et al., 2008).

Intervention via video modelling encourages one to watch and mimic positive traits to enhance social skills (Bumin et al. 2015). This approach promotes strong learning modality for ASD children via visual cues and instructions via modelling to express and identify emotions (Daou et al. 2016). Studies have proven that video modelling enhances social and behavioural functioning amongst children diagnosed with ASD, which recorded improvement in independent living, as well as play and communicative skills (Ministry of Health Malaysia Malaysian Psychiatry Association & Malaysia 2014). The outcomes from a meta-analysis revealed that VSM and video modelling were effective as intervention approaches to address deficits in youths with ASD, particularly for social, behavioural, and communicative functioning.

A social story is a strategy that use to teach social skills to children with ASD. This strategy presents social concepts and rules to children in the form of a brief story. A social story also teaches children with ASD a number of social and behavioural concepts, such as initiating interactions, making transitions, attending a birthday party, or going on a field trip. The story should be commensurate with the child's ability and comprehension level. This approach has been proven effective to address deficits amongst ASD youth socially, communicatively, and behaviourally. Parent may generate narratives and read them to their autistic children in describing a social event. However, due to intricacy in the deficits of social skills, improvement in this domain demands critical research action, as found in the literature.

VI. CONCLUSION

In short, discrepancies in social skills have adverse effect upon children diagnosed



with ASD. With that, this study offers enhanced comprehension and sheds light on social skills impairment among ASD children. Interventions recommended by parents have been provided based on their personal observations, which may eventually enhance social skills issues faced by children with ASD. Despite the varied deficits noted amongst children with ASD, suitable and effective intervention methods are integral in improving their social skills in social events and interactions. Although the literature has recorded vast successful interventions in enhancing the impaired social skills amongst children with ASD, the parents too may generate effective approaches to ensure positive social competence at home.

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