Pegem Journal of Education and Instruction, Vol. 15, No. 4, 2025 (pp. 1637-1657)

RESEARCH ARTICLE WWW.PEGEGOG.NET

A Play-Based Therapeutic Program Proposal for the Care of Children with Autism Spectrum Disorder

Souaad Houti [1], Ahmed Bouamoud[2]

[1]Faculty of Social and Human Sciences, Departments of Psychology, Speech Therapy, and Philosophy Ibn Khaldoun University, Tiaret, Algeria. Email: souad.houti@univ-tiaret.dz

[2]Faculty of Social and Human Sciences, Departments of Psychology, Speech Therapy, and Philosophy Ibn Khaldoun University, Tiaret,Algeria .Email: Ahmed.bouamoud@univ-tiaret.dz

Received : 12/03/2025 ; Accepted : 24/08/2025 ; Published : 22/09/2025

ABSTRACT:

This study aims to propose a therapeutic program based on the role of play in the care of children with Autism Spectrum Disorder. In our study, we used observation, clinical interviews, the Childhood Autism Rating Scale, and a therapeutic program designed by the researchers. After the field study, we found that the play-based therapeutic program contributed to the development of social skills in children with autism, helped reduce certain behaviors such as crying, screaming, and hyperactivity, and also improved verbal and non-verbal interaction and communication in the cases observed.

Keywords: play therapy, Autism Spectrum Disorder, social skills.

1. Introduction:

The various psychological disorders that appear in childhood represent a major concern for psychologists and mental health specialists, as they pose obstacles to the proper functional development of the child and to the building of a balanced personality capable of communication and adaptation to changes in the social environment. Among the disorders that manifest during childhood is Autism Spectrum Disorder (ASD), which is a developmental disorder affecting the behavioral and emotional aspects of the child's personality. It is one of the most complex disorders seen in childhood in recent years, as it seriously affects multiple aspects of a child's development, leading to non-responsiveness, social withdrawal, and deficits in social skills, as well as impairments in verbal and non-verbal communication in children with autism.(Mostafa, 2011, p. 20)

Autism is a disorder that requires continuous supervision and follow-up to enable the child to form normal social relationships with others. For this reason, specialists in special education have given great importance to developing these communicative and social skills. Play is considered a functional gateway to the world of childhood and plays a major role in shaping and building the child's personality. This is what led us to adopt it as a therapeutic technique to develop the social and communicative skills of children with Autism Spectrum Disorder and to help them integrate into society.(Al-Zureikat, 2004, p. 81)

1.1 Problem Statement:

Autism Spectrum Disorder is considered one of the most ambiguous developmental disorders due to the lack of a clear understanding of its exact causes and the highly unusual, maladaptive behavior associated with it. It is characterized by the child's preoccupation with himself, severe withdrawal, social skill deficits, and impairments in both verbal and non-verbal communication, which hinder social interaction with others. The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) identifies three core characteristics of autism: deficits in social communication, language and conversation impairments, and the presence of repetitive and fixed patterns of behavior (Keen, 2003, p. 124)

Autism is among the most challenging disabilities for both the child and the parents. Undoubtedly, the environment plays an important role in shaping the child's upbringing and personality, in addition to the essential role of the family in psychological care and personality development. To overcome the communication difficulties faced by children with autism, early intervention is crucial to developing their ability to communicate spontaneously, especially since communication problems are among the most prominent issues in the lives of children with autism, negatively affecting their natural development and social interaction.

Therefore, therapeutic interventions through play are considered an important and necessary means to help these children communicate and develop different communication skills, given that communication itself constitutes a major obstacle for children with Autism Spectrum Disorder.

Previous Studies:

- **Khaled Abdel Razzaq El-Sayed (2001):** The study aimed to verify the effectiveness of using different types of playfree play, cooperative group play, and competitive individual playin modifying behavioral disorders among children. The results indicated that the most effective type of play in modifying behavioral disorders was **free play**, followed by **cooperative group play**, and finally **competitive individual play**(El-Sayed, 2001, p. 76).
- **Lamia Abdel Hamid Bayoumi (2008):** The study examined the effectiveness of a training program in developing self-care skills among children with autism. The experimental method was used, with a sample of **12 autistic children**, divided into a control group and an experimental group. The results showed **statistically significant differences** between the mean ranks of the two groups in the post-test on the self-care skills scale in favor of the experimental group (Bayoumi, 2002, p. 120).
- **Samar Issa Ibrahim Sabah (2017):** This study focused on the effect of a counseling program based on play and art in reducing aggressive behavior among children in the SOS Village. The semi-experimental method was used with a sample of **30 children** who scored high on an aggression scale. The results showed **statistically significant differences** between pre- and post-test mean scores of total aggression in favor of the post-intervention group (Sabah, 2017, p. 11).
- **Sahm Hamada Khassawneh (2019):** The study examined the effect of play activities in reducing aggressive behavior in children with autism. The researcher hypothesized that there would be **significant differences** in aggressive behavior reduction between pre- and post-tests in favor of the post-test. The sample consisted of **100 autistic children** from the "Areed Center for Autism." The results showed that **play activities had a positive effect** in reducing aggressive behaviors such as breaking objects, tearing papers, crying, and anger outbursts. However, there were **non-**

significant effects on behaviors such as self-slapping, hand biting, or forcefully moving doors (Hamada, 2019, p. 26).

Research Questions:

- Do play-based therapeutic programs contribute to the care of children with Autism Spectrum Disorder?
- Do play-based therapeutic programs contribute to the development of social skills in children with Autism Spectrum Disorder?

1.2 Research Hypotheses:

- Play-based therapeutic programs contribute to the care of children with Autism Spectrum Disorder.
- Play-based therapeutic programs contribute to the development of social skills in children with Autism Spectrum Disorder.

1.3 Research Objectives:

The present study aims to determine the extent to which the therapeutic program designed by the researchers—based on play—contributes to the care of children with Autism Spectrum Disorder and to the improvement of their social skills.

1.4 Study Concepts:

1.4.1 Autism Spectrum Disorder:

The definitions of autism vary according to the different scientific and theoretical approaches that attempt to explain this disorder. The most important definitions include the following:

- **Definition of autism according to the American Psychiatric Association:** Autism is a complex developmental disability that appears during the first three years of life. It results from a neurological disorder that affects normal brain function, impacting areas of social interaction and communication skills. Autism belongs to a group of five developmental and neurological disorders characterized by severe and pervasive impairments in several developmental areas.
- **Definition of autism according to the British Autism Society:**

  Autism disorder includes the following manifestations:

- Disturbance in the rate and pace of development.
- Sensory disorder in response to stimuli.
- Disorder in attachment to objects, subjects, and people.
- Disorder in speech, language, and cognition. (Mostafa, 2011, p. 42)
- **Definition of autism according to DSM-VI-R (2000):**

  The child shows a specific deficit in social interaction that includes:

- Failure to use nonverbal behaviors appropriately to express emotions and failure to develop peer relationships.
- Deficits in communication commonly observed among autistic children, apparent in the development of spoken language.
- Stereotyped behavior and repetitive use of language, along with deficits in spontaneous play appropriate to developmental level.
- The appearance of stereotyped behavioral patterns in activities and interests, including preoccupation with one or more stereotyped behaviors, inflexible adherence to limited routines or rituals, or fixation on parts of objects. (psychiatrie, 2003, p. 85)

1.4.2Symptoms of Autism Spectrum Disorder:

Smith (2001) summarized the symptoms of autism as follows:

- **Impairments in reciprocal social interactions:**
  - Does not form affection or friendships with family members.
  - Rarely displays emotions such as compassion or anger.
  - No eye contact.
  - Imaginative play is rarely observed in autistic children.
- **Weak communication abilities:**
  - Functional language is incompletely acquired or poorly mastered.
  - Language content is often unrelated to immediate events.
  - Does not maintain conversations.
  - Rarely initiates speech in spontaneous interactions.
  - Reverses pronouns.
- **Insistence on sameness:**
  - Noticeable distress when the environment changes, with daily routines becoming ritualistic.
- **Repetitive behavior:**
  - Stereotyped behaviors such as rocking and hand-flapping that are difficult to stop.
- **Unusual behavior patterns:**
  - Aggression toward others, especially when upset.
  - Self-harm behaviors such as hitting or anger outbursts.
  - Social fears toward strangers, unusual situations, and new environments. (Al-Zureikat, 2004, p. 90)

According to the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), the following symptoms are listed:

Persistent deficits in social communication and social interaction across multiple contexts, currently or as evidenced by history, as illustrated by the following examples (which are illustrative, not exhaustive):

A. Deficits in socio-emotional reciprocity, ranging from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, and failure to initiate or respond to social interactions.

B. Deficits in nonverbal communicative behaviors used for social interaction, ranging from poor integration of verbal and nonverbal communication, to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.

C. Deficits in developing, maintaining, and understanding relationships, ranging from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to apparent absence of interest in peers. (Ahmed M. , 2016, p. 25)

1.4.3Play Therapy:

According to Axline, play therapy is based on an important fact that play is the child's natural medium of self-expression. Through play, the child can express his emotions and problems. Fakher Aaqel emphasizes that play therapy is an important diagnostic tool that helps the therapist or specialist identify the difficulties the child may be experiencing.

Play therapy is founded on trust in the child's abilities and belief in them, along with accepting the child, engaging with him in genuine activities, and respecting his desires. However, play therapy differs for an autistic child compared to a neurotypical child. It should be noted that a child with Autism Spectrum Disorder lacks, during the early years of life, many forms of exploratory play, avoids variety and creativity, and exhibits deficiencies in spontaneous or imaginative play.(Mohamed, 2004, p. 140)

2. Research Methodology:

2.1 Study Boundaries:

- **Spatial Boundaries:**

  The study was conducted at the psychologist's office of the Multi-Service Center for Community Health in Agadir, Tlemcen.

- **Temporal Boundaries:**

  The study was carried out over approximately three months, from July to September 2021.

- **Human Boundaries:**

  The study was limited to one case — a six-year-old child diagnosed with Autism Spectrum Disorder of moderate severity.

2.2 Research Method:

The study relied on the clinical method, which includes interviews, observation, case history, and a therapeutic program consisting of a series of therapy sessions with the child and the mother at a

rate of one session per week. In addition, the Childhood Autism Rating Scale (CARS) was applied for pre- and post-assessment.

2.3 Research Tools:

The study adopted the case study approach, which is based on interviews and observation, aiming for an in-depth analysis of the case within its historical and family context to identify the causes and contributing factors of the disorder. The main tools used in the study are as follows:

2.3.1. Clinical Observation:

Observation is an essential and indispensable tool in any scientific research and is characterized by the following:

1. The situation or behavior to be observed must be as uniform as possible for all subjects.
2. The situation must allow for the emergence of behavioral patterns targeted by observation.
3. The specialist must record all observations accurately, noting every behavior exhibited by the subject during the session, such as gestures, crying, and screaming (Ahmed M. A., 2002, p. 88) interpreting and analyzing their meanings.

2.3.2. Clinical Interview:

It is a verbal relationship in which two individuals meet, with one conveying specific information to the other on one or several topics. It is a directed discussion or a communicative process using verbal interaction to achieve specific goals. It can serve as an effective tool in the therapeutic practice with autistic children.

2.3.3. Childhood Autism Rating Scale (CARS):

Developed by Schopler et al. (1980), the CARS scale in its Arabic version consists of 15 items assessing the behaviors of children with autism. It helps determine the degree of autism, ranging from mild to moderate to severe. The 15 items are:

- Relationship with people
- Imitation
- Emotional response
- Body use
- Use of objects
- Adaptation to change
- Visual response
- Listening response
- Taste, smell, and touch response
- Fear or nervousness
- Verbal communication
- Non-verbal communication
- Activity level
- Consistency of intellectual response
- General impressions

Each item is rated between two extremes: normal behavior and severe abnormality. The score is placed in the appropriate box:

- Behavior is normal and appropriate for the child's age.
- Behavior is mildly abnormal – **1.5**
- Behavior is moderately abnormal – **2.5**
- Behavior is severely abnormal – **3.5**

According to this scale:

- Children scoring below 30 are classified as non-autistic.
- Those scoring between 30–36.5 are classified as having mild to moderate autism.
- Those scoring between 37–60 are classified as having severe autism.

2.3.4. Therapeutic Program:

- **Program Description:**
  The program consists of a set of activities used as a therapeutic tool to care for and integrate autistic children with others. It requires a playroom containing various toys, blocks, models, dolls, and cars, with each session lasting **30 minutes**.
- **Program Objectives:**
  - To help develop communication and social skills in autistic children.
  - To provide emotional release, reducing tension and emotional distress in the child.
  - To offer parents the opportunity to participate and interact with their children.
  - To use play therapy as a medium of expression and communication among children.
- **Target Group:**
  Children diagnosed with Autism Spectrum Disorder.
- **Program Stages:**
    - **Stage One: Visual Communication**
  - Focus on eye contact and visual interaction with the child, using eye and hand movements and changes in tone of voice to capture attention.
    - **Stage Two: Naming**
  - Naming objects using pictures, and through training and repetition, asking the child to name them — linking names with objects.
    - **Stage Three: Social Skills**
  - Using body movements and gestures to develop social skills.

Table 01: Therapeutic Sessions of the Program

Session	Duration	Techniques Used	Objective	Session Content
First Session	60min	**Clinical Interview** **Clinical Observation**	**Getting to Know the Child and His Mother** **Therapeutic Contract**	• Conducting an interview with the child and the mother and observing the main behaviors and the types of games the child prefers

Second Session	60min	**Clinical Interview** **Clinical Observation** **Childhood Autism Rating Scale (CARS)**	**Pre-assessment** **Introduction to the Therapeutic Program**	Regarding the pre-assessment, the psychologist had already administered the Childhood Autism Rating Scale (CARS), which facilitated the start of the therapeutic sessions. We also prepared the child for the therapeutic program and gave the mother a general idea about the main techniques used, especially since our program requires home-based activities.
Third Session	45min	**Clinical Interview** **Clinical Observation**	**Beginning the Implementation of the Therapeutic Program** **Developing Visual Communication**	In this session, we applied play therapy with the assistance of the psychologist who had been following the case, as she possessed key information that contributed to the effectiveness of the therapeutic program. We attempted to attract the child's attention through a series of engaging movements, such as raising and lowering the hands, while placing several toys in front of the child and allowing him the freedom to choose, in order to identify his preferred toys.
Fourth Session	45min	**Clinical Interview** **Clinical Observation** **Construction Games** **Candy for Reinforcement**	**Increasing the Child's Attention Span**	In this session, we gave the child a set of construction toys that included cards, each with a specific shape — square, triangle, or circle — and a plastic base in which each shape fits into its corresponding slot. It is worth noting that we had already trained the child on this exercise in collaboration with the mother and through repetition. After each correct response, we rewarded the child with candy as a form of reinforcement.
Fifth Session	35min	**Clinical Interview and Observation — Balls of Similar Sizes and Colors with a Basket**	**Executing Simple Commands**	In this session, we brought balls and a basket. We demonstrated by throwing a ball into the basket, then said to the child, "Take," instructing him to pick up the ball and place it inside the basket while we waited for his response. After repeating the exercise several times, the child responded

				correctly and was eventually able to perform the task independently. After each correct response, we reinforced the behavior with pieces of chocolate candy.
Sixth Session	45min	**Clinical Interview** **Clinical Observation** **Small Dolls**	**Developing Social Skills**	In this session, we focused on training the child to greet others by saying hello. We used dolls and incorporated body movements as part of the exercise. The goal was to develop the child's social skills while simultaneously encouraging the use of body language.
Seventh Session	40min	**Clinical Interview** **Clinical Observation** **Threading Game**	**Visual-Motor Coordination** **Ending the Therapeutic Program**	We placed a board with holes and a thread on the table and demonstrated how to insert the thread into the holes — one hand held the board while the other hand guided the thread through the first hole and pulled it from the other side. We repeated this process until the child was able to complete threading through all the holes on the board, and then practiced the same method to teach him how to unthread it.
Eighth Session	45min	**Childhood Autism Rating Scale (CARS)**	**Post-Assessment**	We administered the scale to the child for the second time to evaluate the degree of autism.

Source: Prepared by the researchers.

3. Presentation and Discussion of the Study Results:

3.1 Case Presentation:

Name: S.Y.
Gender: Male
Age: 6 years
Address: Hai Al-Nassim, Imama, Tlemcen
Appearance: Good-looking, clothes are clean and well-organized
Number of siblings: Three (two girls and one boy)
Birth order: Third after the two girls

S.Y., a six-year-old boy from the Wilaya of Tlemcen, lives with his parents and has three siblings. He is the third child in the family. He is a handsome child with clean and tidy clothing. There is no family history of disorders or disabilities indicating a hereditary factor. His mother is healthy, and the pregnancy period was normal. She eagerly awaited holding her baby in her arms, with no health or psychological problems. However, she experienced difficulties during childbirth, as delivery was delayed by three days, which required a cesarean section. His motor development was normal (crawling, sitting, teething), with a slight delay in walkinghe began walking at around two years old.

The mother noticed during breastfeeding that her son did not lift his head or look at her, and when she tried to play with him, he did not respond or pay attention. These symptoms persisted until he reached four years old, when the mother became certain that her son was not like other childrenhe did not communicate with his siblings, did not play with them, and did not respond when called by his name. He played alone, hit his hand on the floor, and paid no attention to those around him. She decided to take him to a psychologist for evaluation.

Initially, the psychologist referred him to an ENT specialist to rule out hearing impairment. After confirming normal hearing, and following evaluations by both the psychologist and the speech therapist, the diagnosis confirmed that he suffers from Autism Spectrum Disorder (ASD). The mother was deeply shocked upon receiving the diagnosis, but over time, she accepted her son's condition. He is now receiving psychological care and educational and therapeutic programs under the supervision of a psychologist, which facilitated the implementation of our therapeutic program.

3.2 Presentation and Evaluation of Therapy Sessions:

3.2.1. Analysis of the Pre-Test Results on the Childhood Autism Rating Scale (CARS):

The psychologist administered the CARS scale to the case, and the child obtained a total score of 38, which indicates that the case falls within the severe autism category.

Based on the analysis of the scale results, it was found that the child suffers from introversion and isolation and shows no interest in the presence of others. He scored 2.5 in the item "Relationship with People", which indicates a moderate degree of impairment. In "Visual Response", he scored 3, indicating a severe deficit, as he avoids eye contact and refuses to communicate with others.

As for verbal communication, he scored 2.5, and for non-verbal communication, he scored 2, which is relatively low compared to the other items.

Table 02: Pre-Test Results on the Childhood Autism Rating Scale (CARS)

Level	Normal Range	Mildly Abnormal	Mild to Moderate Abnormality	Moderately Abnormal	Moderate to Severe Abnormality	Severely Abnormal
1. Relationship with People	1.5	2	2.5✓	3	3.5	4
2. Ability to Imitate	1.5	2✓	2.5	3	3.5	4

3. Emotional Response	1.5	2	2.5✓	3	3.5	4
4. Body Use	1.5	2	2.5	3✓	3.5	4
5. Use of Objects	1.5	2	2.5✓	3	3.5	4
6. Adaptation	1.5	2	2.5	3✓	3.5	4
7. Visual Response	1.5	2	2.5	3✓	3.5	4
8. Listening Response	1.5	2	2.5✓	3	3.5	4
9. Taste, Smell, and Touch Response	1.5	2	2.5✓	3	3.5	4
10. Fear and Nervousness	1.5	2✓	2.5	3	3.5	4
11. Verbal Communication	1.5	2	2.5✓	3	3.5	4
12. Non-Verbal Communication	1.5	2✓	2.5	3	3.5	4
13. Activity Level	1.5	2	2.5✓	3	3.5	4
14. Consistency of Intellectual Response	1.5	2	2.5✓	3	3.5	4
15. General Impressions	1.5	2	2.5	3✓	3.5	4
Total	38					

3.2.2 Implementation of the Therapeutic Program:

First Session:

Duration: 60 minutes

Techniques Used:

- Clinical interview
- Clinical observation

Session Objective:

To get to know the child and his mother and to establish the therapeutic contract with the mother.

Session Content:

In this session, we got to know the child and his mother to collect some relevant information. We also obtained all necessary data from the psychologist who had been following the case. During the interview, the child screamed, cried, and moved excessively, which made it somewhat difficult to manage him. We tried to approach him, but at first, he hid behind his mother and avoided interaction. We attempted to gain his trust by joining him in playing with his favorite toys, but he refused and ignored us.

It took about **two sessions** for the child to accept our presence in the psychologist's office.

Second Session:

Duration: 60 minutes

Techniques Used:

- Clinical interview
- Clinical observation
- Childhood Autism Rating Scale (CARS)

Session Objective:

Pre-assessment and preparation for the therapeutic program.

Session Content:

As for the pre-assessment, the psychologist had already applied the **CARS** scale to the case, which facilitated the beginning of the therapy sessions. We also prepared the child for the therapeutic program and provided the mother with a general idea of the techniques to be used, especially since our program requires **home-based activities**.

Third Session:

Duration: 45 minutes

Techniques Used:

- Clinical interview
- Clinical observation

Session Objective:

To begin applying the therapeutic program and to develop **visual communication**.

Session Content:

After building a relationship with the child, we began implementing the therapeutic program. We started by sharing his toys and performing simple movements such as raising hands. At first, the child only observed what we did, but with repetition, we asked him to imitate our actions — and indeed, "S." began imitating the movements.

Developing visual contact required several therapy sessions. Sometimes, we used a phone to play animal sounds — initially, he refused to listen, but with repetition, he began to approach us and imitate the animal sounds.

Fourth Session:

Duration: 45 minutes

Techniques Used:

- Clinical interview
- Clinical observation
- Construction games
- Sweets as reinforcement

Session Objective:

To increase the child's **attention span**.

Session Content:

We gave the child a set of construction toys with cards shaped like squares, triangles, and circles, along with a plastic base in which each shape fits into its corresponding slot. We first demonstrated the activity several times by placing each shape in its correct position.

The child then started doing the same, though he initially made some mistakes. Each time, we corrected him and **reinforced** his correct responses by giving him sweets as a reward.

Fifth Session:

Duration: 35 minutes

Techniques Used:

- Clinical interview
- Clinical observation
- Balls of similar sizes and colors with a basket

Session Objective:

To teach the child to **follow simple instructions**.

Session Content:

We brought balls and a basket and demonstrated by throwing a ball into the basket, saying "take" to instruct the child to pick up the ball and put it in the basket. After repeating the activity several times, the child responded correctly and began to perform the task independently.

Next, we used **two colors of balls — red and green**, placing them in separate baskets. We asked the child to place the red ball in one basket and the green ball in another. After several repetitions, he responded correctly.

Then, we mixed all the balls in one basket and asked him to sort them by color — putting red balls in the red basket and green balls in the green basket. With repeated practice, the child successfully completed the activity.

After every correct response, we reinforced the behavior with pieces of chocolate candy.

Sixth Session:

Duration: 45 minutes

Techniques Used:

- Clinical interview
- Clinical observation
- Small dolls

Session Objective:

To develop **social skills**.

Session Content:

In this session, we focused on teaching the child to greet others by saying hello. We used small dolls in the training process, and sometimes we used **body movements** such as extending the hand for a handshake. The goal was to enhance social skills while also using **body language**.

At first, the child refused and did not respond. After repeated attempts, he finally extended his hand, albeit quickly. By the end, he was able to greet and shake hands with me and the psychologist at the beginning of each session.

Seventh Session:

Duration: 40 minutes

Techniques Used:

- Clinical interview
- Clinical observation

- Threading game

Session Objective:

To improve **hand–eye coordination** and conclude the therapeutic program.

Session Content:

We placed a board with holes and a thread on the table. We showed the child how to insert the thread into a hole: one hand held the board while the other hand pushed the thread through the first hole and pulled it out from the other side. After several attempts, the child managed to thread through all the holes successfully.

At the end of this session and after completing all therapy sessions, we thanked the mother and the psychologist for their cooperation in helping achieve the study's objectives.

Eighth Session:

Duration: 45 minutes

Techniques Used:

- Clinical interview
- Clinical observation
- Childhood Autism Rating Scale (CARS)

Session Objective:

To conduct the **post-assessment** and evaluate the effectiveness of the therapeutic program.

Session Content:

We applied the CARS scale to the child for the second time to assess the level of autism and to evaluate the **effectiveness of play therapy** on the autistic child.

Analysis of the Post-Test Results on the Childhood Autism Rating Scale (CARS):

We re-administered the scale for the second time after applying the proposed therapeutic program, and the child obtained a total score of 28.5. The scale showed that the child scored 1.5 in "Relationship with People" and "Ability to Imitate", which is a lower score compared to the pre-test result. The child also scored 2 in "Visual Response" and "Listening Response."

The analysis of the post-test results indicates a decrease in the level of autism from moderate to mild, with a noticeable improvement in the child's condition. The child became more responsive, communicated better with others, and interacted more positively with his external environment.

Table 03: Post-Test Results on the Childhood Autism Rating Scale (CARS)

Level	Normal Range	Mildly Abnormal	Mild to Moderate Abnormality	Moderately Abnormal	Moderate to Severe Abnormality	Severely Abnormal
1. Relationship with People	1.5✓	2	2.5	3	3.5	4
2. Ability to Imitate	1.5✓	2	2.5	3	3.5	4
3. Emotional Response	1.5	2✓	2.5	3	3.5	4

4. Body Use	1.5✓	2	2.5	3	3.5	4
5. Use of Objects	1.5	2✓	2.5	3	3.5	4
6. Adaptation	1.5	2✓	2.5	3	3.5	4
7. Visual Response	1.5	2✓	2.5	3	3.5	4
8. Listening Response	1.5	2✓	2.5	3	3.5	4
9. Taste, Smell, and Touch Response	1.5	2	2.5✓	3	3.5	4
10. Fear and Nervousness	1.5	2✓	2.5	3	3.5	4
11. Verbal Communication	1.5✓	2	2.5	3	3.5	4
12. Non-Verbal Communication	1.5	2✓	2.5	3	3.5	4
13. Activity Level	1.5	2✓	2.5	3	3.5	4
14. Consistency of Intellectual Response	1.5	2✓	2.5	3	3.5	4
15. General Impressions	1.5	2✓	2.5	3	3.5	4
Total	28.5					

3.3 General Analysis of the Case:

During the first interview, the child showed signs of resistance toward the researchers, which initially made it somewhat difficult to manage the interview process. The mother and the psychologist played a major role in helping us gain the child's trust so that we could apply the therapeutic program.

In the first sessions, the child exhibited isolation and withdrawal and showed no interest in the presence of others. This was also confirmed by the results of the Childhood Autism Rating Scale (CARS), where he scored 38 points on the overall scale, indicating a severe level of Autism Spectrum Disorder (ASD).

The therapeutic program focused on developing the child's social skills and visual communication through hand movements, construction games, and shape-matching activities, with continuous correction of errors. After each correct response, positive reinforcement was provided. Following the completion of the program, we conducted a post-assessment using the same scale, where the child scored 28.5 points.

Based on these results, we can conclude that the proposed play-based therapeutic program yielded positive outcomes and contributed to improving the social skills of the autistic child.

3.4 Discussion of the Study Results:

Based on the main objective of this studynamely, to determine the extent to which the play-based therapeutic program designed by the researchers contributed to the care of children with Autism Spectrum Disorder and the improvement of their social skillsthe clinical study of this case, after applying the program and conducting both pre- and post-assessments using the CARS scale, showed a clear difference between the two measurements.

The child scored 38 points in the pre-test and 28.5 points in the post-test. This difference was also observed during the therapeutic sessions. At the beginning, we were unable to communicate with the child, had difficulty controlling his behavior, and noted his lack of responsiveness to the required activities, along with poor interaction with his surroundings. However, with more intensive therapy sessions, consistent reinforcement, repetition of exercises, and error correction to enhance performance, we noticed clear improvement and engagement from the child with the therapeutic program.

The main focus of the program was on developing visual communication and social skills, especially since the child was in the initial stage of psychological care and had just started therapy sessions with the psychologist. Previously, the parents had refused to accept the diagnosis of autism, which delayed early intervention.

Through play-based activities, the child began following simple instructions and understanding tasks, as well as showing improvement in acquiring basic social skills, such as greeting and waving hands. Therefore, play therapy effectively helped the child develop his communicative and social skills and contributed to his overall psychological care.

The program also helped reduce some behavioral problems, such as crying, screaming, and hyperactivity, and even improved his language abilities. The verbal and non-verbal exercises performed during sessions enhanced his ability to communicate and interact with others.

We advised the mother to continue practicing some of the activities used in the therapy sessions at home, especially when observing anxiety or fear-related behaviors in the child.

In conclusion, play remains the preferred activity among most children, making it a powerful therapeutic technique for modifying undesirable behaviors in a simple and natural way—through play itself.

Our findings are largely consistent with the study of Sahm Hamada, which concluded that play activities help reduce aggressive behavior among autistic children, as well as the study of Samar Issa, which confirmed that play-based therapy contributed to reducing behaviors such as screaming and crying.

4. Conclusion:

The phenomenon of Autism Spectrum Disorder (ASD), with its varying levels of severity among affected cases, represents a relatively recent issue in the field of psychopathology that requires therapeutic intervention, particularly during early childhood. This is due to its negative effects on language development in its various forms, as well as on visual communication and different social skills.

To ensure effective communication and interaction with the child’s environment, this study proposed a play-based therapeutic model. The findings revealed the importance and necessity of play as an

effective therapeutic method for treating autismat least at the level of improving communication and interaction with others during therapy sessions. Despite the challenges faced by therapists in applying this therapeutic technique, it provides an opportunity for parental involvement in the therapeutic process, thereby promoting a deeper understanding of the child's condition and how to manage it.

Findings from the study and implementation of the therapeutic program:

- Studies show that children with Autism Spectrum Disorder lack many forms of **exploratory play** in the early years of life, tend to avoid diversity and creativity, and display deficiencies in **spontaneous or imaginative play**. Therefore, proposing therapeutic approaches and methods is essential for their rehabilitation.
- The field study applying the therapeutic program to children with ASD demonstrated that **play** is one of the most effective therapeutic methods, significantly contributing to reducing the severity of developmental disorders in affected children.
- Play helps **reduce behavioral disorders** in children with autism, such as screaming, crying, anger, and hyperactivity.
- Engaging in play helps children with ASD **develop language and social skills** through both verbal and non-verbal communication.
- Play also contributes to improving **eye contact** and acquiring social skills.

Suggestions and recommendations:

- It is essential to apply the proposed therapeutic program, which proved effective in this field study. However, its implementation requires the provision of suitable play environments equipped with various toys that foster skill and ability development, in addition to the involvement of a psychologist. Moreover, parents should be included in the therapeutic process through awareness and communication with specialists.
- It is recommended to integrate this therapeutic program into the activities and programs of nurseries and kindergartens, as play is beneficial for children in general and particularly for children with autism.
- Emphasis should be placed on natural, group, and interactive play methods among children, while minimizing or avoiding electronic games that may lead to negative consequences such as aggression, isolation, and stereotypical behaviors that hinder the child's cognitive and communicative development within the family and society.

LIST OF REFERENCES:

1. Ahmed, M. (2016). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 Criteria).
2. Ahmed, M. A. (2002). Fundamentals of Scientific Research in Psychological, Social, and Educational Fields. Alexandria: Alexandria Book Center.
3. Al-Zureikat, I. (2004). Autism: Characteristics and Treatment. Dar Wael for Publishing and Distribution.

4. Bayoumi, L. A. (2002). The Effectiveness of a Training Program in Developing Some Self-Care Skills among Children with Autism. PhD Dissertation in Education, Specialization in Mental Health. Suez: Suez Canal University.
5. El-Sayed, K. A. (2001). The Effectiveness of Using Different Types of Play in Modifying Some Behavioral Disorders in Kindergarten Children. Egypt: Childhood and Development Journal, Arab Council for Childhood and Development.
6. Hamada, S. (2019). The Effect of Play Activities in Reducing Aggressive Behavior among Children with Autism Spectrum Disorder. Arab Journal of Scientific Publishing(08).
7. Keen, D. (2003). communicative repair strategies and problem behaviors of children with autism. international journal of disability ,developmental and education.
8. Mohamed, A. A. (2004). Mental Disabilities. Cairo: Dar Al-Rashad for Publishing and Distribution.
9. Mostafa, O. F. (2011). Autism: Causes, Diagnosis, and Treatment. Amman: Dar Al-Maseera for Publishing and Distribution.
10. psychiatrie, A. A. (2003). (ABA)manuel diagnostique et statistique des troubles mentaux DSM. Paris: maisson Paris.
11. Sabah, S. I. (2017). The Effect of a Counseling Program Based on Play and Art in Reducing Aggressive Behavior among Children. Palestine: Master's Thesis.