

A Quasi-Experimental Study on the Psychosocial Effects of Yaya on
A Low-Functioning Autistic Child's Sitting
Behavior

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APPROVAL SHEET

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ABSTRACT

The study is focused on the psychosocial effects of the *yaya* on a low-functioning autistic child's sitting behavior. To validate this idea, an intervention program was developed. The sitting program was implemented for six weeks in Learning Partners School. The subject, Diego is a 1.9-year-old autistic child with speech delay. The program's technique of implementation follows the TEACCH method of using visual cue cards to guide the child in his/her daily activities. The first three weeks of the intervention program focused on the researcher as the trainer. The researcher made significant progress in training the child to sit down during the first three weeks. Furthermore, the *yaya* as the trainer scored positively with her own program. Both the researcher and the *yaya* generated a progressive sitting program. The researcher was able to transfer the needed skills in doing the sitting program. The study concludes that the *yaya* can make a difference in taking care of the autistic child. Moreover, the *yaya*, when trained, can significantly give support in helping the autistic child cope with everyday living.

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CHAPTER I

BACKGROUND OF THE STUDY

INTRODUCTION

In the past decades, families have been troubled by the prevailing causes of autism. The widespread distribution of this pervasive disorder has reached families and their children all over the world. No one is spared from autism. The disorder is found in most societies, and may as well be found in more. There have been several attempts to fight autism. Trained professionals studying its nature and causes have formulated and devised methods in combating autism. The years of research and studies proved to be fruitful, for several methods of therapy and schooling were implemented. Families and other support groups have joined in through advocacy and other social programs. Thus, autism and its manifestations continue to challenge the families and the local support groups involved.

What is autism? Psychologists and special educators define it as “a developmental disorder that involves massive impairment in an individual’s ability to communicate and relate emotionally to others.” (Schopler, 1993) Autistic individuals have various deficits in motor, cognitive, socio-emotional, language and communication skills development. The disorder is developmental and pervasive in the sense that the child carries it throughout his or her lifetime. Prenatal, perinatal, and postnatal irregularities have significantly contributed to the development of autism. Prenatal issues like in the case of chromosomal abnormalities, such as the Fragile X syndrome and Asperger’s disorder

have affected children and families worldwide. Perinatal or during child delivery can also cost a child's future. Incidences of anoxia, the event in which oxygen supply is cut-off, can damage the growing brain cells of the child, thereby leading to autism and other developmental disorders. Postnatal causes such as physical accidents can scar the child forever. In effect, the abnormal development of the child would present itself as a big task on the family.

The tasks of an affected family are never easy. Taking care of an autistic child is not an overnight miracle or sensation, rather it takes years of patience, sacrifice, and hard work. Initial emotions are mixed once the family learns about their member's disability. A glimpse into the child's potential future becomes bleak and uncertain. The question of hope then rises. The available resources must be tapped. Thus, an intervention is introduced.

Social and economic factors play an essential role on intervention. The former refers to the availability of trained professionals such as OT, PT, Speech Pathologist, SPED teachers, doctors, etc., in providing meaningful service for the autistic child. Also, various support groups like relatives, nursemaids (*yaya*), and other civic and professional organizations can also be tapped as human resources. The latter refers to the means by which the family can avail of their services. Intervention programs for autistic children are by no means economical. Schooling and training can be long and financially draining. Thus, affected families should start maximizing their available material and human resources.

Intervention and proper training are ways to correct and teach appropriate behaviors among autistic children. Socially appropriate behaviors must be adapted since

it is instrumental for the survival of the autistic individual. A well-trained and adapted child can reduce the uneasiness and discomfort of his or her own respective family.

In effect, the family together with the support groups must work hand in hand in dealing with autism.

RATIONALE

There are two things that will affect the development of an autistic child, an intervention program that will teach and produce socially appropriate behaviors and the family and its support groups whose purpose will be to implement and continue the program.

An intervention can be twofold; either it is applied directly or indirectly. Direct intervention can be school-based or home-based. Special schools have been a source of respite for many families. Their autistic children undergo behavioral modification techniques (such as toilet training and sitting), cognitive, communication, motor, and social learning. Each child is given IEPs (Individualized Educational Programs); a kind of curriculum based on the needs of each child. IEPs are thorough and that each one should be implemented consistently. Home-based programs are for the families of autistic children who wish to stay at home. Trained professionals are the ones who come over and give IEPs. Indirect service intervention is also similar in that the parents and support groups are the ones implementing the IEPs. Thus, the professionals can only give advice and be there for consultation. The parents do most of the “hands on” since they are now “active participants” in the treatment process.

It is important to note the importance of consistency and continuity among programs designed for autistic children. The school can only give solutions for a given time and place. The presence of teachers and other professionals are limited only at a certain level. What happens now when the child is taken out of school? Will the intervention programs also end there? The family should be well aware of this fact. According to Ivar Lovaas (1993), “involving the parents of the autistic child in treatment promotes generalization and it protects the child’s gains from relapse once formal therapy is terminated.” He also adds, “Parental participation in child treatment can contribute significantly to a child’s progress.” and that “Parents can serve as home tutors and therapists for their own autistic children.” Thus, it is part of their responsibility to continue the programs that the school or professionals have given them. However, parents cannot do it alone. The immediate support group must be actively involved in the development of the handicapped child no matter how small their part may be.

In our case, within the context of Filipino culture, great emphasis must be stressed on the nursemaids or the *yayas*, because they spend a considerable amount of time with their wards. The *yayas*, a necessity among Filipino families, should also partake in the intervention programs of the autistic children. Middle class families nowadays spend little time with their children as a result of the parents’ job demands. *Yayas* are hired because these families can afford to have them as a necessity. Furthermore, helpers are efficient in cutting down the extra time used by the parents in handling their autistic child alone. The *yaya* then becomes secondary in handling the child. The children’s behavioral training rests on the continuity and consistency of their support. With the support group

at hand, the demands and pressures among families with autistic children might just be lessened.

OBJECTIVES

General Objective/Statement of the Problem

To determine the psychosocial effects of *yayas* on low-functioning autistic children's behavior, specifically sitting down.

Specific Objectives

1. To determine the perceptions, attitudes, and views of *yayas* regarding their autistic wards.
2. To identify problems faced by *yayas* in their daily interaction with their autistic wards, particularly in sitting behavior.
3. To observe the psychosocial impact of *yayas*, such as imparting trust and independence towards the autistic child.
4. To explore and recommend (if there is, either school-based or home-based) a working sitting program for the *yayas*.

SIGNIFICANCE OF THE STUDY

Basically, secondary support groups like the *yayas* are very instrumental in the development of all children. In the normal family setting, *yayas* are like secondary parents. They spend most of their time in catering to the needs of their wards. More

importantly, they are also role models. If special emphasis is given to *yayas* in the normal setting, then the more that they are important when it comes to families with autistic children. Like any other “familiar” adult within their immediate environment, autistic children tend to be well attached to their *yayas*. The *yayas* are one of the autistic children’s sources of psychological, physical, and physiological support. Psychologically speaking, *yayas* tend to be the autistic child’s secondary parent. The *yayas* mere presence can evoke feelings of attachment, security, and warmth, just like an autistic child’s relationship with a parent. Physically speaking, *yayas* bring the child’s *baon*, extra clothes, and more specifically, they serve as agents or links that would bring them (the child) home to their respective mamas and papas. The same can be observed through the *yayas* physiological support in addressing to the various needs of the autistic child. Sitting down can further reduce muscle stress, resulting to a healthy and relaxed growing body. Excluding the parents, most often than not, an autistic child’s attachment to his or her *yaya* can be deeper than with any other person.

Thus, such an attachment can be made useful in furthering the intervention programs provided for by the psychologist or any other trained professional. The *yayas* can train the children in every way possible. Furthermore, active participation of the *yayas* might improve child performance and cut down future costs and hassles for the affected families. In effect, time, effort, and all other available resources (material, non-material, or human) are beneficially maximized to the fullest.

The success of incorporating *yayas* in the treatment of autistic children would be a milestone in the intervention process. Following the growing trend of family involvement

in the intervention process, the additional support of secondary groups would further enhance and give a positive impact in treating autistic children.

SCOPE AND LIMITATIONS

The study conducted was quasi-experimental or single case in nature, in determining the psychosocial effects of *yayas* on low-functioning autistic children's self-help behavior, particularly sitting down. Among the different human adaptive behaviors, sitting down was chosen since it was a basic skill that needed to be developed properly. The task was a little difficult and its accomplishment would greatly improve the psychological, physical, and physiological development of the child. The accomplishment of the task would be the stepping stone for the other daily living skills to follow, such as toilet training and independent eating.

The study focused on a single *yaya*-child tandem purposively selected by the researcher. The pair was chosen from a special school, Learning Partners, found inside East Greenhills Subdivision, in San Juan, Metro Manila.

The study tandem included an enrolled low-functioning autistic child together with the respective *yaya*, with or without a working *yaya*-training program. The autistic child can either be male or female. The age bracket for the low-functioning autistic child as a subject must be within 1.5-7 years old (Early Intervention cases). The study was conducted for a period of six weeks in determining the effectiveness of the sitting program.

The family of the sample population (pair) is predominantly middle-class, as evidence by their capability to send their children to a special school, can afford therapy sessions, and most of all, the fact that they are able to hire *yayas*.

Other autistic children not falling within the age bracket and those who do not have *yayas* are not included in the study.

HYPOTHESES

1. *Yayas* with working training programs contribute significantly on the behavioral development of their autistic wards.
2. *Yayas* can make a difference!

CHAPTER II

REVIEW OF RELATED LITERATURE

In a study entitled, “Treatment of Autistic Children: Relative Effectiveness of Residential, Out-Patient, and Home-Based Interventions” (1988), the different kinds of treatment approaches are evaluated further in order to determine which ones are best suited for the different autistic children. The results obtained from Home-based programs showed significant improvements on the behaviors of the autistic children. Further, all three approaches proved to be comparable with one another in terms of clinical and economic reasons. The study also identified the three major shifts in the treatment of autistic children; 1) behavioral modification has emerged as the dominant and preferred treatment modality, 2) parents are now active participants in the treatment process; and 3) outpatient types of treatment are now preferred over residential treatment.

It also stressed the importance of the parents in the treatment process. It mentioned that the behavioral repertoire of autistic children could be improved by the use of teaching behavior modification techniques to parents. Hence, an advantage of parent-oriented treatment is that the cost of the treatment would be reduced, since the parents, rather than the professionals, would be the ones to administer the program.

The NICHCY (National Information Center for Children and Youth with Disabilities) in one of its publications, stressed the importance and need for various support group systems. The article entitled, “Related Services for School-Aged Children

with Disabilities” (1991) discussed the different kinds of related services that would be available to all handicapped children. Some of the services included were school health programs, counseling, social work, parent training, and recreation therapy. The article also explained how the services were to be delivered. Two kinds of service interventions were offered, direct and indirect therapy. Direct therapy involved the trained professional in doing “hands on” interactions with the autistic child. The therapist implements his own IEP. The indirect therapy encourages the family and other support systems to do the “hands on” with the autistic child. The therapist would only guide and facilitate the program. Thus, the family has the opportunity to interact with their handicapped member.

In another related article, “Family Support Connections” (1994) written by the members of Autism Society of America, again stressed the role of the support groups in helping families with autistic members. The point raised was the need to “provide individualized service options that would strengthen the family, enabling and empowering the family to make informed decisions about their needs and how they might be addressed independent of professionals.” The services provided include respite and day care, attendant care, baby-sitting, behavior management, support and facilitation, counseling and information, training and technical assistance.

Andrew L. Egel, Ph.D. (1989) presented an overview about the process and options in special education programs. Clearly, he emphasized about choosing the best educational program for a family’s autistic child. He discussed early intervention programs, the curriculum, and how the child is being taught. The curriculum held the

social skills, self-help skills, and behavioral problems. The teaching method emphasized in his article was applied behavior analysis or behavior modification.

“Susan J. Moreno (1991) made a guide for parents in understanding and learning how to deal with their autistic children at home. In summary, the author proposed that the family first recognize the diagnosed problem. This would remove the initial fears that the family often experienced. In recognizing the problem, the task of handling the child would be easier, since there was already an acquisition of knowledge. Further workups such as counseling and training would help in the intervention process. The family should adopt a positive behavioral management program. This would be an important factor in the treatment process. Finally, assess one’s environment. The family should maximize the available resources around them. The support groups must be actively involved with the family, particularly the extended family and the nursemaids (*yayas*).

Bruce Baker and Alan J. Brightman (1989) provided several methods in teaching a specific skill or task. Most of the skills were broken down into several steps; a task analysis of specific or target behaviors. They were exceptionally precise in task analyzing toilet training for early intervention autistic children. The instructions were simple and easy to follow. Any adult could easily administer it.

In a recent study done by a local professional, Dr. Lourdes A. Carandang (1992) mentioned the need and importance of *yayas* and other secondary support groups available to the immediate family. The *yaya*, if given a proper training program, can be

instrumental in the development of the autistic child. Thus, they are needed in the treatment program.

Eric Schopler (1993), introduced the TEACCH program as an alternative form of intervention among autistic children. Schopler advocated that parents can be “cotherapists” in handling and teaching their own handicapped children. Thus, the parents can continue the training of their children right after school. There is continuity in the process, and the child’s learning is further retained. The author also cited specific aspects on autism; on what to do about it, early attachment and relationships, the role of parents, teachers, and the extended family. He also gave intervention programs for some target behaviors and goals.

Donna Gelfand et.al., (1988) also suggested alternative child care patterns. The emphasis was placed on the active involvement of the community in supporting its families. The need for local services like day care workers as secondary caregivers was being taken into consideration. Since economic and emotional factors often stressed parents, the services of day care workers are greatly needed in helping the developing child.

Jill Boucher et. al., (1998) conducted a study on the familiar face and voice matching and recognition in children with autism. It is said that face and voice processing are the main routes by which normal human beings learn about other people. The question of how autistic children internalize and process vital information about people

was posed by the research. The study tested familiar voice-face identity matching, familiar face recognition, and familiar voice recognition. The results of the study confirm that face and voice recognition is important in the social processing of individuals.

Patricia Howlin (1998) wrote an article about the psychological and emotional treatments for autism. Her review discusses the various interventions that have been used in the treatment of children with autism. In her point of view, there is no single treatment for families with autistic children. Professionals and family members must apply a “functional analysis” of the situation in order to achieve the most appropriate intervention program for the child. The parents must understand the situation, communicate constantly with support groups, and be creative in implementing the proper program for their autistic child.

THEORETICAL FRAMEWORK

Child Development Perspectives

Early theories of normal childhood development can be traced to biological and psychological explanations. In the realm of biological theories, normal development can be attributed to the proper growth of the fetus during pregnancy. The presence of several chemical and chromosomal imbalances will eventually lead to fetal abnormality during pregnancy. Fragile X, Asperger's, Down, and other disorders will eventually manifest during the early stages of childhood. As mentioned earlier, several prenatal, perinatal, and postnatal causes can contribute to the disabling of the newborn child.

During early childhood, the cognitive, emotional, and social development of an individual takes place. A disabled child, however, can experience difficulties within these areas of normal growth. They become dependent and "ineffective" members of the society. Thus, the disabled child unwittingly stunts his/her growth potentials. Such potentials or skills include motor and psychosocial abilities. In activities of daily living (ADL) such as sitting down, the disabled child will find it difficult to control his/her muscle movement (physiological), as well as in fixing himself/herself up (physical). They become dependent on their primary caregivers, or else they experience anxiety and stress (psychosocial). In effect, a great burden has been placed on disabled children due to the expectations and pressures that the society has been accustomed to.

Family and Support Perspectives

The family is the most important organization in the society. It is the foremost center for social, moral, and psychological growth. The family is essential in the task of helping one's member in the struggle against disabilities, such as autism. It is the family members who can help in the treatment process. The support groups such as the trained professionals can only help up until a certain degree. Once the autistic individual leaves school, the task of continuing the treatment and intervention now belongs to the family members.

Once a child has been diagnosed as having autism, it is the family that first gets affected. True enough, only the family and its support groups can help in the healing process. The psychologist, SPED teacher, OT, PT, SP, and other professional can only serve as the link between the child and the family. These trained professionals are not the solutions; rather it is the family. Thus, recent trends in the treatment of autism have involved family members and other support groups as part of the healing process. The TEACCH (Treatment and Education of Autistic and related Communication handicapped CHildren) program for example, enables parents to be "cotherapists". TEACCH collaborates with families and emphasizes the development of home teaching programs. The method helps parents as well as other members of the family to work effectively with their disabled or handicapped children. In essence, the family has now the responsibility to continue the treatment process of its handicapped member.

One important "cotherapist" within the context of the family system is the nursemaid, or the *yaya*. Within the Filipino family setting, the *yaya* is an important caregiver among the children. They act as the guardians of their little wards. Sometimes

they even spend longer hours with the children than the real parents. In a working class society such as ours, the parents rely heavily on the *yaya* in handling their children. This can be observed in schools, malls, and parks. The child listens and trusts his/her *yaya* more than anyone else, in as much as their respective family members. The *yaya* clearly dominates the early development of a growing child. Again as mentioned earlier, the attachment that the normal or autistic child develops with his/her *yaya* can be functional in teaching and training various independent or self-help skills.

One specific theory essential in understanding the study is found within Erik Erickson's stages of psychosocial development. The child, according to the theory, as he/she grows bigger, meets several issues that have to be settled. Two important psychosocial issues central to the study's thought are the issues of trust vs. mistrust and autonomy vs. doubt. Since the subject is in the early intervention age range, the two critical issues are very appropriate. The child, normal or special, must learn to adjust (awareness) his/her psychosocial skills in order to respond accordingly to the environment. The child must learn how to trust and become autonomous so that his/her social skills are will be developed. The development of social skills in turn will improve the child's behavior and increase the precision of his/her self-help skills. The *yaya* on the other hand, plays the caregiver role in guiding the child's daily social interactions. As a role model, the *yaya* helps in "filtering" the incoming information that the child receives through his/her sense modalities. As a result, the child learns to value what is important and useful in the environment. Thus, the training program is apt in teaching and preparing the child in developing his/her behavior and self-help skills.

The theory of attachment is also relevant in the study. Attachment is “an infant’s tendency to seek closeness to particular people and to feel secure in their presence” (Atkinson, 1993). Attachment has two functions: it provides the security necessary for the child to explore his/her environment, and it forms the basis for future interpersonal relationships. The child is attached to his/her parents as the primary caregivers. The parents can influence the child’s upbringing in anyway possible. For example, the parents can teach their child to become religious until the latter grows up. The impacts of both parents are carried on until the child becomes an adult. The *yaya* too, as the secondary caregiver, can also influence the growing child. The latter (child), during his/her early years, can form strong attachments with the former (*yaya*). The *yaya* serves as the child’s source of security, nutrition, and guidance. In effect, exposing the *yaya* with different forms of training programs is advantageous to families alike. The child experiences a whole day training program when the *yaya* is involved. Thus, the growing child is on the path a healthy well-rounded development.

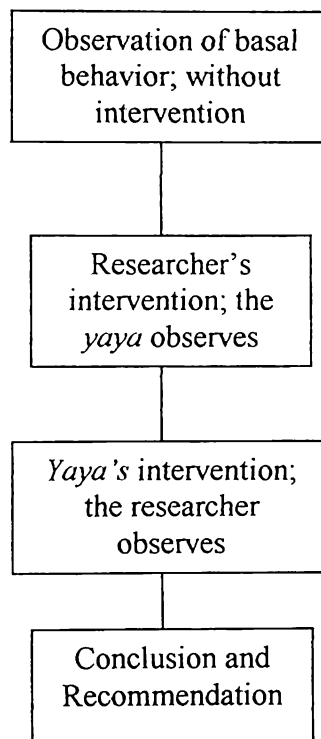
CONCEPTUAL FRAMEWORK

In this study, the emphasis was placed on the role of the *yayas* of the low-functioning autistic children. The basic assumption here was that the *yaya* is part of the family and support groups. Thus, they were also given a chance to handle and take part on the healing and treatment process of the handicapped child.

The focus of the single case study was on how the *yaya* ultimately affects the sitting behavior of the autistic child. For the span of six weeks, the study observed the

interaction of the *yaya* and child, implemented a training program for the *yaya*, and recommended the results of the program.

A conceptual diagram of the study is shown below:



The first step is to observe the basal behavior of the child. Reflecting on this during the conclusion will determine if there are changes during the training period. The basal behavior will constitute the current behaviors and skills that the autistic child

possesses. The second step will be to conduct the actual training program that will run for 3 weeks. The *yaya* will concurrently be observing the researcher as the child's trainer. The third step will be the *yaya*'s training program that will run for the final 3 weeks of the study. The *yaya* will introduce the training program to the autistic child as part of their daily interaction. The last and final step will be the follow-up observation of the success or failure of the program.

CHAPTER III

METHODOLOGY

RESEARCH DESIGN

This study utilized an exploratory and cross-sectional research design. It was exploratory since the study was not so often looked upon. Thus, there were few literatures that can be found regarding the topics in the study. The local sample population (Filipinos) also added to the scarcity of information. A cross-sectional design was added since the sample represented the general population of middle-class families with low-functioning autistic children with *yayas*. Other sources of data included school program records, and systematic observations between *yaya* and child. A daily behavior tally sheet and a behavior chart were made to mark the progress of the training program. The study was done at the start of the second semester of the special school, thereby yielding positive results. The data were gathered late January until early March of the year, for 6 weeks.

STUDY POPULATION

The study population consisted of a *yaya*-child tandem from a middle-class Filipino family, with the child being classified as having low-functioning autism. The child was enrolled in Learning Partners School, and aged 1.5-7 (Early Intervention) years

old. The autistic child together with the *yaya* can either be male or female. The child also had other training programs as part of his or her behavior and skills development.

The Subject

The child selected for the sitting program was Diego Roxas. Diego or “Diegs” was 1.9 years old and basically, a neat and huggable kid. His initial diagnosis suggested that he was speech delayed, though autism remained a strong continuing possibility. He was generally quiet, however, he cried “wawa” whenever he was agitated or unfamiliar with the person he was with. He was very “spoiled” in his own right. His mother knew how to pamper him to the point of giving in to almost all of his wants and needs. He was fair in complexion, had brown eyes and hair. He stood a little less than 3 feet, but walked like a king. He looked normal physically, but his cognitive-mental and emotional features were certainly underdeveloped.

The Yaya

Yet another important element in the study is *Yaya* Dayday, Diego’s daily companion. *Yaya* Dayday takes care of everything for Diego. She has been with him since he was a month old. She prepares his *baon*, cleans his mess, and generally watches over him. She had been with the family for a year now, and was confident in handling Diego. She was able to finish high school in the province, as evidenced by her ability to understand Diego’s general condition. She was in her mid-twenties, although she suffers from back pains. Of all the people around him besides his parents and grandparents, Diego had a very close relationship with his *yaya*.

The School

Learning Partners School Incorporated is a school that offers special education primarily for autists, mentally retarded, speech delayed, cerebral palsy, and other related pervasive developmental disorders. The school currently adopted the TEACCH method in its year-long curriculum. Situated inside East Greenhills Subdivision, the school is dominantly catered for middle class families with special children. It has 40 enrolled students with 15-20 full-time teachers and staff. The school's structure is actually an old converted bungalow house. The school's area is sufficient enough to accommodate twice its current student capacity. The school and its administration are members of Autism Society of the Philippines (ASP)

The Curriculum

The TEACCH method, developed by Dr. Eric Schopler (1993), focused more on visual and environmental cues as the basis for training the child in his/her everyday interactions. The rigid daily routine enables the child to become familiar with the tasks that he/she must do. The method also encourages the participation of parents and helpers as "cotherapists" in handling and teaching the special child. The program or method can be used in both key environments; in school and at home. Thus, the sitting program was modified in order to accommodate the TEACCH method.

Parts of the TEACCH program were developing self-help and social skills. These were aimed to enhance the child's emotional abilities. Diego's self-help and social skills included:

1. Playtime before each session; to be able to interact with other kids his age.
The idea was effective since Diego has a “close” friend, Joel.
2. Singing with acting; the teacher sings while Diego follows the actions of the song.
3. Wash time before and after snack time; an important behavior to develop since it will serve as the baseline for other advanced skills such as taking a bath and toilet training.
4. Brushing his teeth after snack time; to develop the hygiene.
5. Praying and Bye-bye time; religious and social awareness respectively.

SAMPLING DESIGN

The study incorporated a purposive sampling design due to the small and limited study population. This did not affect the outcome of the study since the study population was already a representative of a wider population. The aim of the study was to observe and train the sample. The method of the sampling design was appropriate in seeking useful information for size-specific cases.

The criteria for choosing the subject were based on the definition of autism according to the Diagnostic and Statistical Manual (DSM) IV. The following are the criteria the subject satisfied taken from the DSM-IV's diagnosis of autism:

- (1) qualitative impairment in social interaction
 - (a) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
 - (b) Lack of social or emotional reciprocity

(2) qualitative impairments in communication

- (a) delay in or total lack of the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture and mime)

(3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities

- (a) Apparently inflexible adherence to specific, nonfunctional routine or rituals

Another very important aspect in choosing Diego as the subject was the fact that he could not sit for a long period of time. Under normal circumstances, he could not sit down for more than five minutes without any activity. He usually walked around in circles either tinkering for things or looking for his mommy. This was the challenge for the researcher, teacher, parent, and *yaya*. All four key persons, in no way, could make him sit for a long time. Each barely knew what to do. The mother could make him sit down temporarily because she was the “mother”, meaning as the very center of things, and the *yaya* because of basic trust and familiarity. Thus, before the researcher intervened, the teacher also had an independent sitting program of her own. The teacher’s program focused mainly on the sitting behavior with an activity like coloring or in doing the cognitive-mental activities to be mentioned later. A compromise was reached when the researcher agreed to deal with the sitting program without activity, while the teacher continued with her sitting program with an activity. The combination of teaching the child to sit down on both occasions (with and without activity) looked favorable for Diego.

STUDY INSTRUMENTS

Researcher's Materials

The study incorporated a handful of study instruments. First, it utilized a systematic observation on the child. The investigator was able to observe the daily interaction of the *yaya* and her autistic ward. It also helped in reinforcing the other data that was collected. Wanted and unwanted behaviors were elicited during the interaction. Thus, it was a perfect opportunity to evaluate the behavior and skills of both the *yaya* and the child. The investigator stayed for at least an hour with the subjects during the six week long study of the training program. During the first phase of the training program (the first 3 weeks), the investigator guided the flow of the training program. During the second phase of the training program (the last 3 weeks), the investigator played the role of an observer as well as analyst by watching the *yaya* implement the program.

Second, a visual cue card containing an illustration of a child sitting down was used (see Appendix A). This method was concurrent with the TEACCH method, a training program developed by Dr. Eric Schopler. The cue cards served as guides for the child's daily activities. The cue card was used to train and became part of the child's daily routine.

Third, a daily behavior tally sheet and a behavior chart were used to record the progress of the training program in evaluating the both the investigator and *yaya*'s performance during the implementation of the study (see Appendices F and G). This helped the investigator in arranging and concluding the data. It also reflected the significant changes and the effects of the study.

Lastly, a training program for sitting was used. It is described in detail below:

The Training Program: Sitting Down

Materials: A chair appropriate the child's size, visual cue card, various reinforcers.

Step 1. Stand face to face with the child at a close distance (1-2 feet). Introduce and hold the visual cue card in front of the child. Refer the visual cue card to the child, "Look at the picture [Name of child], this is a good boy sitting down." Once the child grasps the card, command, "[Name of child], sit down!" While saying it, motion the child to sit down. The initiator of the command should move his/her hands towards the chair, as if pointing and placing them there. Always show the cue card for reference. If the child does not respond to the command, gently assist the child by placing your hands on the child's shoulders and assist the child in sitting down. Reinforce the child if he/she is able accomplish the task.

Step 2. Repeat the first step but gradually increase the presence of the visual cue card between you and the child. If the child fails to respond to the command, let him grasp the cue card and repeat the "gentle-push-on-the-shoulder" method until the child is able to sit down. Reinforce the child for every little accomplishment he/she makes.

Step 3. Gradually increase the presence and importance of the cue card between you and the child everyday. Give the command once again. If the child does not respond, repeat Step 2. Reinforce the child if prompting is eliminated and learns to associate the cue card, if the child is able to sit without any assistance.

Step 4. For advanced sitting behavior, introduce the child to a variety of chairs, as well as train the child to sit on unique sitting objects, such as bean bags (sofas) large pillows on the floor, and most importantly the toilet bowl.

Other sources of data were obtained through the school curriculum, records, inferences, and other significant data files.

The School Set-up/Materials

Under the TEACCH format, the study made use of a visual cue card that contained a drawing of a child sitting down. Most of Diego's major activities were printed on such cards. For example, play and snack times were printed on 3 by 3-inch square cards. Since Diego was accustomed to these visual cue cards, the technique was easily incorporated in the program.

The work and training area was Teacher Sarah's classroom. It also doubled as the school's Dress area. The school reorganized itself according to the specifics of the TEACCH program. The result was that each available space or room in the school has a specific function just like a real home. Thus, one will find a classroom-kitchen, library, bedroom, etc. The idea was to simulate the typical household environment. The children were trained to cook, do gardening, play, and study among others.

Each workroom contained several routine-boards that hung side by side on a wall-divider. A routine-board contained the child's daily activities in visual cue card form. Each cue card is arranged in the order of which activity is to be done first (see Appendix B). The cue card is attached on the board by a piece of Velcro. Each session, the child is instructed to get the specific cue card for the specific activity. Once the child "picks" or "takes" the appropriate cue card, the teacher then instructs him/her to insert it on a slot that matches or corresponds with the card. A "wash hands" card would have a slot with a

corresponding “wash hands” illustration on it. Once the child successfully places the card on the slot, the activity can now begin.

The following are some of Diego’s cognitive mental activities:

1. Playtime before each session; to be able to interact with other kids his age.
The idea was effective since Diego has a “close” friend, Joel.
2. Singing with acting; the teacher sings while Diego follows the actions of the song.
3. Wash time before and after snack time; an important behavior to develop since it will serve as the baseline for other advanced skills such as taking a bath and toilet training.
4. Brushing his teeth after snack time; to develop the hygiene.
5. Praying and Bye-bye time; religious and social awareness respectively.

DATA COLLECTION PLANS

The study chose a *yaya*-child tandem from the school beginning early January of the year. The school, parents, and the tandem were informed of the proposed study that was to be undertaken. Letters of permission and consent were given to each of the concerned people. After the approval of the study, the concerned individuals were given a schedule of activities that the study soon followed.

For the duration of 6 weeks, the tandem participated on the activities the trainer gave as part of the intervention process. The trainer conducted the training program twice a week (Monday and Thursday), that took part of the child’s regular school program of an

hour each day. The trainer implemented the sitting program in 3 trials spread throughout the child's daily school session (see Fig. 1). The results were recorded on the behavior tally sheets and on the behavior chart. The study's trainer/investigator initiated the program for the first 3 weeks; the last 3 weeks were given to the *yaya as the trainer*.

The child's daily behavior tally sheets were filled-up by the investigator and *yaya* since both persons were the ones who worked with and monitored the progress of the child.

By the end of the training program, the investigator tallied the number of correct hits per trial of both trainers. The results were charted and compared to validate the effectiveness or ineffectiveness of the *yaya* as the trainer of the program.

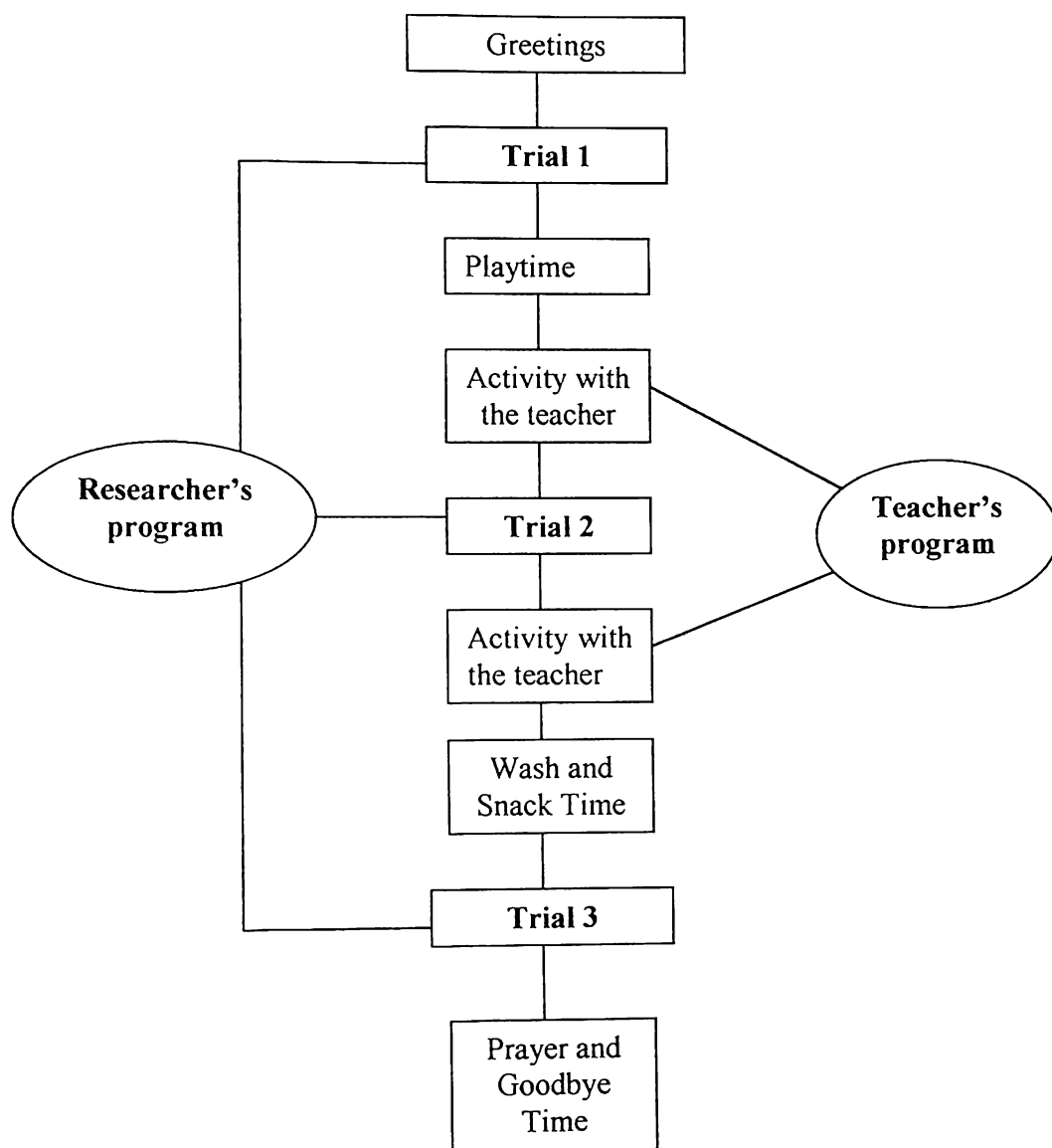


Fig. 1 A conceptual illustration of the researcher's dispersion of trials.

DATA ANALYSIS PLANS

As soon as the data were gathered, the investigator compared both intervention results. The results heavily relied on the data on the daily behavior tally sheets. Each day/session, the investigator marked the child's correct responses with a positive/plus sign (+) and a negative/minus sign (-) for wrong responses. The marks were designated as "hits per trial". The daily results were tallied and collected. By the end of both trainers' intervention program (3 weeks each), the total number of hits per trial were recorded. The percentages of both were also computed. The results were graphed to illustrate and monitor the progress of both trainers.

Hence, the *conditions for the success* of the study follows: should the data suggest an increase of positive marks each day, such as reaching to 90% by the end of the training program, then the study will turn out to be a success. Also, the success rate of the investigator will be compared against with the success rate of the *yaya* as the trainer. Should the latter's performance with the child reach up to a 90% success rate, then the *yaya* is able to make an impact on the child.

In the end, the results of the study were dependent on the high response rates of both the researcher and *yaya* as the child's trainers. The slow start of the program's implementation directly affected the percentages of the scores, or "hits per trial". Thus, both the total scores of trainers when tallied did not meet the 90% success rate. In effect, the conditions were adjusted such that the interpretations of the results were based on the *higher percentage rate of either trainer*. For example, if the *yaya* got a higher percentage

rate, one concludes that the training worked for the *yaya*, and that the transference of the program was a success.

CHAPTER IV

RESULTS AND PRESENTATION OF DATA

The study proceeded as planned. The intervention and study were conducted in Learning Partners, school for Deaf children. The Headmistress, Mrs. Josephine "Jojo" Nepumoccos, welcomed and approved the proposed study and teaching program. The school is the site of a sitting program for special children, especially the very young ones. Sitting is a skill that enables the child to further develop skills and to follow teaching and instructional-based programs that require sitting. Teacher Pauline is responsible for the program. Teacher Sarah Vance, who handled early intervention cases, also approved to the sitting program as long as it was in line with the school's curriculum. The study was conducted

INTERVENTION

The Researcher as the Teacher

Week 1

The first week started with the researcher and the learning partner. The researcher was first introduced to the school by the Headmistress. The goal of the first week was to reject the idea of the researcher as a teacher. The researcher was introduced by trying

CHAPTER IV

RESULTS AND PRESENTATION OF DATA

The study proceeded as planned. The observation and study were conducted in Learning Partners, a school for Special Children. The Head Directress, Mrs. Josephine “Jojo” Nepumoceno expressed satisfaction and optimism over the proposed study and teaching program. She further explained the importance of a sitting program for special children, especially the very young ones. Sitting, as a self-help skill enables the child to further develop future skills, such as toilet training and other school-based programs that require sitting. Teacher Jojo then recommended the researcher to Teacher Sarah Vanes, who handled early intervention cases. Teacher Sarah approved of the sitting program as long as it was in line with their current application of the TEACCH method.

INTERVENTION

The Researcher as the Trainer

Week 1

The first week proved to be the most difficult among others. The researcher was first introduced to the child, Diego. Naturally, the very first reaction that Diego expressed was to reject the total stranger. Diego basically showed feelings of discomfort by crying.

Teacher Sarah was doing a session with Diego when the researcher walked in to observe. Diego's mother and *yaya* were there too, observing while hiding behind a blackboard divider. The purpose of hiding closely related people or primary caregivers is to focus the child's attention to the activity at hand. Once Diego saw either his mother or *yaya*, the activity was over. More over, the presence of a stranger further distracted him from his ongoing activity.

After the session, the researcher was briefly introduced to little Diego. The little kid quickly hid behind the legs of his mother. The researcher was then able to explain the purpose of the training program to both the mother and the *yaya*. The intention was well invited by the mother. The rationale behind this was that the mother wanted more for his son. Generally, parents want to give as much help as possible for their special or afflicted children. Though some of them may still be in the state of denial, others prefer to be optimistic about the current situation (Carandang 1992). Diego's mother readily agreed to allow the *yaya* to be trained for the benefit of her child.

The training session of Diego under Teacher Sarah was daily from 8 to 9 am. The sitting program had to be inserted within the given time frame. As a result, the training program was divided into 3 trials. Earlier, it was mentioned that Teacher Sarah handled the sitting program with activity. She did 2 trials every session, one during the selected activity (work for the day) and another right before snack time. The researcher's 3 trials were dispersed: 1) before playtime, 2) right after the set activity, and 3) before bye-bye time (refer back to Fig. 1). The researcher only came during Mondays and Thursdays, making it 6 trials per week.

The first day of training resulted to futility. Diego cried each time that it was time for his sitting program. More than this, he would try to look for Teacher Sarah in an effort to make the researcher “go away”. All three trials took the same response. The researcher tried to calm and make him sit through various techniques, such as showing reinforcers and by modeling. However, his cries dominated throughout the sessions. There was no way to pacify him except whenever Teacher Sarah intervened.

The second day again received the same results. Diego remained uncooperative probably because he was not yet accustomed to the researcher’s presence. Today, he was somewhat sleepy and it made the training session more difficult. Teacher Sarah came to calm him down but Diego remained uneasy with his new companion/teacher. As it turned out, Teacher Sarah reassured that this seemed to be a normal reaction for children. A stranger was a form of threat and the only way to voice out their feelings was through crying. More so, crying is a manipulative tool wherein the child wishes not to accept or carry out the specific task that is being presented. The unfamiliarity and inability to perform the task quickly turns into anxiety.

At the start of the training program, the baseline data was weakly established. The reason was that the program started immediately. Time constraint proved to be a factor in conducting the study. The study only had six weeks to live and each day was devoted to the implementation of the program. However, during the first day, the researcher was able to observe and identify baseline behaviors, such as Diego’s crying bouts, current socio-cognitive abilities, and delayed speech. On the other hand, the teacher’s own observations and comments also became part of the study’s overall baseline behavior/observation.

Week 2

The third day began with a spark of success. The first trial failed because of the fact that it was the third time around that Diego had been confused with the daily routine. “Confused” in the sense that having the researcher around was never really part of his semester-long daily routine. The presence of the researcher meant that his perceived cycle of activities would be different, thereby creating a sense of inability, resulting to anxiety. However, during the second trial, Diego was able to stay seated for 5 minutes. The reinforcers did a good job in keeping him to his seat. The researcher found out that one effective reinforcer was his favorite snack; Skyflakes crackers. Bargaining the crackers in exchange for his good behavior gave the program its first hit.

The same technique also worked during the fourth day. Besides the crackers, positive verbal prompting also encouraged him to stay put on his seat. Diego responded well to “Good sitting!” and “Very good...Yehey!” Verbal prompts. The clamor for crackers died down shortly since Diego’s baon consisted of crackers. In other words, he knew that he would still get the crackers even though he failed the sitting program. This meant that other sources of reinforcement had to be prepared. 2 hits were made for the second week; it was a significant progress. The researcher sensed that Diego was getting more accustomed towards the training program.

Week 3

The fifth and sixth day of the program showed positive results. The researcher was able to connect with Diego. 4 hits out of 6 were made as a result of the continued sitting practice on the child. There were three factors that contributed to the success of the

program; new reinforcers, the program's flexibility, and the new bond between the child and the researcher.

One problem that the researcher encountered was the lack of meaningful reinforcers. Diego was quite a "picky" child. He easily got tired of the crackers and Yakult, his favorite drink. The researcher had to find other "interesting" objects in order to catch his attention. A breakthrough occurred when the Toddler class of Teacher Bling had a "Bring Your Favorite Pet" day. Diego, as the researcher found out, liked animals. That day, the animals that caught his curiosity were a pair of pet turtles. Diego wanted to hold them, but the researcher was able to convince him that as long as he behaved and followed the program, he would have his turtles. A crying bout started the training session. "No turtles for Diego, unless he is a good boy!" and "Look at the turtles Diego, they are sitting down just like you are know", were two of the verbal prompts used to calm him down. The momentum was further enhanced when the researcher played on with the turtles. "Look Diego...how cute and tiny they are! They are also little like you...What do we name them?" Tin-Tin and Ton-Ton were named for the turtles. Surprisingly, he was able to discriminate between turtles when the researcher asked him to point the given turtle, such as "Where is little Tin-Tin?" and so forth.

The program's flexibility also helped in its application. Diego found it easy to grasp the idea of the cue card since his school program also required him to do so. In a way, he was familiar with the process.

Another significant moment during the sitting program was the developing bond between the researcher and Diego. The latter became accustomed in seeing the former, and that the presence of the researcher signified the upcoming sitting program. Regular

routine was important in establishing familiarity between the child and researcher. In effect, the child hardly noticed any change in his environment. Familiarity and routine, in working with autistic children, decreases the possibility of further anxiety (Boucher et. al. 1998).

The *Yaya* as the Trainer

Week 4

Working with *Yaya* Dayday proved to be moderately easy. Her experience as a secondary support for the family developed in her a unique talent in handling Diego's autistic behavior. She had a good idea of what her future task was going to be. During the first three weeks, she observed the researcher perform the training program. She also trained Diego in school during class hours.

Yaya Dayday was quick to grasp the training program's idea. However, the execution was another thing. At the beginning of her session, Diego failed to respond. He cried a couple of times until *yaya* calmed him down. It was an unusual reaction for the child since the *yaya* was a familiar person; moreover, there was no reason for added anxiety. Also, she experienced difficulty in imitating the researcher's actions in the program. She was later advised to adapt her own style, rather than to follow the researcher's own methods. Thus, for the entire week, Diego remained uncooperative. He sat for only 2-3 minutes. The *yaya* had only 1 hit out of 6 trials.

Week 5

During *yaya*'s second week as the trainer, significant changes occurred. She had prepared a set of new reinforcers; such as, Zesto juice, colored stuffed balls, and some of

his new toys. Her second and third trials of the day yielded positive results. Diego was very cooperative and in the mood. His mother was even impressed with the fact that the *yaya* was able to make him sit down. Later on, his mom briefly tried the program, and also received her share of success and disappointments. The ninth day ended with 2 hits out of 3 trials.

The success of *Yaya Dayday* continued for the tenth day. Diego was more relaxed and looked better at the start of class. She further gave positive verbal as well as the material reinforcements. She prompted Diego by saying “Very good *si* Diego *ko ngayon!*” and by clapping her hands with his. She also sat down in front as a gesture of modeling. True enough, his little ward lasted amazingly for 7 minutes. It was an impressive feat since the program had no activity involved. She did a good job again by scoring 2 hits out of 3 trials.

Week 6

In an unexpected turn of events, *Yaya Dayday* suddenly left the family. According to Ms. Roxas, she left without any word of leaving. It was theorized that her back pains had been bothering her lately. It reflected the fact that she fondly carried Diego whenever he wanted to. The physical demand was becoming tough on her. She left the program at the height of her success.

Teacher Sarah took over *Yaya Dayday*’s place in continuing the program for the last week. She also did a remarkable job in making her student sit down without an activity. She made 4 hits out of 6 trials for the whole week. Diego’s sitting also improved for he stayed as long as 8 minutes with her training.

In sum, the researcher and *yaya*’s progress are tabulated and graphed below:

Researcher's Chart

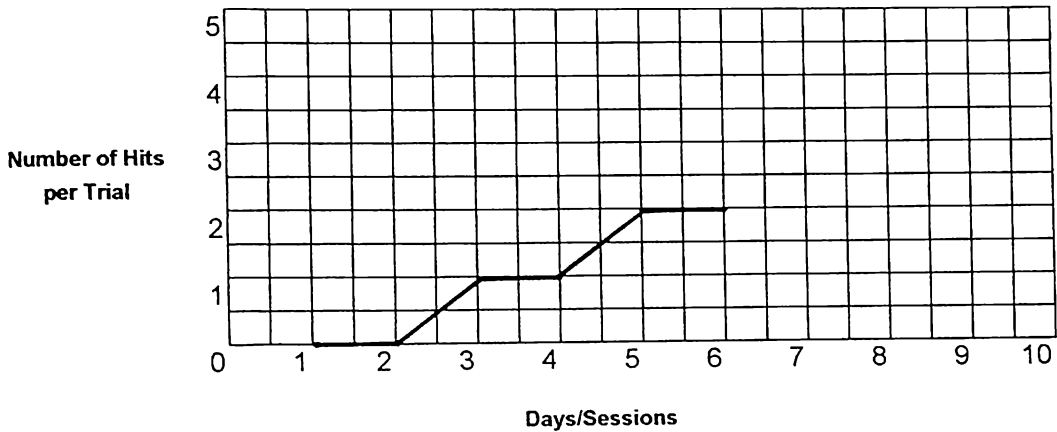


Fig. 2 Progress chart of the researcher's sitting program. The chart illustrates The trainer's number of hits per trial for each corresponding day/session.

In Figure 2, the researcher achieved a total of 6 correct hits for 18 trials or 33% success rate for the entire training program. The chart's progress is determined by plotting the number of hits per trial with the corresponding day or session (note that 1 day is equivalent to three trials). Figure 3 represents *Yaya Dayday's* progress.

Yaya Dayday's Chart

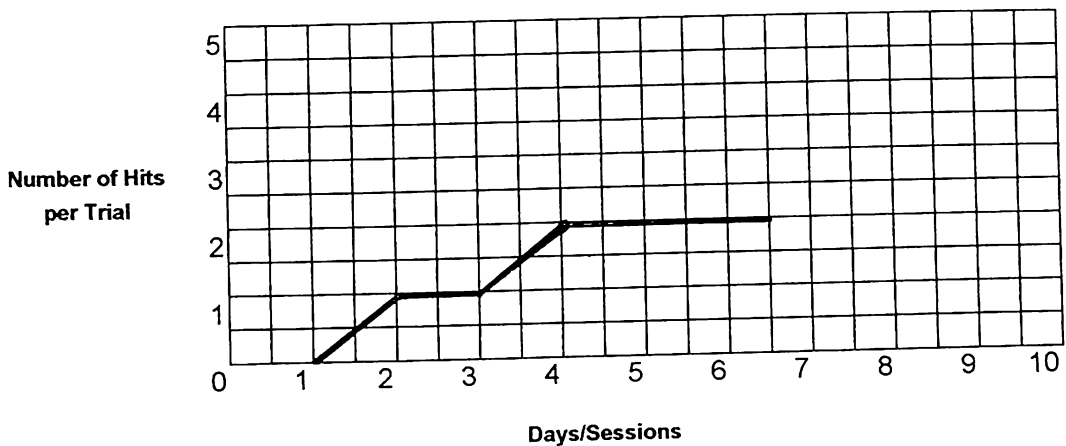


Fig. 3 Progress Chart of the Yaya's sitting program. It illustrates the yaya's Number of hits per trial for each corresponding day/session.

She scored a total of 9 correct hits out of 18 trials, or 50% success rate for the training program.

Based on the program's data and results, the sitting program was successful in two ways. First, the program was flexible because it adapted easily on the TEACCH method. The sitting program was readily converted and applied. Second, the study achieved its goals through the transference of the program to the *yaya*. The high scores of the *yaya* indicate that the program really works. The scores in the both respective graphs reflect the gradual continuing success of the program. The *yaya*'s higher slope in her chart reflects her high scores compared to the researcher.

ANALYSES

The intervention program sheds light into the different possibilities of having a working Individualized Educational Program (IEP) for families with autistic children. Alternative child-care patterns are the current trend these days in child rearing and teaching. The training program further elevates the participation of the families to become their children's "cotherapists". Direct therapy enables the family members to experience a "hands on" training in reaching out to their special children. Now, with the success of the *yaya*-sitting program, the impact of even the smallest member of the family can truly have an effect towards the autistic child. The interactions of the different trainers (parent, teacher, and *yaya*) are the keys to unlock the difficulties of the autistic child.

The role of the parents at the very start is divided in two. First, they are their child's foremost source of support; physically and psychologically. Whenever the child is threatened or in need of basic needs, he/she runs to the parent. The physical support is granted through material objects such as food, clothing, and shelter. On the other hand, love and care covers the emotional support. Hence, another very important form of support deals with the psychosocial aspect of the child's development.

Developing the child's psychosocial abilities and skills must be one of the primary concerns of adults. The child needs to develop his socio-emotional skills so that he/she can be well adjusted given any situation. The child learns how to "read" social cues like trust, independence, recognition, etc. The parents' role is to help the child

discover these skills. High self-esteem, responsibility, and emotional intelligence are the lasting effects of a well-developed psychosocial ability.

The child's attachment towards his/her parents and caregivers can be exploited for the common good. The child's attachment develops within himself/herself future interpersonal relationships with other people. The focus on special children must be given importance. Unlike normal children, special children are more sensitively attached towards their primary caregivers. They require more attention and patience in understanding their situation. Thus, working on the child's attachment gives an edge in participating him/her on a training program. The negative situation can be turned into a positive one.

The sitting program performed by the *yaya*, is part of the child's psychosocial training. The autistic child learns to trust secondary support groups (*yaya* and other distant caregivers and the like) while simultaneously learning how to become independent. The *yaya*'s presence affirms the child's confidence in completing the sitting behavior. Moreover, the *yaya* acts as the channel or medium through which the child is able to achieve his/her goals.

The successful result of the dual interaction between the *yaya* and the child suggests that indeed the *yaya* can help in continuing home-based programs and other IEPs. The *yaya*, in the long run, will help the child develop his/her psychosocial skills. The skills transferred by the *yaya* are trust, independence and autonomy, discipline, self-esteem, and initiative.

The *yaya* is no different from the parents when it comes to understanding the special child's needs. Both primary caregivers experience an emotional blackout in an

effort to reach the child. The *yaya* likewise, has to “grope in the dark”, test her own hypotheses, experience rejection and crying bouts when handling the child. Interacting with the special child is never easy. Caregivers find it difficult when someone does not normally reciprocate what one has given. *Yayas* feel frustrated and anxious whenever the child does not respond to their calls.

Parent to child interaction can be no less different than with the *yaya* interaction. Most parents of autistic children also share the same boat with their respective *yayas*. Parents also do not understand their child’s situation. They have to rely on professionals in order to reach out towards their child. Back in the study, Ms. Roxas, Diego’s mother, cannot even make her own son sit down for a long time. All she can do was pamper Diego to make him follow her command. During the program, she began to realize that it was not appropriate to spoil Diego. It was the wrong way to respond to her child’s needs. In effect, the sitting program can help the parents in knowing more about their child.

Parents and *yayas* must learn how to deal with their child and ward; to know the specific problem area, employing a functional analysis on the problem, how to develop the inability into a skill or potential, and to perform the task gradually and effectively.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

The study is focused on the psychosocial effects of the *yaya* on a low-functioning autistic child's sitting behavior. To validate this idea, an intervention program was developed. The sitting program was implemented for six weeks in Learning Partners School. The subject, Diego is a 1.9-year-old autistic child with speech delay. The program's technique of implementation follows the TEACCH method of using visual cue cards to guide the child in his/her daily activities. The first three weeks of the intervention program focused on the researcher as the trainer. The researcher made significant progress in training the child to sit down during the first three weeks. Furthermore, the *yaya* as the trainer scored positively with her own program. Both the researcher and the *yaya* generated a progressive sitting program. The total results were 6 hits per trial out of 18 or 33% for the researcher and 9 hits per trial out of 18 or 50% for the *yaya*. The trend of the graphs illustrates the gradual progress of both trainers. However, the *yaya*'s higher slope indicates the successful transference of the study and a high degree of child responsiveness. The researcher was able to transfer the needed skills in doing the sitting program. The study concludes that the *yaya* can make a difference in taking care of the autistic child. Moreover, the *yaya*, when trained, can significantly give support in helping the autistic child cope with everyday living.

The *yaya* contributes to the overall psychosocial skills development of the autistic child. The transference is achieved through the interactions developed during the sitting program. Some of the psychosocial effects imparted by the *yaya* through the program are trust, dependence and autonomy, discipline, self-esteem, and initiative.

CRITIQUE

The program did fairly well during its implementation, although it encountered several “bumps” along the way. First, the timing and duration of the study. The study was estimated to run and be conducted for the duration of 6 weeks. The researcher is convinced that a longer period is more optimal. 6 weeks is enough or sufficient for collecting the needed data, however, 10 or more weeks are better. A longer period further develops the effect of familiarity, an essential factor in developing trust between the researcher and the child. Another related factor is the researcher’s number of visits to the child. Daily trials are more suitable in establishing the regularity of the program. However, the researcher can only visit twice a week due to other commitments and also by accessibility. In a hypothetical scenario, such as summer vacation, the program can run smoothly without interruptions. A third and final reaction is the event in which the *yaya* suddenly left the program. Since the program is heavily dependent on the availability and participation of the *yaya*, it must be noted that the *yaya* should be committed in finishing the program, and to apply it in the future.

RECOMMENDATIONS

The study is can be easily applied by parents as well as the *yayas*. The program is flexible and it can be done in a number of ways. The parents can do without the TEACCH format and create their own program. Parents must be creative and have the initiative to teach or train their children. It is an added positive factor if the parents learn how to continue their child's training program in school. This is the very reason on why the home-based programs came to be. Parents and the *yayas* must participate in developing the skills of the autistic child.

For a home-based program, the study is highly recommended for parents who want to maximize their resources. They can train their child's *yaya* to follow-up school training and also to boost their child's potentials.

THE *YAYA* CAN MAKE A DIFFERENCE!

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List of Appendices

APPENDIX A

Visual Cue Card “Sit Diego Sit!”

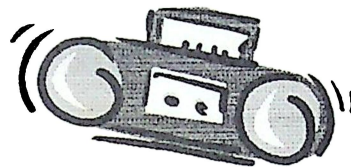


APPENDIX B

Some of the illustrations on the Routine Board



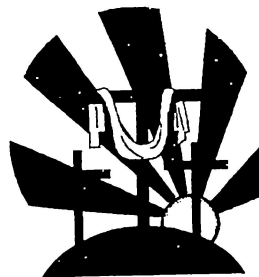
Playtime



Singing Time



Snack Time



Praying Time



Goodbye Time

APPENDIX C

Letter of Request

Dear _____,

Greetings! I, Gerardo G. Garcia, a 4th year Behavioral Studies major of U.P. Manila, would like to have your support in my senior thesis entitled, "A Quasi-Experimental Study on the Psychosocial Effects of Yayas on Low-Functioning Autistic Children's Sitting Behavior."

The main goal of the study is to achieve a working training program for your child's *yaya*. It is a single case study that will require the participation of your child and that of his/her *yaya*.

The child's *yaya* will be the focus of the study since he/she also plays an important role in the development of your child. The *yaya* can aid the family in educating as well as in training the child with his/her activities of daily living (ADL).

The training program will be conducted for 6 weeks and will only take up an hour or two (daily) of your child's time.

The study will be confidential. Only the child's teacher, parents, and *yaya* will be informed of the program. All information gathered during the training program will be documented and be validated with your consent.

Your kind and generous support will surely benefit your child's future.

Thank you!

Gerardo G. Garcia

Contract Letter

The Training Program will run as follows:

The initial trainer, Gerardo G. Garcia, will conduct a sitting behavior program for _____ together with his/her *yaya* _____ for the duration of 6 weeks right after the approval of the child's teacher and parents.

Program One will consist of training the child to sit down by command.

1. For the first 3 weeks, the trainer/investigator will run the program. The trainer will say, "[Name of child], sit down!" to which the child should respond.
2. The trainer will prompt and assist the child in sitting down.
3. In making significant progress, the trainer will give familiar reinforcers to the child, acknowledging a job well done.
4. The trainer will increase his distance away and will minimize prompting each day/session that the child is able to learn.
5. The trainer will record the results through a behavior tally sheet and later on, with a behavior chart.
6. The process will be repeated for the remaining 3 weeks with the *yaya* filing the role as the trainer. The results will also be recorded.

I, Gerardo G. Garcia, fully understand and agree to the above agreement.

I, _____, the teacher, agree to validate the results of the training program of _____. I also agree to assist the trainer in providing significant information about the child when needed.

We, _____, the parents of _____
agree to participate, support and provide assistance to the trainer during the course
of the training program.

I, _____, the *yaya* of _____
agree to participate and perform the training program. I also agree to continue the
program in helping my ward in his/her daily activities.

WE UNDERSTAND THAT THIS IS NOT A LEGALLY BINDING
CONTRACT, BUT RATHER A FIRM COMMITMENT OF GOOD WILL
AMONG PARTIES WHO CARE ABOUT THE CHILD AND EACH OTHER.

APPENDIX E

Schedule of Activities

Week 1 (Jan. 17-23).

1. Introduction of the trainer with the child and *yaya*. The trainer will brief the *yaya* about the program and its goals.
2. Establishing the baseline behavior and familiarizing with the common reinforcers of the child.
3. Start of the program.

Week 2 (Jan. 24-30).

The trainer will continue to conduct and record the results of the program.

Week 3 (Jan. 31- Feb. 6).

Preparing the *yaya* in running the program (orientation).

Week 4 (Feb. 7-13)

The *yaya* will begin to run the program. She will also start helping in recording the results.

Week 5 (Feb. 14-20)

The *yaya* continues the sitting program.

Week 6 (Feb. 28- March 6)

The *yaya* finishes the program. Wrap-up and tallying of results.

Behavior Tally Sheet

Teacher's Name: _____ Week _____

Child's Name: _____ Child's Behavior Being Worked With: _____

Correct

Wrong

Day			Trial 1
Minutes			Trial 2
Distance			Trial 3

Total

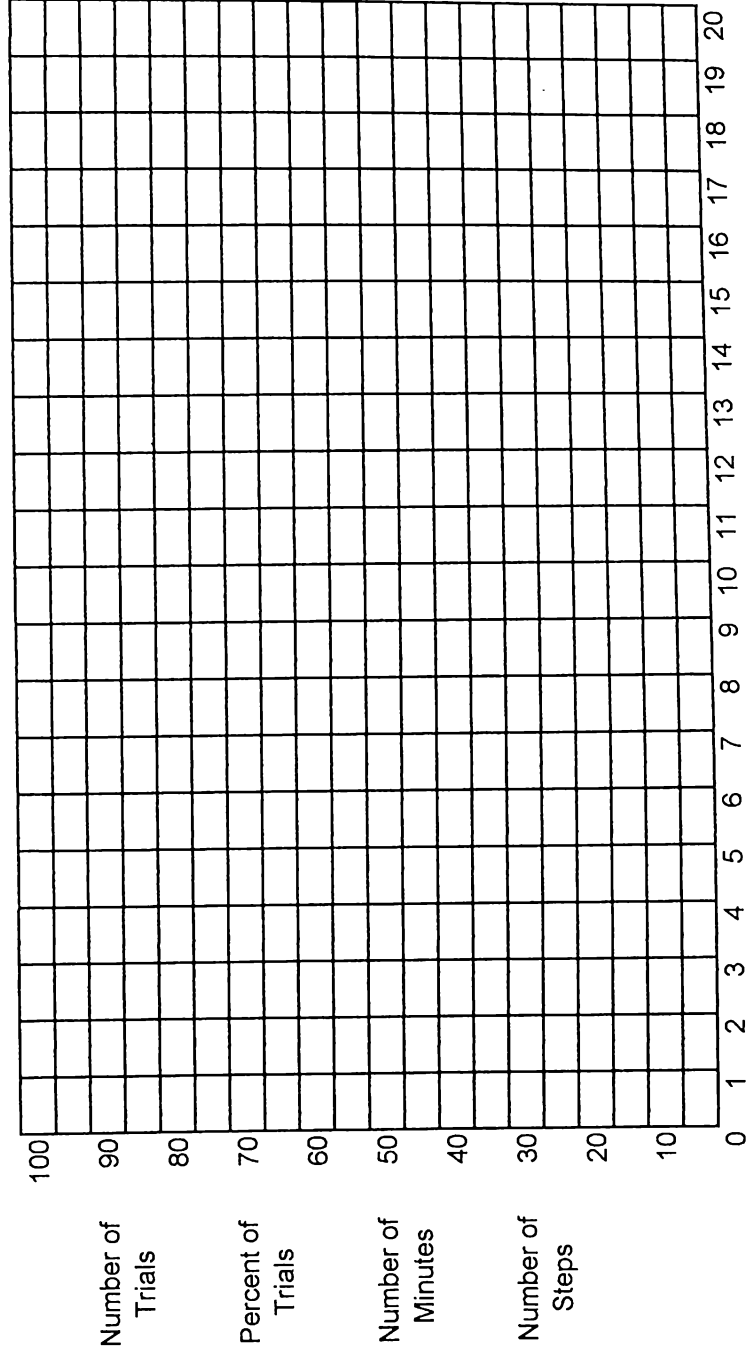
Total

Percent %

Percent %

Behavior Chart 1

Child's Name: _____
Target Behavior: _____
Date: _____
Person Charting Behavior: _____



Hours, Days, Sessions, Weeks, Months (Circle One)