A Single Case Study on Yaya's Role in the Behavioral Development of Autistic Children

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Approval Sheet

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THANK
YOU

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ABSTRACT

Autism is a developmental disability characterized by a disorder in basic psychological functions. Several autism-related disorders are grouped under the heading Pervasive Developmental Disorder. Special educational programs using behavioral methods have proven to be helpful. These are programs that tends to enhance their ability to communicate and socialize with other people.

The programs suited for autistic children have been the subject of many researches. This research focused on program intervention designed to strengthen Eye Contact behavior. The research aims to: (1) determine the perceptions, attitudes and views of Yayas on autistic children; (2) identify the problems encountered by the Yayas in taking care of their wards; (3) to determine the extent in which Yayas affect the behavioral development of autistic children; and (4) to formulate and implement a training program geared specifically to be administered by the Yayas.

The research employed a quasi-experimental research design to determine the effect of the training program and the kind of reinforcement used. The researcher conducted a semi-structured interview o gather data on perception, attitude and view of a yaya. A behavioral checklist was constructed and Systematic Observation was done to record the desired behavior. An Eye Contact Training Program was administered to a single child by his yaya while the researcher records the desired behavior.

The research found that the perception, attitude and view of the yaya towards her ward affect the quality of care that was rendered to the child. Lack of understanding and knowledge on the nature of the disorder limits their capacity to extend proper care to the child. In line with this, most of their problems can be traced on insufficient information on what the child can and cannot do, and understanding of the nature of their behavior.

The Eye Contact Training Program has a considerable effect on developing the Eye Contact behavior of the child. This was shown on the Pre- and Post- administration of the program wherein the response changed from poor and low to moderate. However, the results of the program cannot be used to account to the overall effectivity of the program because of the limited period of administration.

In line with this, several recommendations were given to those concerned with the research. Recommendation on the implementation and administration of the program, reinforcements to be used and the work environment were also given.

CHAPTER I

INTRODUCTION

Background of the Study

Autism is a severely incapacitating lifelong developmental disability that typically appears during the first three years of life. It occurs in approximately fifteen out of every 10,000 births and is four times more common in boys than girls. It has been found throughout the world in families of all racial, ethnic and social backgrounds. No known factors in the psychological environment of a child have been shown to cause autism. Family income, lifestyle and educational levels do not affect the chance of autism's occurrence.

However, studies show that autism is biologically caused because it shows a pattern of familial inheritance. People with autism are likely to have their children with this disorder or show sign of cognitive problems. In addition to this, concordance rate is much higher in monozygotic than dizygotic twins, both in the development of autism and cognitive deficiencies. Other researches found that there are neurological differences between normal and autistic individual. These include: (1) difference on the EEG pattern which shows heightened brain wave activity for the autistic, (2) failure to manifest age-related decrease in the neurotransmitter serotonin, and (3) autistic have larger ventricular spaces as indicated on the CT scan. Although there are identified differences, the basis for these differences are still not clear (Halgin and Whitbourne, 1993).

Autism interferes with the normal development of the brain in the areas of reasoning, social interaction and communication skills. Children and adults with autism

typically have deficiencies in verbal and non-verbal communication, social interactions and leisure or play activities. The disorder makes it hard for them to communicate with others and relate to the outside world. They may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects and resist any changes in routines. In some cases, aggressive and/or self-injurious behavior may be present. It is conservatively estimated that nearly 400,000 people in the U.S. today have some form of autism. It's prevalence rate now places it as the third most common developmental disability - more common than Down's syndrome. Yet the majority of the public, including many professionals in the medical, educational, and vocational fields are still unaware of how autism affects people and how to work effectively with individuals with autism.

Autism is often referred to as a spectrum disorder (Johnson & Dorman, 1996), meaning that the symptoms and characteristics of autism can present themselves in a wide variety of combinations, from mild to severe. Although autism is defined by a certain set of behaviors, children and adults can exhibit any combination of the behaviors in any degree of severity. Two children, both with a diagnosis of autism, can act very differently from one another.

Professionals utilize a diagnostic handbook, the Diagnostic and Statistical Manual now in its fourth edition (DSM-IV). Several autism-related disorders are grouped under the broad heading "Pervasive Developmental Disorder" or PDD: Autism, PDD-NOS (pervasive developmental disorder, not otherwise specified), Asperger's syndrome and Rett's syndrome. These four diagnoses are used differently by professionals to describe individuals who manifest some, but not all, of the autism characteristics.

The diagnosis of autism is made when a specified number of characteristics listed in the DSM-IV are present, in ranges inappropriate for the child's age. In contrast, a diagnosis of PDD-NOS may be made when a child exhibits fewer symptoms than in autism, although the those symptoms may be exactly the same as a child with an autism diagnosis. Asperger's and Rett's syndrome display the most marked differences from autism.

Therefore, most professional will agree that there is no standard "type" or "typical" person with autism. Parents may hear more than one label applied to the same child: autistic-like, learning disabled with autistic tendencies, high functioning or low functioning autism. These labels don't describe differences between the children as much as they indicate differences between the professionals' training, vocabulary, and exposure to autism.

The differences in children's behaviors are often very subtle. Each diagnosis relies on observation of the child and the whether or not the professional is well educated on autism will certainly affect which label is used. Many professionals believe that the distinction between autism and PDD-NOS is not significant. Some believe they are "sparing" the parents by giving a diagnosis of PDD-NOS rather than autism. Many professionals still argue whether or not Asperger's is really a form of autism. What is most important to understand is

that whatever the autism diagnosis, children are likely to benefit from similar approaches to education and treatment.

Medical researchers are exploring different explanations for the various forms of autism. Although one specific cause of autism is not known, current research links autism

to biological or neurological differences in the brain. MRI (Magnetic Resonance Imaging) and PET (Positron Emission Tomography) scans show abnormalities in the structure of the brain, with significant differences within the cerebellum, including the size and number of Purkinje cells. In some families there appears to be a pattern of autism or related disabilities, which suggests there may be a genetic basis to the disorder, although at this time no one gene has been directly linked to autism.

Several older theories about the cause of autism have been now proven false. Autism is not a mental illness. Children with autism are not unruly kids, who choose not to behave. Bad parenting does not cause autism. Furthermore, no known psychological factors in the development of the child have been shown to cause autism.

There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observations of the child's communication, behavior and developmental levels. However, because many of the behaviors associated with autism are shared by other disorders, a doctor may complete various medical tests to rule out other possible causes.

Diagnosis is difficult for a practitioner with limited training or exposure to autism, since the characteristics of the disorder vary so much. Locating a medical specialist or a diagnostician who has experience with autism is most important. Ideally a child should be evaluated by a multidisciplinary team, which may include a neurologist, psychologist, developmental pediatrician, speech/language therapist, learning consultant or other professionals knowledgeable about autism.

A brief observation in a single setting cannot present a true picture of an individual's abilities and behaviors. At first glance, the person with autism may appear to have mental retardation, a behavior disorder, or even problems with hearing. However, it

is important also to distinguish autism from other conditions, since an accurate diagnosis can provide the basis for building an appropriate and effective educational and treatment program.

What are People with Autism Like? Children with autism often appear relatively normal in their development until the age of 24-30 months, when parents may notice delays in language, play or social interaction. The following areas are among those that may be affected by autism:

Communication: language develops slowly or not at all; use of words without attaching the usual meaning to them; communicates with gestures instead of words; short attention spans

Social Interaction: spends time alone rather than with others; shows little interest in making friends; less responsible to social cues such as eye contact or smiles

Sensory Impairment: unusual reactions to physical sensations such as being overly sensitive to touch or under-responsive to pain; sight, hearing, touch, pain, smell, taste may be affected to a lesser or greater degree

Play: lack of spontaneous or imaginative play; does not imitate others actions; doesn't initiate pretend games

Behaviors: may be overactive or very passive; throw frequent tantrums for no apparent reason; may perseverate on a single item, idea or person; apparent lack of common sense; may show aggressive or violent behavior or injure self.

There are great differences among people with autism. Some individuals mildly affected may exhibit only slight delays in language and greater challenges with social interactions. They may have average or above average verbal, memory or spatial skills but find it difficult to be imaginative or join in a game of softball with their friends. Others more severely affected may need greater assistance in handling day to day activities like crossing the street or making a purchase.

Contrary to popular understanding, many children and adults with autism make eye contact, show affection, smile and laugh, and show a variety of other emotions, but in varying degrees. Like other children, they respond to their environment in positive and negative ways. The autism may affect their range of responses and make it more difficult to control how their body and mind react. They live normal life spans and the behaviors associated with may change or disappear over time.

While no one can predict the future, we do know that some adults with autism live and work independently in the community, while others depend on the support of family and professionals. Adults with autism can benefit from vocational training to provide them with the skills needed for obtaining jobs, in addition to social and recreational programs. Adults with autism may live in a variety of residential settings, ranging from independent home or apartments to group homes, supervised apartment settings, living with other family members to more structured residential care.

Individuals with autism may have other disorders which affect the functioning of the brain, such as epilepsy, mental retardation, or genetic disorders, such as Fragile X Syndrome. About two-thirds of those diagnosed with autism will test in the range of

mental retardation. Approximately 25-30% may develop a seizure pattern at some period during life.

Our understanding of autism has grown tremendously since it was first described in 1943. Some of the earlier searches for "cures" now seem unrealistic in terms of today's understanding of brain-based disorders. To cure means "to restore to health, soundness, or normality." In the medical sense, there is no cure for the differences in the brain which result in autism.

However, we are finding better ways to understand the disorder and help people cope with the various symptoms of the disability. Some of these symptoms may lessen as the child ages; others may disappear altogether. With appropriate intervention, many of the autism behaviors can be positively changed, even to the point that the child or adult may appear to the untrained person to no longer have autism. The majority of children and adults will, however, continue to exhibit some symptoms of autism to some degree throughout their entire lives.

Because of the spectrum nature of autism and the many behavior combinations which can occur, no one approach is effective in alleviating symptoms of autism in all cases. Various types of therapies are available, including behavior modification, speech/language therapy, sensory integration, vision therapy, music therapy, auditory training, medications and dietary interventions, among others.

Experience has shown that individuals with autism respond well to a highly structured, specialized education and behavior modification program, tailored to the individual needs of the person. A well designed intervention approach will include some level of communication therapy, social skill development, sensory impairment therapy

and behavior modification at a minimum, delivered by autism trained professionals in a consistent, comprehensive and coordinated manner. A structured education and behavior program that contains a 1:1 teacher to student ratio or small group environment may best address the more severe challenges of some children with autism.

Students with autism should have training in vocational skills and community living skills at the earliest possible age. Learning to cross a street safely, to make a simple purchase or to ask assistance when needed are critical skills, and may be difficult, even for those with average intelligence levels. Tasks that enhance the person's independence, give more opportunity for personal choice or allow more freedom in the community are important.

To be effective, any approach should be flexible in nature, rely on positive reinforcement, be re-evaluated on a regular basis and provide a smooth transition from home to school to community environments. A good program will also incorporate training and support systems for the caregivers as well. Rarely can a family, classroom teacher or other caregiver provide effective care and guidance for a person with autism unless offered consultation or in-service training by a specialist knowledgeable about the disability.

A generation ago, 90% of the people with autism were eventually placed in institutions. Today, as a result of appropriate and individualized services and programs, even the more severely disabled can be taught skills to allow them to develop to their fullest potential.

Autism occurs by itself or in association with other disorders, such as viral infections, metabolic disturbances, and epilepsy, which affect the function of the brain. It

is important to distinguish autism from retardation or mental disorders since diagnostic confusion may result in referral to inappropriate and ineffective treatment techniques. The severe form of the syndrome may include extreme self-injurious, repetitive, highly unusual and aggressive behavior.

Special educational programs using behavioral methods have proven to be the most helpful treatment.

In recent years there has been a marked increase in the percentage of children who have been able to attend school with normal children, and to live more or less independently in community settings. However, the majority of autistic persons remain severely handicapped in their ability to communicate and socialize with other people.

Taking into account the Filipino family, children with autistic disorder or any handicapped person for that matter, have a Yaya, someone who looks after the person exclusively. This phenomenon is common in well-to-do families, and even those who belong to the middle class socioeconomic level strives hard to have a Yayas for their handicapped child.

And since these children need our help, we should maximize the available resources. Behavioral Therapy should not only be given to children with autistic disorder from the school but also from the home. The family should be trained to administer Behavioral Therapy so that the full potential of the child could be maximized. And because of this, Yayas, being constantly with the child, should then be considered as having a profound effect on the development of the child. Thus, it is the aim of this study, to ascertain the effects of Yayas in view of the Behavioral Therapy training for children with Autistic Disorder.

GENERAL OBJECTIVE

The basic assumption of this thesis is that Yayas play a crucial role in the behavioral development of children afflicted with Autistic Disorder. The objective of this paper then, is to determine or ascertain the role of Yayas on the behavioral development of Autistic children, focusing specifically on prolonged eye contact.

SPECIFIC OBJECTIVES

In line with the general objective stated above, specific objectives were also determined to emphasize certain areas of the problem that will be studied in detail. For the convenience of the researcher, respondents, and the readers, the study will be focused on the following specific objectives:

1. To determine the perception, attitudes, and views of Yayas on Autistic Children.
2. To identify the problems encountered by the Yayas in taking care of their wards.
3. To determine the extent in which Yayas affect the behavioral development of Autistic children
4. To formulate and implement a training program geared specifically to be administered by the Yayas to their wards, in furthering the behavioral development of children with Autistic Disorder (Eye contact).

PURPOSE OF THE STUDY

This study was conducted to determine if the yaya have an effect on the behavioral development of the child specially on establishing eye contact. This study provided information on how the yaya perceive her ward, what are her attitude towards the child and personal knowledge and understanding of the condition of the child. This study also provided data on the different kinds of reinforcement that would help in enhancing cooperation on the training program. This also aims to identify if the training program is effective in strengthening the eye contact behavior of the child.

SIGNIFICANCE OF THE STUDY

This study aims to fully understand the significant contributions of Yaya as a secondary support system and source of behavioral training for children with Autistic Disorder. Children with Autistic Disorder need all the help we can give in furthering their behavioral development. Yaya, being the constant companion and guardian of these children, should be utilized to administer Behavioral Therapy. This study analyzes the current state of Yayas in the family, concerning their role in the development of the child. With this understanding, coupled with the knowledge of Behavioral Therapy for Children, the researcher then designed an alternative therapy program suited specifically to the Yayas. The treatment of children with Autistic Disorder is multi focal with treatment intervention from: (1) the school through the therapist / teacher; (2) from the homes through the parents; and (3) from another secondary support system indigent in the culture of Filipinos, the Yayas. In line with this, the following are identified to benefit from the study:

Learning Center

- It will help in supplementing additional training program that is designed to strengthen eye contact.
- It will give insights to the center on how to designed a program that includes the yaya.
- It will guide the center in determining the effects of yayas on the behavioral development of the special children.

Family

- It will help in strengthening the eye contact behavior of the child.
- It will give them another alternative in increasing or developing the behaviors of the child.
- It will aid in determining the possible effect of other people that supervises the child on his/her behavioral development

Yaya

- It will increase their awareness on the needs of the child.
- It will increase their knowledge and understanding of the nature of the disorder of the child.
- It will help them in improving the quality of care and supervision she gives to the child.
- It will give them idea of how valuable they can be on the behavioral development of the child.

Autistic Child

- It will help them in developing eye contact and in socialization.

HYPOTHESES

The researcher wishes to verify the following hypotheses during the course of the study:

1. Yayas of children with Autistic Disorder have perceptions, attitudes, and views about their wards.
2. Yayas of children with Autistic Disorder encounter many problems in taking care of their wards.
3. Yayas plays a crucial role in the behavioral development of children with Autistic Disorder.
4. Yayas with training program contributes significantly in the behavioral development of children with Autistic disorder.

THEORETICAL FRAMEWORK

Autism is treatable → Early diagnosis and intervention is vital to the future development of the child. A good intervention plan, administered early in the development of the Autistic child will greatly help in arresting the developmental delay that pervades this mental disorder. A multi focal approach, an intervention program that is administered from different foci can greatly speed up the development of the child. A factor that is not seen in the Western developed world is that of the Yaya, a Filipino cultural and social construct. Yayas, being the constant companion and guardian of the child, have a profound effect on the furtherance of behavioral development.

The effect of the yaya on the behavioral development of the child can be traced to his/her perception, attitude, understanding and knowledge of the special needs of the

child. The awareness of the yaya on the state of the child and his/her knowledge of the child's inadequacies will give him/her an idea of the approach to use on the child. The understanding and the knowledge he/she has would either increase or decrease his/her capacity to deliver sufficient care. The child being special, needs a special caregiver who possesses knowledge, attitude and perception that would optimizes the quality of care for the child.

The help of the professionals is very important in furthering the development of the Autistic children. However, not all the family can provide their child professional help due to financial difficulties. In line with this, there are different behavioral interventions designed to be administered by the members of the family or the caregiver. In this study, the help of the yaya was utilized. Proper training of the behavioral intervention to the yaya would enable her to enhance the desired behavior. In this study, the training program aims in strengthening eye contact of the child.

The Eye Contact Training Program was designed to help strengthen eye contact through the help of the yaya. This training program would supplement other training programs of the center where the child is enrolled. A theoretical diagram would help in understanding these concepts.

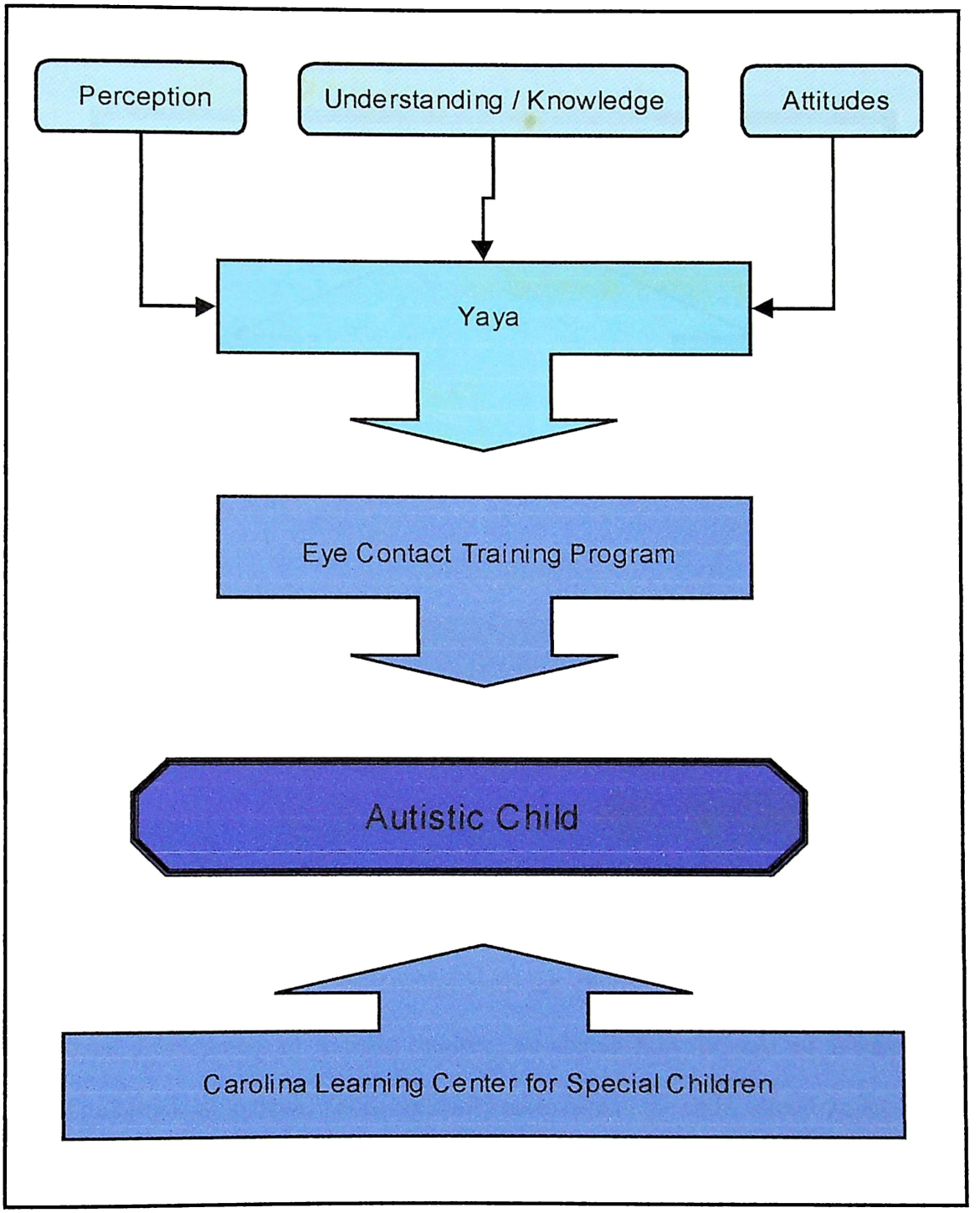

Fig. 1. Theoretical Framework

CONCEPTUAL FRAMEWORK

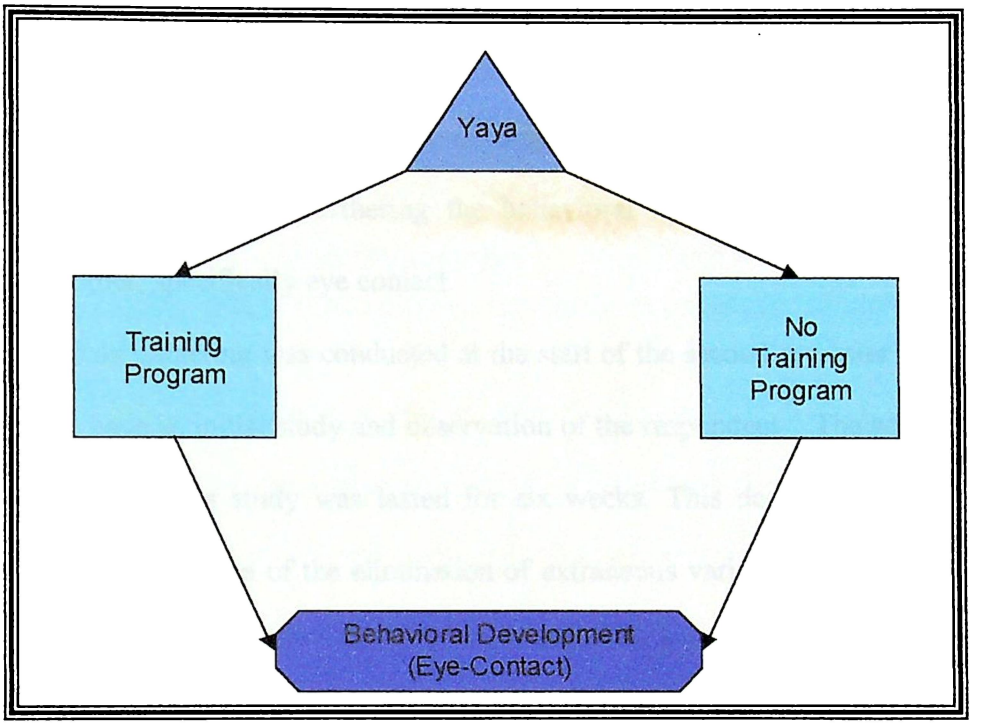

Fig. 2 Conceptual Framework

The diagram above illustrates the conceptual framework of the study. Yayas have a profound effect on their wards, with the constant companion and unconditional positive regard. They develop close relationships with the children. In order to maximize the behavioral development of Autistic children, we should fully exhaust all avenues that would be beneficial to them. Yayas ordinarily takes care of the child, attends to his needs. But a yaya that is "armed" with behavioral modification techniques will be able to help the development process of these children. An autistic child with this kind of yaya will have an edge over other children with yayas having no training program at all.

SCOPE AND LIMITATION

This study seeks a better understanding of the effects of Yaya in the behavioral development of children with Autistic Disorder through Behavioral Therapy. Also included in this study is the formulation of an alternative Behavioral Therapy program that would guide Yayas in furthering the behavioral development of children with Autistic Disorder, specifically eye contact.

The data gathering was conducted at the start of the second semester to allow the researcher to have an initial study and observation of the respondent. The administration and conduction of this study was lasted for six weeks. This decision has been reach because of the importance of the elimination of extraneous variables. The full effects of the Yayas could then be ascertain without the extraneous variable of previous training programs.

ASSUMPTIONS

There are some areas in the study which cannot be ascertain by the researcher, hence, they are assumed. The first assumption considered in the study is that the child does not have a well-established eye contact or no eye contact at all. The study also assumes that the yaya is recognized by the child or is familiar with the presence of the yaya.

DELINEATION OF THE RESEARCH PROBLEM

X → INDEPENDENT VARIABLE
TRAINING PROGRAM OF THE YAYAS

Y → DEPENDENT VARIABLE
BEHAVIORAL DEVELOPMENT OF CHILDREN (EYE CONTACT)

Z → EXTRANEOUS VARIABLES
INFLUENCES OF PEERS / CLASSMATES, FAMILY, RELATIVES, ETC.

The independent variable in this study is the training program of yaya. This is operationalized as a procedure designed to develop or enhance eye contact of an autistic child by giving simple commands to prompt eye contact and by utilizing different reinforcements in the presence of the desired behavior. The independent variable is measured in terms of the presence and absence of the training program.

The dependent variable in this study is the behavior development of the child, specifically eye contact. This is operationalized as the capacity to respond to the yaya when prompted to make eye contact. In this study, it is assumed that the subject already has eye contact in his repertoire of behavior, that it needs only strengthening. The program aims for a higher frequency of eye contact, meaning, the goal is to increase the times the child actually makes eye contact with the yaya.

The presence of extraneous variables is also acknowledged which included influence of peers, classmates, the family and other relatives, and the work environment.

DEFINITION OF TERMS

The key terms used in this study are herein defined:

Autism – A childhood disorder involving severe social and language impairment, motor disturbance and retardation. It is a pervasive developmental disorder that is characterized by distortions in most of the basic psychological functions that begin during childhood.

Eye Contact – A specific behavior in which a person looks directly at the eyes of another person. This behavior is a part of socialization. The characteristics of Eye contact is that of frequency, or and the number of times a person looks directly at the eyes of another person; and duration, or the length of time a person looks at the eyes of another person.

Yaya – A person, usually a female, who looks after the child. This is a Filipino social and cultural construct. The normal responsibilities of Yayas are (1) makes sure that the child is attended to (2) bathes and dresses the child (3) accompany the child in the house, or in the school (4) helps the child to eat, etc. Yayas are different from their Western counterpart, the Nanny and the babysitter. Babysitters are just persons who looks after the child/children when the parents are away. They are hired only on situations. They don't usually socialize with the children. Nannies may come close to the definition but are not quite so. Yayas do the "dirty" work. And oftentimes, Yayas and their wards develop a close relationship throughout the time.

Training Program – A procedure wherein theories, concepts, and techniques of Behavior Modification are used. Systems of reinforcements or conditioning are usually incorporated in the program. The main objective of Behavior Modification is to develop reduce/eliminate or strengthen a particular behavior deemed important by the therapist or the family concerned.

Quasi-experimental – This is a kind of research design to guide the researcher in study. It is the specific format and procedures for data-collection and data-analysis. Quasi-experimental research design is used in a variety of ways: (1) to explain the relationship between variables, between phenomena, (2) to test causal relationship, (3) to test the effects of an intervention or change, if the effects hypothesized were due to the intervention.

Baseline Data / Basal Level – the occurrence of behavior prior to the start of treatment or intervention.

Target Behavior – the behavior that is the goal of the specific behavior modification program. It is either developed, strengthened or reduced / eliminated. In this study, the target behavior is eye contact.

CHAPTER II

REVIEW OF RELATED LITERATURE

Early intervention and a good intervention program will greatly benefit the children with Autistic Disorder in overcoming their arrested development. But how can we diagnose children efficiently and accurately, in order to help them early? "Diagnosis of the Syndrome of Autism: Questions Parents Ask" (Freeman, 1996) outlines the problems and questions parents ask. Parents should have a clear understanding of the symptoms that characterize the pervasive developmental disorders like Autism. Having a baby in the house is quite an exhilarating experience for parents. They are attentive to the behavior of babies. Freeman (1996), in his article, stipulated that parents, without the understanding of the symptoms of Autism, regard uncommon behavior of the child to other factors. This will only lead to confusion and unnecessary hardships on the part of the parents. But with the knowledge and understanding of the symptoms of Autism, they could then suspect the factors that could have a hand in the uncommon behavior of their child. Thus, they will seek professional help. Therefore, early diagnosis could then be reach. The only part of the equation to be thought about is the intervention program.

Dr. Eric Schopler (ADVOCATE, 1994) is one of the pioneers in the field of Autistic intervention. He is the founder of T.E.A.C.C.H., in the University of North Carolina. It is first and only comprehensive statewide program in the United States for the treatment and education of autistic and communication-handicapped children. This interview, done by the journal ADVOCATE, clearly defines what should be the right perspective in doing an intervention plan that is geared towards children with Autistic Disorder. The family should be included in whatever intervention program the therapist

had devised. This is important because majority of children with Autistic Disorder are not in inclusive institutions like nursing homes, but in the real homes where they live. And the therapist only encounters the child during the therapy session, and in lieu of the nature of autistic children, then the session would only take about an hour or so. Majority of the time spent by the child is in the confines of the homes, surrounded by the primary care givers – the family. Then, the family should then be included in whatever intervention plan the therapist had formulated. Not only would the family be illuminated with the understanding of the plan itself, but also they could also then give favorable insights and ideas that are detrimental to the plan. And the therapist should also include the family in the therapy itself. The patient here, or in any mental health problem, is not only the person afflicted with the disorder, but also the family. They are also suffering. The therapist should go hand in hand with the family in the furtherance of the development of children with Autistic Disorder.

Being that as it is, Schopler's Teaching Activities for Autistic Children is a very helpful tool in the formulation of training programs for autistic children. The book contains specific programs that are suitable to autistic children, dependent on the age-prerequisite. The book is very exhaustive, in that activities for fine and gross motor skills, Eye-hand coordination, imitation, perception, cognitive performance, social and behavioral are included.

Parents and professionals are well aware of the difficulties children with autism have in many educational settings. In response they have developed alternative programs and intervention strategies. Although some of these have been useful, most emphasize remediating behavioral difficulties to improve educational functioning. Another aspect of

the problem, however, has received less attention: the specific learning needs of this unique population. The article "Learning Styles of Students with Autism" (Mesibov, 1996) will identify some unique learning characteristics of students with autism and their implications of these educational practices. Needs addressed will include organizational difficulties, distractibility, sequencing problems, inability to generalize, and uneven patterns of strengths and weaknesses. Although none of these applies to the entire population of students with autism, these learning problems are seen in a large percentage of these students to a significant degree.

Is recovery from autism possible? This is the topic forwarded in the article with the same title by Bernard Rimland, Ph. D. Though Autistic is a "life-long" disorder afflicting many people, the degree and extent of the diagnosis and intervention greatly helps autistic people in overcoming the symptoms of the disorder (Rimland, 199?). An example of this is that of Temple Grandin. Though some characteristics cannot be completely "cured," we couldn't deny the fact that she looks and acts normal, even having a doctoral degree, more than any normal people could get their hands on. Other patients enrolled in Ivar Lovaas' Young Autism Program at UCLA have similar results. This just goes to show that there is indeed a light at the end of the autism tunnel: early diagnosis coupled with a good intervention program will greatly benefit children with Autistic Disorder, even to the extent of "curing" their disorder.

One of the most important ways of helping autistic children is through Behavior Therapy. In the book of Schartz (1982), he lists the meanings and underlying characteristics of Behavior Modification. According to Brown, Wienckowski & Stoltz (1975) it is the application of the principles of experimental psychology to socially

significant problems for the purpose of alleviating human suffering and to enhance human functioning. It is required to systematically monitor and evaluate the effects of the treatment procedures applied. The goal of behavior modification is to improve self-control by expanding behavioral repertoire of skills and abilities. It is achieved through the manipulation of the consequences of the individual's behavior from the immediate environment. On the other hand, for Wilson & O'leary(1980), it is a collection of principles and techniques involving changing behavior.

During the administration of behavior modification, it is imperative to fully understand the baseline behavior of the subject. In order to do this, Kaplan (1986) reiterated list of questions to be asked on the first meeting with the subject or the people concern such as the family or relatives. The proceedings of the initial session were first postulated by Phillips & Mordock (1970) and followed by Holland (1970). Some of the questions are (1) What are all the problems? (2) What is their frequency, duration, latency and rate? (3) What has been tried thus far? (4) What are the reinforcers and punishments in the child's environment? (5) Has the child seen a therapist previously? (6) What are the positive behaviors that have brought the child to this point?

Parenting is not an easy task, especially if you have a child whose needs far exceeds that of a normal child. Systematic Training for Effective Parenting (Dinkmeyer, 1976) is a handbook that is specifically tailored to the needs of parents. First, we must understand the behavior of our children before we could think of how to handle them correctly. After understanding them, we must also understand ourselves in the context of concept of what parenting really is. The book is a handbook that illustrated common problems and situations at home that are commonsensical on the superficial, but is a

major point when it comes to our homes. Communication is a subject that can never be underscored. Communication is very important in our lives, more so in the home.

CHAPTER III

METHODOLOGY

This chapter presents the research design of the study. It also gives a description of the respondents, the instruments used and the procedures and the treatment of the data.

RESEARCH DESIGN

This study on Yayas and children with Autistic Disorder employed a quasi-experimental design, specifically single case study. It is the specific format and procedures for data-collection and data-analysis. Quasi-experimental research design is used in a variety of ways: (1) to explain the relationship between variables, the relationship between the role of yaya and the development of the eye contact of the child; (2) to test the effect of yaya's administration of the training program on the development of eye contact of the autistic child; and (3) to test the effect of Eye Contact Training Program administered to the child. This is an organized attempt to analyze, interpret, and report the present status and effects of Yayas on their wards. Its purpose is to get data for the guidance in proposing an alternative training program for the furthering of the behavioral development of children with Autistic Disorder in general, and eye contact in particular.

STUDY POPULATION

The study population consisted of children and their respective yayas. All of whom are diagnosed with Autistic Disorder. There were three basic criteria in the selection of the child for the training program. The autistic child had to: (1) have a stay-in yaya; (2) have an eye contact though not well established; and (3) must be under a

learning center for special children. Given this criteria, CJ Bunuan of the Carolina Learning Center for Special Children was chosen for the study.

DESCRIPTION OF THE RESPONDENTS

The Autistic Child

The respondent is an autistic child named CJ Bunuan. He is a small boy aged two and a half years old. He lives in Pasay City with his mother and father, elder brother Cyril, aged four, grandparents and the yaya. He was diagnosed with autism in the first two years. His parents, as usual, were baffled with CJ's behavior, which prompted them to seek professional help. They noticed that CJ was not so fond of other people, and did not normally respond to the cuddling of his mother. He would appear to be deaf, not responding to sounds, especially that of people calling out his name. They seek professional help, and after several visits and some tests with a clinical psychologist, CJ was diagnosed with autism.

He is currently enrolled at the Carolina Learning Center for Special Children. He goes to the center everyday, from nine to eleven in the morning. Interspersed throughout the week are Speech Therapy, Physical Therapy and other programs implemented by the center. He has no intervention outside the center.

The Yaya

The yaya is a female, aged twenty-one. Her name is Jeannie. She was not able to finish her college education, reaching only the second year. She has only been with the family since November 1998. She became the yaya of CJ because his previous

yaya left for the province. She is a stay-in yaya, living with the family for the duration of her employment. She plans to go back to her province this summer.

RESEARCH LOCALE

The respondents, the autistic child and his yaya was obtained by soliciting the cooperation of the Carolina Learning Center for Special Children. The center is previously located at Telamart Building, near Bank of the Philippine Islands Magallanes Branch in Magallanes Commercial Complex. Their contact numbers are 833-5621 and 1481-100392 (pager). They moved the center during the last week of March 1999. They are now located at 1128 E. Rodriguez Ave., Bangkal, Makati. Their new contact numbers are 843-1192, 921-5614 and 1481-100392 (pager). The Carolina Learning Center for Special Children offers program for children with special needs that tends to enhance their behavior repertoire. Their programs include Speech and Language Therapy, Physical Therapy, Play Therapy, Art Therapy, Educational Programs, Social Skills Training and Behavior Modification.

INSTRUMENTS

This research utilized a semi-structured interview (see Appendix C for sample questions) for the yaya. This helped the researcher in gathering useful and significant data that would answer the specific objectives of the study especially those pertaining to the perception, attitude and view of yaya on an autistic child. Furthermore, the interview provided a data on the problems and/or difficulties encountered by the yaya in taking care of the child. The informality of the interview allows the yaya to be more comfortable and

open in discussing things related to the study. This also helped in establishing rapport with the yaya. The transcription of the whole interview is shown in Appendix D.

A Behavioral Checklist and Systematic Observation was utilized in the administration of the training program. This was shown in Appendix E. A systematic observation was done first in gathering initial data on the behavior of the child. The researcher watched the interaction of yaya and the child and record behaviors that are related to the training program such as kinds of tantrums, reinforcements given, action or attitude towards the yaya and other activities he is most likely to be engaged in. These behavioral observations were made into a checklist. The Behavioral Checklist includes the following behaviors to be observed by the researcher during the course of the training program: (1) tantrums, (2) head banging, (3) walking/wandering around, (4) playing, (5) throwing things/objects, (6) hitting other people, (7) uncooperative, and (8) others. Any new behavior manifested during the training program was registered under this heading. The researcher would put a check under the column present or absent depending on the behavior observed. The researcher can check as many behaviors in the checklist.

The Eye Contact Training Program was designed by the researcher to strengthen the eye contact of an autistic child. The program was designed to be administered by the yaya or caregiver. The program included theories, concepts and techniques of behavioral modification, revolving around the system of reinforcements or conditioning. The copy of the training program is shown in Appendix F. The yaya was asked to give the command *"CJ, look at me"* to get the child establish an eye contact. Every eye contact established regardless of the duration was considered a positive response and was rewarded with a reinforcement ranging from food, play and coloring activity. The

training program was administered two times per day for five minutes. The researcher systematically observed the child and monitored the frequency of the studied behavior, that is, eye contact of the child in the socialization process. A tally sheet (sample shown in Appendix G) was made by the researcher to record the occurrence of the behavior. The symbol *"I"* means the behavior occurred and the symbol *"O"* means the behavior did not occur.

DATA COLLECTION

The researcher through the help of the Carolina Learning Center acquired a single respondent for Special Children, which was a student of theirs. With the consent of the school authorities, the parents, and the yaya, the researcher then proceeded in collecting data through the use of the data gathering tools stated earlier. A semi-formal interview was conducted with the yaya to gather information on her perception, attitude and view of the child she is taking care of and the behavior of the subject child. The interview lasted for about two sessions. After carefully evaluating the training program, the Behavioral Checklist and the Systematic Observation was administered next to the child with Autistic Disorder. A month and a half or six weeks was given as the period in which the training program was to be implemented by the yaya to the autistic child. There are four meeting per week during Mondays, Tuesdays, Thursdays and Fridays. There are two sessions embedded on each day, constituting 8 sessions per week. There were 48 sessions in all embedded to 24 days of meeting. The first week was used to gather the base line data. The training program was administered without the use of any reinforcement. The second up to the fifth week was used for data gathering proper. The training program was administered with the accompanying reinforcements that vary in form such as food,

play, coloring activity and a walk. The last week, which was the sixth week was allotted for the testing of the training program without the reinforcement. This was done to determine if the data gathered during the first week has a difference from the data gathered on the last week of the administration of the program

The in-between sessions was administered to gather the effect of the program by using some reinforcement. A 30-minute time period was given to the researcher to administer the program; however, the session lasted only for five minutes. In essence, there were two sessions per day; one at the start and the other was distributed on the remaining time period. The time not consumed by the training program itself was allotted to other activities that tends to familiarize the child to the presence of the researcher and other form of recreational activity as a sort of conditioning for the child. The yaya of the subject was familiarized with the procedure of the program. The yaya was asked to call the attention of the child by saying *CJ, look at me*. The researcher recorded every response of the child. The yaya and the researcher alternately give the instruction to the child to stress the target behavior.

The training program was designed to last for five minutes because of the short attention span of the child studied. CJ Bunuan, the subject, is only two and a half years old and concentration on things is not clearly visible. His age is one of the factors considered in administration of the program. Since the child is very young, it was not expected that cooperation would be easily sought.

DATA ANALYSIS

As soon as the gathering of data was completed, the researcher analyzed the data. All the results of the training program was summarized and presented in to a table. This study summarized the occurrence of behavior-related activity that the child is in engaged in during the course of the program. This was later ranked according to its frequency. In addition to this, the result of the training program for each session was presented in a graph. The frequency of responses is interpreted using the following criteria:

Table 1. Interpretation of Frequency of Occurrence of Behavior

Number of Responses	Interpretation
0	Poor
1-2	Low
3-4	Moderate
4- up	High

A list of the reinforcements used was also summarized and presented to show what are the reinforcements that would enhance the child to cooperate. Furthermore, the problems encountered were also thoroughly discussed.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

In this chapter, the results of the training program are presented. The responses of the child, the participation of the caretaker as well as the difficulties encountered in the research were also shown. There are also graphical presentations indicating how the child responds to the training program.

BASELINE / ASSESSMENT

A period of one week was allotted in gathering the baseline data. The baseline data refers to the reaction of the child or frequency of response to the training program. The program was administered without the reinforcement to determine how would he react upon hearing the command.

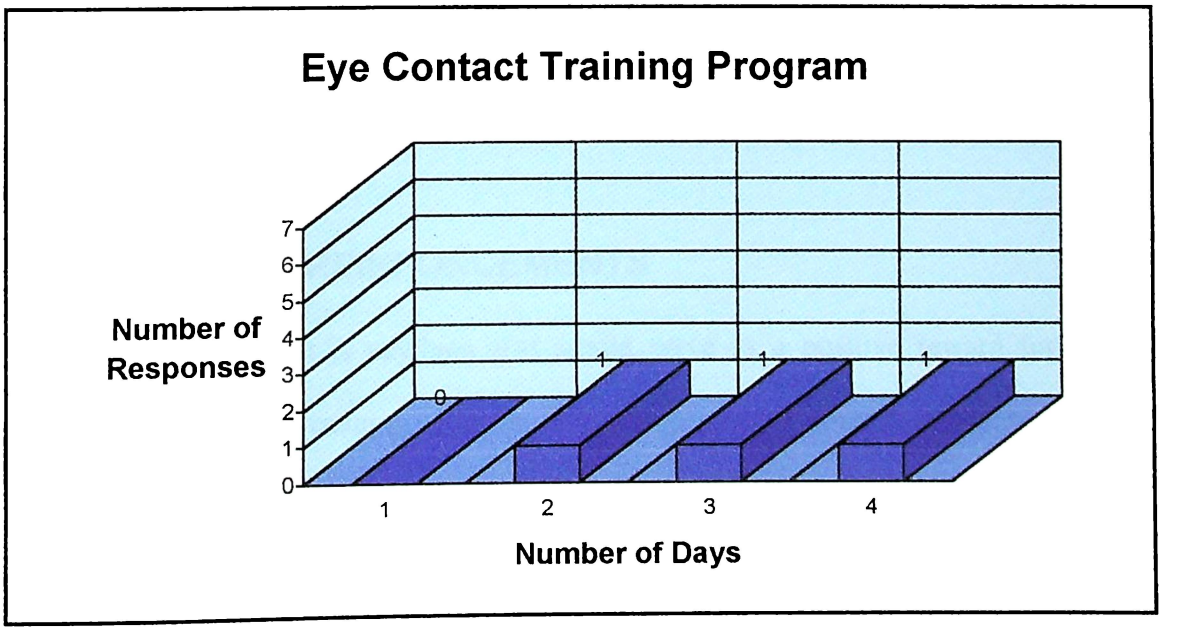

Fig. 3. Baseline Data of the Training Program

The natural reaction of the child to strangers such as the researcher is to cry and show tantrums. This is what happened all throughout the four days of gathering the baseline data, though the intensity was somehow gradually fading. The child was irritated by the presence of a stranger in close proximity. The child hardly maintained an eye contact to those near him. However, the intensity was somehow gradually fading as days goes by.

The baseline data is presented in Fig. 3. During the first day, the child failed to respond to the given command as indicated by his no response as indicated on the graph. The child was prompted by gently turning the child's head so that he is looking on the yaya's eyes. However, the child failed to respond. The succeeding days yielded same response of one glance to the yaya after a series of trials. During these days, the child responded only on the last trial for that day.

Based on this data, it shows that the child is not familiar or does not understand what the yaya is asking him to do. The results also reveal that the child cannot respond to the given command to register moderate response. The results also reveal that during the baseline data gathering, there is a low response to the command of the training program.

SCHEDULES OF REINFORCEMENTS

A reinforcement is anything that would serve as a positive reward for every desired response on the training program. In this case, paying attention and looking to the yaya is a positive response and warrant a reinforcement to get the child follow the command. The kind of reinforcement used by the researcher has a considerable effect on the way the child responds to the training program. The child does not ordinarily

responds to a reinforcement that was previously been given to him. The child would no longer be inclined or motivated to do the desired behavior. Because of this, the researcher utilized different reinforcements. This reinforcements ranges from food, verbal, and activity reinforcement for the child.

Table 2. Summary of All Reinforcements Used

Categories	Specific Reinforcements	Comments/Response
Food	M & Ms, Smarties, other non-branded chocolate candies, marshmallows, wafers	interest last only on one session per food item
Activities	Coloring activity, playtime, going down the slide, walking around, running fingers to his arms, tapping his hands	response to the training program increases

The summary of all the reinforcements used in the training program was summarized and presented on Table 2. The kind of reinforcement was categorized into two namely: (1) food and (2) activities. In addition to this specific foods and activities was also presented. On the food reinforcement, limited cooperation or responses were gathered from the child. In the case of food reinforcement, the child just played with the food instead of eating it. The use of other reinforcements aside from food during the later part of the training program was attributed to the fact that expected responds are hard to get since the child has his recess before the program is administered. It was thought that this fact in a way invalidates the use of that kind of reinforcement. This fact led the

researcher to utilize other kind of reinforcements. It was found out that activities such as those listed on Table 2 yielded more positive response.

During the first few days of trial, the researcher concentrated on giving foods as reinforcement for the target behavior. The yaya and the teacher of the center suggested several foods. This includes chocolate candies such as M&Ms, Smarties, other non-branded chocolate candies, soft foods such as marshmallows and wafers. However, his interest to the particular reinforcement would only last for a single session. The child would no longer respond to the above reinforcements. He would take the reinforcement and would just play with it. Sometimes he would just throw away the reinforcement given.

In line with this, other reinforcements were given to the child. Different brands and kinds of chocolate candies were used as an alternate reinforcement. But this trend would still continue: during the initial session, the child would show interest with the reinforcement, but after the initial session, the interest would wane. The researcher exhausted all possible edible reinforcements, substituting marshmallows, wafers, and other novelty foods.

One of the teachers in the Carolina Learning Center suggested that the researcher include coloring of basic shapes in the latter part of the training session. With the lack of commercially available coloring material for autistic children, the researcher improvised the coloring templates used in this activity. The child was given a sheet of paper with different shapes on it and was allowed to color it every time he responds to the cues of the yaya or the researcher. The researcher records every response. The reinforcement used in this activity is the crayon. Every time the child responded, he is given the time to

color the template of basic shapes and figures. A sample of this material is presented in Appendix H.

Another activity is playtime. The favorite toy of the child is cars. The researcher and the yaya would let the child play with different toy cars. Likewise, the researcher and the yaya would give the verbal cues and each response is recorded. The reinforcement used in this activity is the toy itself. Each desired response is rewarded with the playtime with the toy car.

Another activity that was used as reinforcement was the use of slides. The child particularly likes the sensation of going down the slide. Every time the child goes down the slide, a smile on the child's face would eventually follow. The researcher saw this as a good reinforcement and was thus, utilized. The reinforcement used here is the chance to go down the slide. The child was allowed to go down the slide once every time he responded to the cue.

In addition to this, the child also responded to the cues when the reinforcement given was any sensation-related activity such as running one's finger on his arms, tapping his hands and the like. It was noteworthy to emphasize that the irritation on proximity of the child to a person depends on his familiarity with the person. The child enjoys being touched by people whom he is familiar to.

INTERVENTION / TRAINING PROGRAM

The number of responses registered on the training program is presented on Fig. 4. The responses on each day comprise the total responses for the two sessions each day. The graph shows that there is fluctuation on the responses of the child on the program.

The researcher found a trend on the child responses. The graph shows that on the third day on training for each week, there is a decrease on the number of responses on the cue. This can be attributed to the absence of the training program during Wednesdays. The training program was administered only on Mondays, Tuesdays, Thursdays and Fridays. The break between Tuesday and Thursday may in a way have affected the kind of responses elicited on Thursday which, is the day 3 of each week.

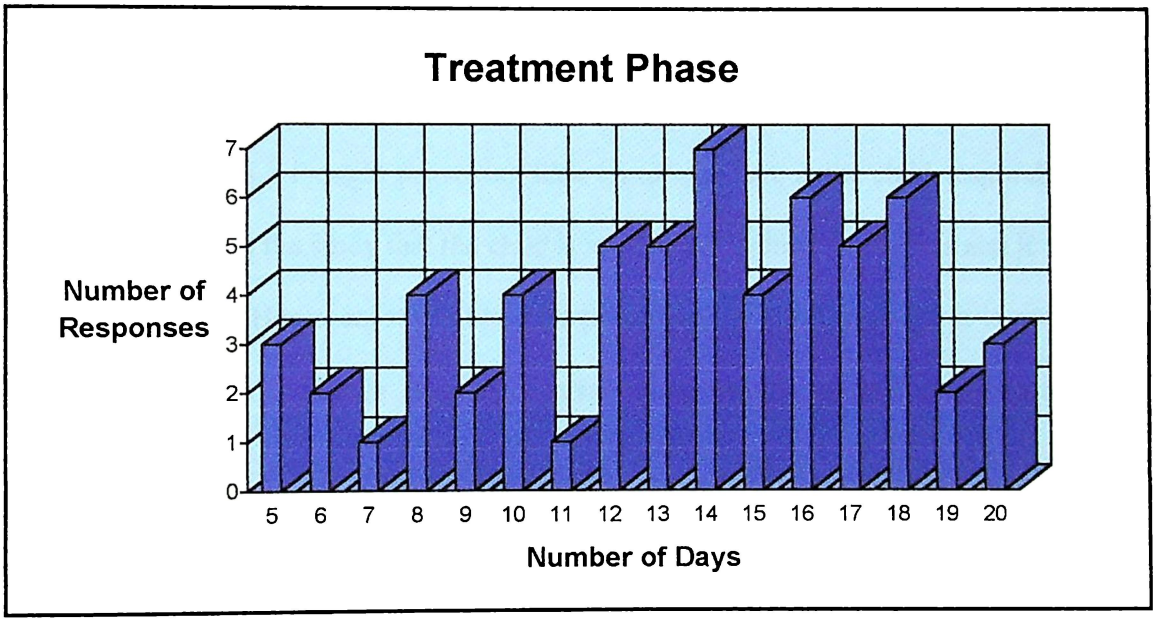

Fig. 4. Responses on the Training Program of the Child

During the course of training, there are only five registered low responses that occurred on days 6,7,9,11 and 19. Their response ranges from one to two. These days were those when the child has tantrums and does not want to cooperate with the training. The duration of his response during these days were very brief and his responses are not directly connected with the kind of reinforcement given.

Moderate response, which is a response of 3-4, was registered on days 3,8,10,15 and 20. The increase of the responses of the child which is a good sign for this training can be explain to the growing familiarity of the child to the verbal cues and the kind of reinforcement given to him. It is important to note that the child had also begun to respond to the similar verbal cue *"CJ, look at me"*, to the researcher. The exposure of the child to the researcher and the use of this cue during the free time on the 30-minute period did help a lot in getting the child respond to the verbal cue.

The yaya was asked to count or say other things aloud to sustain the attention of the child after she had given the cue to the child. The respond of the child to the verbal words spoken gives a thought provoking idea on to what cue is the child responding. It was found earlier in the study that the child is very much inclined to sounds and it usually gets his attention. However, as the program progresses, it was found that it is not really to the words utter randomly that he is responding. Words spoken only sustain the duration of the eye contact established by the child. Furthermore, it was also found out that the duration of the response increases when the researcher speaks aloud. The sound of the voice of the person easily gets his attention.

The training registered seven responses as the highest response made by the child during the course of training. The kind of reinforcement given to him during that day was a chance to go down the slide, both on the two sessions for that day. In addition to this, the child also clung not only to the yaya but also to the researcher. It indicates growing familiarity to the researcher and the effectiveness of the reinforcement used. High response was also recorded on days 12,13,14,16,17 and 18. His response ranges from 5-7.

During the course of the training, there were instances wherein the child does not actually have tantrums throughout the training session but still yielded low responses which can be traced to the kind of reinforcement used. There are also times that he exhibited tantrums during the first session yet cooperate on the next session. These occurred when he failed to sleep the night before. Because of this, more efficient result was produced during the second session, yielding greater number of responses compared with the first session.

POST-TEST

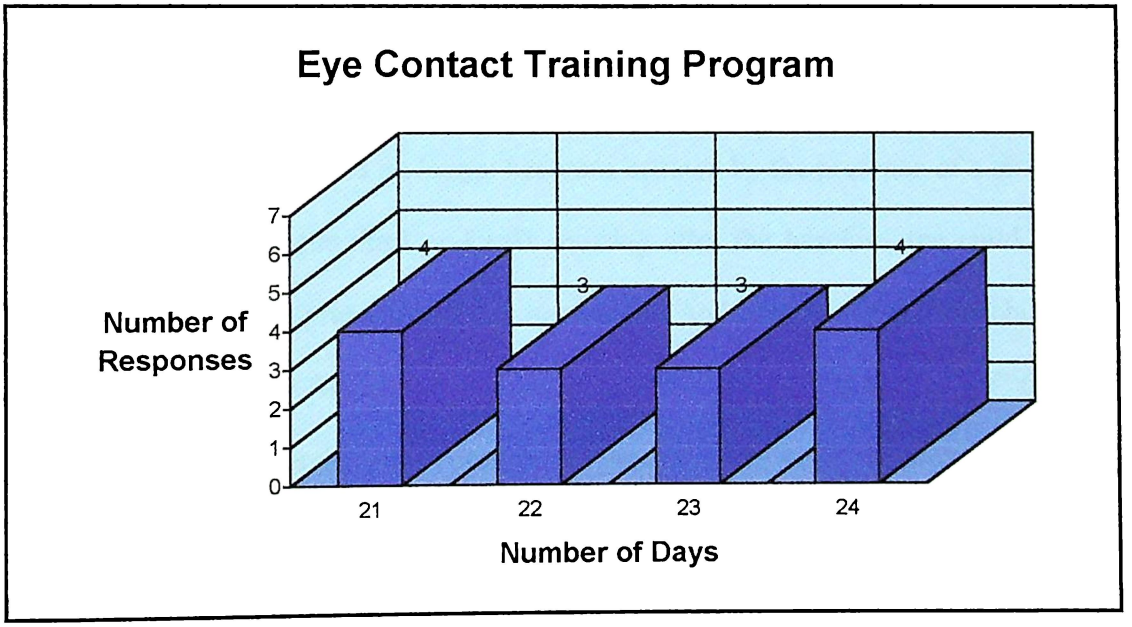

Fig. 5. Post-test Data of the Training Responses of the Child

A four-day period was allotted for observing the effect of the training program. The graph presented on Fig. 5 shows that the child responds to the cues even such response is not followed by any reinforcement. Furthermore, it shows that there is an increase on the response of the child to the cues even there is no reinforcement given,

compared to the baseline data. The base line data registered low responses while the post test data recorded moderate response to the training program. Although, the researcher cannot readily conclude a strong effect of the program, the program still has a considerable impact on how the child responds to the cues given to him.

DEVELOPMENT OF THE CHILD

The researcher observed several developments that are not directly related to the training program. During the gathering of baseline data, which was on the first four days of the program, the natural reaction of the child to strangers such as the researcher is to cry and throw tantrums. And this is what happened all throughout the four days of gathering the baseline data. As days goes by, the researcher somehow made a positive impact on the child, the child no longer becomes irritated by the presence of a stranger in close proximity. After the third or fourth meeting after the baseline, the child was no longer anxious of the presence of the researcher. And after a week, the child even welcomed the presence. Without even giving the verbal cue of "*CJ look at me*" the child would look at the researcher at the start of the session. This would happen almost every meeting, each eye contact lasting from two to three seconds at least. This would even be more conspicuous on Mondays, after the routine absence of the interaction with the researcher due to the weekend break. But this behavior of the child is not confined at the start of the session, at the time that the researcher and the child meet for the first time for the day. At times, during the playtime at the slide, or during the free time spent walking around the playground of the center, the child would instantaneously make eye contact without verbal cues with the researcher. Though this does not happen every single day or

even on numerous occasions in the same day, this is a development that can not be underscored enough.

This is a good sign that the child is no longer afraid or anxious of the presence of the researcher. This behavior warrants the assumption that the child is now comfortable with the researcher, even welcoming the idea of spending time with this particular stranger. This somehow facilitated the easy interaction of the researcher with the child.

Another development that the researcher observed was the behavior of the child when the researcher walks the child and his yaya to wait for a cab ride home. The child's schedule at the Carolina Learning Center is from 9:00 to 11:00 AM, and the researcher's session with the child is from 10:30 to 11:00 AM. After the session, the child can now go home. The researcher walks the child and his yaya to the corner to wait for the cab ride home. While walking, the child, with his small hand, grabs the hand of the researcher. This behavior of the child was not present at the start of the training program. The child only manifested this behavior after some time, around the second week, which was the fifth day of the training program after the baseline. And this behavior persisted until the end of the training program. This somehow goes hand in hand with the previous observation of the researcher regarding the eye contact initiated by the child at the start of the session. It seems that the child is now comfortable with the presence of the researcher. It brings a lot of happiness and genuine affection on the part of the researcher to feel that the child is now welcoming his presence.

With regards to the training program itself, the data presented on Fig.5 shows that the child can already respond to the verbal cue *"CJ, look at me"*. Although the researcher cannot strongly argue of the effectiveness of the program, because of the

relatively low frequency of responses, the data still shows an increase. The program has managed to increase the frequency rate of response of the child to the verbal cue.

PROBLEMS ENCOUNTERED

As the training progresses, the researcher encountered unfavorable responses from the child especially during the times when the child has tantrums. The days that yielded low result on Fig. 4 corresponds to the days when the child was in a bad mood. It was learned that the cooperation of the child is hard to get when he does not have enough sleep the night before the program was administered. CJ usually sleeps at around 9 PM and usually have tantrums when he slept beyond that time. In the event that the child has tantrums, the only way to pacify the child is to let him stay outside the house, near the corner, with the yaya.

CJ is an auditory-inclined autistic child. He likes to hear sounds. In the event that he has a tantrum, the yaya would automatically lead him outside to hear the sounds of the passing vehicles such as the cars and jeepneys. This would instantly calm the child's nerves. But, because the child likes this situation so much, he wouldn't like to go back inside the house. They, the child and his yaya, would stay outside until the wee hours of the night, usually around twelve or one a.m. CJ goes to pre-school at the Carolina Learning Center in the mornings, from nine a.m. to eleven a.m. The child lives in Pasay and the school is located at the Magallanes Commercial Complex. Though the child lives relatively near the school, he has to wake up early so that they wouldn't be caught in the traffic jam on the way. Because of this, the child usually has a bad mood in the event that he didn't have enough sleep the night before. His attention span is shorter than usual. He

easily gets irritated and cries. He doesn't respond to verbal cues and commands even to the regular teachers at the center. He is also restless, moving from one place to another, changing from one activity to another. Even his favorite activity during playtime, which is going down the slide easily tires him.

The environmental condition also has a relative effect on the performance of the child in relation with the Eye Contact Training Program administered by the researcher. The program was implemented near the corner of the main lobby of the Carolina Learning Center. And because of this location, other students and teachers frequently pass through. The child is easily distracted from the activity at hand, leading to loss of attention and concentration. Since the child is responsive to verbal stimulus, which can be in a form of noise, voices, *etc.*, the attention and concentration of the child is shifted from the researcher or the yaya to other people.

The researcher also had difficulty on selecting the reinforcements to be used in the program. Although the researcher had initial list of all the possible reinforcements, the program for the child requires a variety of reinforcement. The child was allowed to be given of selected food, which is limited to those that are small and soft. However, the child did not eat the food but rather play with it. The child is very selective on the kind of activity that the researcher is offering. It requires new reinforcement every session for optimum result or to get him involve in the training.

CHAPTER V
SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter presents the synopsis of the study, the conclusion that has been reached and the recommendations of the researcher on the possible improvement of the training program.

SUMMARY

The basic assumption of this thesis is that Yayas plays a crucial role in the behavioral development of children afflicted with Autistic Disorder. The objective of this paper then, is to determine or ascertain the role of Yayas on the behavioral development of Autistic children, focusing specifically on prolonged eye contact. In line with the objective stated above, specific objectives were also determined to emphasize certain areas of the problem that will be studied in detail. These includes: (1) to determine the perception, attitudes and views of yayas on autistic children, (2) to identify the problems encountered by the yayas in taking care of their wards, (3) to determine the extent in which yayas affect the behavioral development of autistic children, and (4) to formulate and implement a training program geared specifically to be administered by the yayas to their wards in furthering the behavioral development of children with Autistic Disorder. The research environment was the Carolina Learning Center for Special Children, presently located at the Magallanes Commercial Complex, Makati. The research subject was a single child. Before the Eye Contact Training Program was implemented, the researcher did an in-depth semi-structured interview with the yaya. In this interview, the researcher gathered pertinent data on how the yaya perceive and comprehend the

situation of taking care of the child with Autistic Disorder. Through this interview, the perception, attitudes, and views of the yaya were addressed.

The research found out that yayas ordinarily have no previous knowledge whatsoever about the symptoms, characteristics and behaviors of children with Autistic Disorder. Their initial response to the situation was overwhelming reaction. They don't know how to react and respond to the needs of the child. They don't know what are the causes of the disorder or how the disorder came about. Through their continued interaction and contact with the child, they somehow learned how to cope with the additional patience, attention, care and fortitude they have to extend to their ward.

Yayas play an important role in the behavior development of autistic children. Yayas are the ones autistic children have a close interaction with. They delegate most of their chores and responsibilities to the yaya. They are the ones who takes care of the child, making sure that the child has already eaten, clean, well-dressed, goes to bed on time, etc. They are the constant companion of the child. This is due to the fact that parents are trying to work hard and earn more to support the additional cost of having an autistic child. An autistic child needs a lot of behavioral intervention, and these does not come cheap. The yaya, being in close contact and interaction with the child is crucial to the behavioral development of the child. At times, the child imitates the actions, attitude and language of the yaya. With this in mind, we should maximize this potential in helping autistic children. Autistic needs a lot of our help, and in maximizing the role of the yaya, we are maximizing the help we are extending to autistic children. Yayas' role should not be relegated to just taking care of the physical needs of the child. Though the data gathered by the researcher through the course of the training program was

insufficient and warrants more time in the administration and implementation, it shows promise in assessing and charting the full effect of the role yayas play in the behavioral development of autistic children.

The baseline data reveals that the child has no observable response to verbal prompts for eye contact. The training program administered yielded an increase on the eye contact behavior of the contact through verbal prompting. The child was trained to establish an eye contact to the yaya every time the latter give the verbal cue *"CJ, look at me"*. The positive response of the child is rewarded by a reinforcement that is most favorable to the child. These reinforcements ranges from food such as chocolate candies, marshmallows and wafer to activities such as playing, going down the slide and coloring. The training program has registered 7 responses as the highest response of the child to the Eye Contact Training Program. The post test data indicates that this is an improvement on the response of the child on verbal prompting for eye contact. The low response gathered from the base line data was different from the post test data which registered a moderate response. This difference implies that the training program has an effect on establishing eye contact to a child with Autistic Disorder. However, the frequency of responses recorded is not enough to warrant a conclusion that it is successful in establishing eye contact to the child.

CONCLUSIONS

The conclusions drawn from this study are limited only to the subject of the research.

The yaya of the child with Autistic disorder have perceptions, attitudes and view about their wards that affect the kind of care he gives to the child. The study found that the yaya of this child have no sufficient knowledge on the kind of disorder that the child has. She characterizes the disorder through the symptoms manifested. She has no understanding of the disorder per se. Her concept of the disorder leads to her condescending manner of taking care of the child.

The yaya also encounters many problems in taking care of her ward. The yaya has initial shock upon learning the behavior manifested by the child. She has difficulty in approaching or dealing with the needs of the child. She is still not used to the other peculiar behavior of the autistic child. She still panics on times when the child has tantrums especially when the child is engaging in self-inflicting behavior.

The training program has showed that the yaya plays an important role in the behavioral development of the child with Autistic Disorder. The role of yaya cannot be limited on attending to his daily needs such as feeding, grooming and supervising his activities. Given proper instruction, the yaya can also contribute to the behavioral development of the child specifically on establishing eye contact

RECOMMENDATIONS

In line with the results of the Eye Contact Training Program, the researcher suggests the following to improve the administration and maximize the results of the program:

Program Implementation and Administration

1. The program should be administered over a relatively long period of time. The length of time is directly proportional to the persistence of the desired behavior to become a part of the repertoire of behavior of the child. The longer the administration time, the more the behavior will be ingrained on the child. As much as possible, we would like the child not only to learn positive behaviors, but also, that that positive behavior will persist. Based on the analysis of the data, the relatively short time of the administration of the program, the target behavior did not persist in the repertoire of the child. The data does not warrant the assumption that the behavior was ingrained in the child. Longer administration time of the training program will yield in the persistence of the behavior.

2. The program should be implemented on a daily basis, even during weekends, as much as possible. This will help in the familiarity of the child to the training program. This will also help in the persistence of the behavior in the behavior repertoire of the child. Based on the data provided, the response of the child declined during the first session for the week. This is due to the fact

that the training program was not implemented during the weekends. Because of this, the child no longer remembers what the target behavior would warrant the giving of the reinforcement. During Mondays, the child no longer has a recollection of what specific behavior will likely result in the reinforcement.

3. Many people with autism are more tactile, visual or auditory than others. Use this as a strength and not as a weakness in motivating the child. Include in the reinforcements that have auditory or visual characteristics such as audible toys, coloring, colorful toys, trip to the carnival where there are lots of auditory and visual stimuli that the child will respond. The subject is an auditory-inclined autistic child. The researcher found out that the child responded highly when the reinforcements that are used have a matching sound to it. An example would be a toy car he likes very much because it gives a sound every time the wheels move. The researcher also found out that the subject likes the feeling of being touched. The reinforcement used was free time to go down slide. The researcher found out that the child smiled more often when his hands are held when going down. The researcher also noticed that on a particular session, the child no longer responded to the reinforcement such as the toy car. The researcher tried to play with the child by running the toy car along his arms, giving the sensation of the wheels moving on the surface of his skin. It was obvious that the child likes this sensation, evident in the high response of the child to the training program.

4. Avoid long strings of instructions to the child. Children with autism have a hard time of remembering the instructions. In doing this, the command will be more understood by the child. This will lead to higher response in the training program. The verbal command *"CJ look at me"* resulted in more responses than the command given as *"CJ look at Teacher June"* and *"CJ look at Yaya Jeannie."*

5. Many children with autism are good in drawing, art and coloring. These talent areas should be encouraged, and integrated in the program. This will help in widening the positive talent areas of the child. The subject responded highly to the training program when the researcher integrated coloring to the program. The child obviously likes colors that it motivated him to follow the command of *"CJ look at me."*

6. Many autistic children get fixated on one subject such as cars or trains. If the child likes cars, then use the toy as reinforcements or to teach other skills to the child. In doing this, unwanted behavior will be transformed or will help bring about positive behaviors. The researcher noted the fascination of the child with toy cars. The subject would only play with toy cars. With this finding, the researcher used the fixation of the subject with toy cars in motivating him in responding to the training program.

7. Some individuals with autism will respond better and have improved eye contact and speech if the teacher or therapist interacts with them while they are playing. Interacting with them during playtime or free time sometimes helps to improve the target behavior. This was evident in the training program, when the researcher talks with the child throughout the program implementation. The researcher talks with the child during the twenty-five minutes free time. During this period, the child and the researcher engaged in play. In several activities, the child responded highly when the researcher talks with the child.

Reinforcement

1. Use more varied reinforcements aside from food, such as playtime, free time, tokens and the like. Reinforcement such as food and snacks could only do so much as to motivate the child in responding to the desired behavior. A variety of reinforcements would keep the motivation of the child high, resulting in better response of the child to the training program. In the training program, several reinforcements were used. When the previous reinforcement no longer motivates the child, the researcher would shift in another reinforcement, resulting in the resumption the motivation the child.

2. The timing of the reinforcement is crucial to the program. If the reinforcement to be used is food, try to disperse the giving of the reinforcement, if conflicting with the daily schedule of the child. For the child, the target

behavior is equated with the reinforcement. The timing of reinforcement is directly proportional to the motivation of the child to do the target behavior. The better the timing of the reinforcement, the higher the motivation, the more the child will respond accordingly to the target behavior.

Environment

1. The environment should be conducive to the program. The environment should be free from distractions and other unnecessary stimuli that would inadvertedly distract the child from the program. Distractions would affect the effectivity of the training program. As much as possible, we would like to minimize extraneous variables that could affect the results. The training program was implemented in the main room of the Carolina Learning Center for Special Children. There were lots distractions, which resulted in the distraction of the child from the training program. Every time people would enter the lobby, the subject would be distracted, no longer paying attention to the yaya or the teacher. And because autistic children have very short attention span, the results of the training program were affected negatively.

2. If possible, a small room should be used in the administration of the program, where the yaya could have complete control of the environment. Consider the lighting, the arrangement of chairs and tables, and other factors that can be a source of unnecessary stimuli that would distract the child. Minimizing the unnecessary stimuli would help in maximizing the results of the training

program. Results will also be more identifiable. And both the attention and concentration of the child and the yaya will be on the training program.

Yaya

1. The yaya should have been in contact with the child for some considerable length of time. The child should be comfortable with the presence of the yaya and vice versa. Though the child seemed comfortable with the yaya, the researcher noted that the yaya feels not that comfortable with the child at times, especially when the child throws tantrums or in a bad mood.

2. The yaya should also not be temporary. Some yayas stay for just months with the child. This would not help in any way, not only with the administration of the program, but also with the attitude and behavior of the child. As much as possible, the stay of the yaya with the family should be long-term. Long-term interaction of the yaya and the child will result in a more comfortable experience on the part of the child and the yaya.

3. The yaya should also have a prior knowledge of the disorder of the child. It is not necessary that the yaya have an in-depth knowledge of Autism, but only of the necessary points, in order for her to be able to grasp the complexity of the disorder and the training program. Knowledge comes with understanding. Having knowledge about autism will help profoundly in the interaction of the yaya with the child. The yaya of the subject clearly have superficial knowledge about the disorder her ward is afflicted with. This somehow limits

her understanding of the child, especially when the child throws tantrums or in a bad mood.

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APPENDICES

LETTER OF PERMIT

University of the Philippines Manila

Padre Faura, Ermita, Manila

January 22, 1999

The Director
Carolina Learning Center for Special Children

Dear Sir / Madam:

Good Day!

This is in line with my current undergraduate thesis entitled "*A Single Case Study on Yaya's Role in the Behavioral Development of Autistic Children.*" The basic aim of this paper is to determine the role of Yaya's in the behavioral development of Autistic children, especially on the behavior of eye contact.

In relation to this, I would like to seek your permission to allow me to use your center as my research environment. Specifically, this study will be using one of your students and his / her yaya as my respondent. Administration of the training will be done to gather relevant information.

Your favorable response will not only contribute to the realization of my academic pursuit but will also help in behavioral development of autistic children.

Thank you very much.

Respectfully yours,

_____

(sgd.) Angelito Demeris Y. Roan

Noted By:

_____

(sgd.) Prof. Eric B. Claravall
Thesis Adviser

LETTER OF CONSENT

I, Angelito Demeris Y. Roan, a graduating student taking up B. A. Social Science, Major in Behavioral Studies, will conduct an Eye Contact Training Program for _____ together with his/her *yaya* _____ .

This is in line with my current undergraduate thesis entitled "*A Single Case Study on Yaya's Role in the Behavioral Development of Autistic Children.*" The basic aim of this paper is to determine the role of Yaya's in the behavioral development of Autistic children, especially on the behavior of eye contact. The Training Program will last for 4 weeks, 4 sessions per week. Each session will last for only 10 minutes.

In relation to this, I would like to seek your permission to allow me to use your child and his/her *yaya* as my respondents. Administration of the training will be done to gather relevant information that will be used in the conduction of the thesis.

Your favorable response will not only contribute to the realization of my academic pursuit but will also help in behavioral development of autistic children.

Thank you very much.

Respectfully yours,

_____

(sgd.)Angelito Demeris Y. Roan

Noted By:

_____

(sgd.) Prof. Eric B. Claravall
Thesis Adviser

CONTRACT LETTER

I, Angelito Y. Roan, 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 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.

INTERVIEW SCHEDULE

Initial Session [Phillips & Mordock (1970) & Holland (1970)]

(1) What are all the problems?

(2) What is their frequency, duration, latency and rate?

(3) What has been tried thus far?

(4) What are the reinforcers and punishments in the child's environment?

(5) Has the child seen a therapist previously?

(6) What are the positive behaviors that have brought the child to this point?

(7) What are the positive behaviors that child demonstrates (behavioral assets)?

(8) Describe the siblings & peer relationships.

(9) Does the child demonstrates additional problems, such as fear, phobias, nervous habits, nervous tics, bed-wetting, nightmares, etc?

(10) Describe the child's behaviors and achievements in school.

(11) How often does the parents verbally and physically the child versus how often do the parents verbally reprimand and impose punishment of the child?

INTERVIEW TRANSCRIPTIONS

Researcher: Magandang umaga sa'yo. Ako nga pala si June, June Roan. Sinabi na ba sa'yo ni Teacher Edna ang gagawin natin ngayon?

Jeannie: Hindi pa. Basta ang sinabi nya lang sa akin, eh, kakausapin mo daw ako at may ituturo ka daw kay CJ.

R: Ah, ganon ba? Ano ulit ang pangalan mo?

J. Ako nga pala si Jeannie.

R. Ikaw ang yaya ni CJ?

J: Oo.

R: Ganito kasi 'yon. Kakausapin muna kita tungkol kay CJ. Kasi estudyante ako ng University of the Philippines Manila. Gagraduate ako ngayon March. Kailangan kasi sa aking course na Behavioral Studies na turuan si CJ na tumingin sa mga tao. Si Teacher Edna ang nagsabi na pwede daw si CJ. Nasabi na ba sa mga magulang ni CJ ang tungkol dito?

J: Oo, nasabi na.

R: Anong sabi? Pumayag ba sila? Binigyan ko kasi si Teacher Edna ng papel na nagsasabi na kung ano ang ituturo ko kay CJ. Natanggap ba ng magulang ni CJ?

J: Oo. Binigay sa akin ni Teacher Edna nung isang araw, tapos binigay ko sa mama nya.

R: Ah, ganon ba. Pumayag ba sila?

J: Siguro. Wala namang ibang sinabi.

R: O, sige, I-continue na natin ang interview ko sa yo. Ang interview na ito, kasi, ay para malaman ko kung ano ang saloobin mo tungkol sa pagiging yaya ni CJ. Okey lang ba na I-record ko ang usapan natin?

J: (Ngumingiti) Ok lang.

R: Wag kang mag-alala. Kailangan ko kasing isulat ang usapan natin para mabasa ng teacher ko. Kailangan kasing isama ang usapan natin sa papel na isusulat ko pagnatapos ang program ko kay CJ. Ilang taon ka na?

J: Bente uno anyos.

R: Hanggang saan ka nag-aral?

J: Hanggang second year college lang.

R: Bakit hanggang second year college lang?

J: Kasi wala nang pang-tuition ang mga magulang ko. At tinatamad na rin ako. Nagtitinda-tinda na rin kasi ako dati.

R: Eh, gaano ka na katagal bilang yaya ni CJ?

J: Ilang buwan pa lang. Nagsimula ko nung november o december.

R: Paano ka naging Yaya ni CJ?

J: Kasi, kaibigan ko yung dating naninirahan kina CJ. Katulong. Malapit kasi ang tirahan nya sa amin. Sinabi nya na naghahanap ng yaya sina CJ. Eh, nagkataon na wala akong trabaho nun. Kaya tinaggap ko yung pagiging yaya ni CJ.

R: Ah, ok. Ano, uwian ka sa bahay ninyo o dun ka natutulog kina CJ?

J: Dun ako natutulog. Nagdala na lang ako ng mga damit at gamit ko.

R: Nung una mong nakita si CJ, alam mo ba na may kapansanan sya?

J: Nung una ko syang nakita, wala lang. Akala ko ordinaryong bata. Laro lang ng laro.

R: Kailan mo nalaman na may kapansanan si CJ? Na hindi sya tulad ng ibang bata?

J: Sinabi rin naman sa akin ng mama nya. Na ganun nga, hindi sya tulad ng ibang bata. May sakit daw sya, yung ...

R: Autistic

J: Oo, yun. Autistic. Na ganon nga, autistic si CJ.

R: Ano ang pagkakaintindi mo sa sakit na Autism?

J: Na ganun nga, hindi sya tulad ng ubang bata. Hindi sya nagsasalita. Puro iba't ibang tunog lang ang kaya nyang sabihin. Tapos iyak ng iyak pag ayaw nya ang ginagawa mo sa kanya. Pag nagagalit sya, iyak lang ng iyak. Tapos minsan inuumpog nya ang ulo nya sa pader o kahit saan na masasaktan sya. Minsan nga, ihuhulog nya ng sarili nya sa hagdanan. Naku! Kamunitk na mahulog. Buti na lang napansin ko kaagad. Kung di!

R: Ngayon ka lang ba nakakita ng batang tulad ni CJ?

J: Ngayon lang. Wala pa naman akong ibang nakikitang bata na may sakit ng tulad ng kay CJ.

R: May naging problema ka ba nung umpisahan mong alagaan si CJ?

J: Nung umpisa, mahirap talaga. Kulang na lang umiyak ako sa inis at asar sa batang yan. Kasi, hindi ko nga masyadong naiintindihan ang sakit nya. Parati kaming nag-aaway niyn sa bahay. Parati syang umiiyak at inuumpog ang ulo sa pader. Hindi pa siguro sya sanay sa akin. Kasi ganung minsan ang mga bata, kung bago pa lang ang yaya nila. Naninibago. Siguro nga naninibago si CJ na akin dati. Ngayon, sinusimpong pa rin naman sya, pero hindi na ako ang kaaway nya. Minsan na lang yon, pag ayaw ko syang pagbigyan sa mga gusto nya.

R: Ano yung ordinaryong araw para kay CJ? Anu-ano ang ginagawa nya?

J: Nagigising kasi si CJ na sarili. Kung may paok dito, mula Lunes hanggang Biernes, maaga kaming nagigising. Minsan kasi ginigising ko rin si CJ, pag may sumpong nung kinagabihan, kailangnang gisingin pa sya.

R: Anong nangyayari kung ginising mo sya?

J: Nagagalit minsan, umiiyak din. Pero pag sinuutan ko na sya ng medyas, tatahan na sya, o di kaya pag tinutbrush ko sya. Mahihilig kasi sya sa tubig at sa toothpaste. Tapos saskay na kami ng taxi. Minsan jeep.

R: Ano ang nagyayari kung sumasakay kayo sa taxi o sa jeep.

J: Sa taxi, ok lang. Sa jeep, dun may problema. Ayaw kasi ni CJ ang may katabing iba sa jeep. Kaya minsan, sa harapan kami umuupo, para walang katabi. Minsan nga eh, may tinulak si CJ na mama. Buti na lang hindi nagalit. Minsan din, tinapon nya ang sumbrero ng isang mama. Isang beses din, tinapon nya ang bag namin sa labas ng jeep. Buti na lang trapik, hindi gumagalang ang jeep. Kinuha nung mamang drayber ang bag namin. Hindi kasi ako makababa dahil hawak-hawak ko kasi CJ.

R: Anong sabi nung drayber?

J: Wala, hindi rin sya nagalit. Nakita nya kasi na medyo makulit si CJ.

R: Anong oras ba ang pasok ni CJ dito sa center?

J: Ang pasok nya kasi eh, 9:00 hanggang 11:00.

R: Pag 11:00 na, saan na kayo pumupunta?

J: Uuwi na. Wala naman kaming ibang pinupuntahan. Minsan, pag inuutusan ako ng mama nya o kaya ng papa nya, sinasama ko si CJ.

R: Pagdating sa bahay, anong ginagawa ni CJ?

J: Kasi kumain na sya dito sa center, maglalaro na sya. Minsan natutulog din. Mahilig din syang manood ng TV.

R: Anong pinapanood nya sa TV?

J: Kahit na ano, halos karamihan puro cartoons. Pag-ayaw na nya, pinapalitan nya, minsan naman matutulog o magalaro na lang sila ni Cyril.

R: Sino si Cyril?

J: Yung kuya nya.

R: Ilan taon na si Cyril?

J: Apat na taon. Konti lang a tinanda ni Cyril kay CJ.

R: Pagayaw na ni CJ ang palabas, nililipat nya ang TV. Sino ang naglilipat? Marunong ba sya?

J: Oo, marunong si CJ. Hindi ko nga alam kung paano sya natututo. Siguro nakikita nya kami kung paano ilipat.

R: Ano ang normal na pangyayari kung magkasama si CJ at si Cyril. Nag-aaway ba sila?

J: Naglalaro lang sila. Minsan bola, minsan kotse-kotsehan. Mski no naglalaro sila. Hindi naman sila nag-aaway. Parati namang pinagbibigyan ni Cyril si CJ.

R: Anong oras natutulog si CJ? Magkasama ba sila sa kwarto ng mama nya?

J: May sariling kwarto si Cj at si Cyril. Magkasama silang matulog, pero magkaiba ng kama. Minsan natutulog si Cj ng maaga. Minsan alas-otso o alas-nwebe, matutulog na yan. Minsan naman, pag may sumpong, hindi yan titigil sa pagiyak hangga't hindi mo nilalabas sa kanto.

R: Sa kanto? Anong ginagawa nyo sa kanto?

J: Ay naku! Gustong gustong lumbas ni CJ sa kanto para makakita ng mga sasakyang nagdadaan. Minsan hanggang 11 o 12 o'clock kami sa labas. Minsan nga eh, gusto nya ring sumakay. Kakawala sya sa hawak ko tapos tatakbo papunta sa jeep.

R: Anong ginagawa mo sa mga sitwasyong ganito?

J: Wala akong magawa. Kung hindi mo pagbigyan, iiyak. Kaya minsan, pinababayaan ko na lang. Sinasamahan ko sya sa labas.

R: May sinasabi ba ang mga magulang ni CJ?

J: Wala naman. Payag naman silang lumabas si CJ, kasi nga, iyak nang iyak. Ang sabi lang nila, mag-ingat kami. Hindi naman dilikado dahil kanto naman talaga ang bahay nila. Hindi na namin kailangang lumayo masyado. Dun lang kami sa labas ng gate. Pag pagod na o hindi na umiiyak si CJ, papasok na kami at matutulog na siya.

R: Paano naman kumakain si CJ?

J: Hindi kasi sya marunong gumamit ng kutsara't tinidor. Sinusubuan pa sya sa bahay.

R: Sino ang nagpapakain sa kanya?

J: Ako. Sinusubuan ko sya pagkakain na sya.

R: Anong nangyayari habang kumakain sya?

J: Ok naman. Hindi masyadong magulo.

R: May paborito ba syang kainin? Anong ulam ang gusto nyang kainin?

J: Mahilig sya sa hotdog... noodles... saka waffer.

R: Mga snacks, anong paborito nya?

J: Mahilig sya sa mga tsokolate. Maski anong chocolate mahilig sya. Mga chichirya din. Yung cornbits.

PROGRAM FOR EYE CONTACT TRAINING

The Behavior modifier should work with each child on an individual basis at least once a day, 5 minutes per session.

TRAINING SETTING

Eye contact training should take place in a quiet room, devoid of any distractions. Ideally, the room should contain two chairs and a table. The chairs should face each other and the table should be placed to the side of the behavior modifier's chair. The table will be used to record correct and incorrect responses on the tally sheet provided and to keep the rewards out of the child's reach. The child's chair should be small enough to enable the child's feet to touch the floor.

EQUIPMENT AND MATERIALS NEEDED

1. A stopwatch or a large conspicuous clock with an easily observable second hand. The stopwatch or clock should be placed outside the child's reach and clearly in view of the behavior modifier – if possible, the large clock should be hung on the wall behind the child.
2. Session Tally Sheet provided by the researcher and pencil
3. A Progress Tally Sheet provided by the researcher.

PROCEDURE

Baseline Level. Before training begins, the researcher will conduct four baseline observation sessions. Bring the child to the room and sit the child down opposite you.

1. Say the command, "[*Name*], look at me."
2. If the child makes direct eye contact with the researcher within a 10-second period, *say nothing and do not give him or her anything as a reward.* Just record a correct response on the tally sheet.
3. If the child does not make direct eye contact with the researcher within the 10-second period, *say nothing and do not give anything as a reward.* Just record an incorrect response on the tally sheet.
4. After 10 seconds have elapsed, say the command again. Continue this 10-second sequence until the designated 5- to 10- minute treatment time has ended.
5. Be sure to add up the number of correct and incorrect responses for each session. After the session is over, *calculate and then record the percent of correct eye contacts* on the child's chart and compare his or her performance with the previous sessions.

Treatment Phase. This phase is conducted in essentially the same way as the baseline phase except we reward the child for correct responses (with social praise for correct responses as well as small amounts of reinforcements). The treatment phase will last for twelve sessions.

1. Before each training period begins, determine which type of reward the child would prefer. Offer the child three or four of his or her favorite reinforcement (food, games, free time, etc.). This should be the reward that you start using for that particular session. If the child seems to become bored with that reward or unresponsive, switch to the next preferred item.
2. If the child makes direct eye contact to the command "[*Name*], look at me," then say, "Very good (or good boy / good girl) ... I am so happy," and give the child a reinforcement. Then record a correct response on your tally sheet.
3. If the child does not make a direct eye contact in response to your command, then say *nothing and do not give him or her anything as a reward.* Record an incorrect response on your tally sheet.
4. This sequence of giving the child a reward or nothing each time he or she looks at you, as well as recording correct and incorrect responses, should be continued until the 5- to 10- minute treatment time has ended.
5. After the session, add up the number of correct and incorrect responses. Then *calculate and record the percent of correct eye contacts* on the child's progress chart and compare his or her progress with the previous sessions.
6. The training phase should continue until the child reaches at least 90% or above eye contacts per session for three consecutive sessions or until a month has passed.

If the child does not respond at all initially to your instructions, you should use a *prompting procedure*. Prompting helps the child learn what the desirable behavior is. First, you should give your instruction. Then, you should gently grasp the child's head with your hands and slowly turn it so that he or she is looking at your eyes. Reward and praise the child when the child looks at you. The next time, the child should be given the opportunity to look at you without prompting. If he or she does not look at you again, do the prompting again. Prompting is continued until the child learns what behavior he is supposed to perform in the particular situation. It's important, however, to be sure that you lessen your assistance as the child makes progress toward performing the correct behavior. After awhile you will notice that he or she will make the desired response without your assistance – although it may take a number of sessions.

BEHAVIORAL CHECKLIST

Child's Name: _____
Yaya: _____
Date: _____

Legend: ✓ = The behavior occurred
x = The behavior did not occur

Behaviors	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
• Tantrums																								
• Head banging																								
• Resistance to yaya																								
• Wandering / walking																								
• Playing																								
• Throw things																								
• Put things inside the mouth																								
• Giggles																								
• Embraces yaya																								
• Runs away																								
• Cries																								

BEHAVIORAL CHECKLIST RESULTS

Child's Name: CJ Bunuan
Yaya: Jeannie
Duration: Program Implementation

Behaviors	Frequency	Rank
• Tantrums	10	5
• Head banging	3	9
• Resistance to yaya	1	11
• Wandering / walking	11	4
• Playing	24	1
• Throw things	8	7
• Put things inside the mouth	2	10
• Giggles	20	2
• Embraces yaya	15	3
• Runs away	7	8
• Cries	9	6

SESSION TALLY SHEET: EYE CONTACT FREQUENCY

TALLY SHEET FOR TARGET BEHAVIOR

Child's Name / Pangalan Ng Bata: _____
Date / Araw o Petsa: _____
Time Started / Oras Nagsimula: _____
Time Ended / Oras Natapos: _____

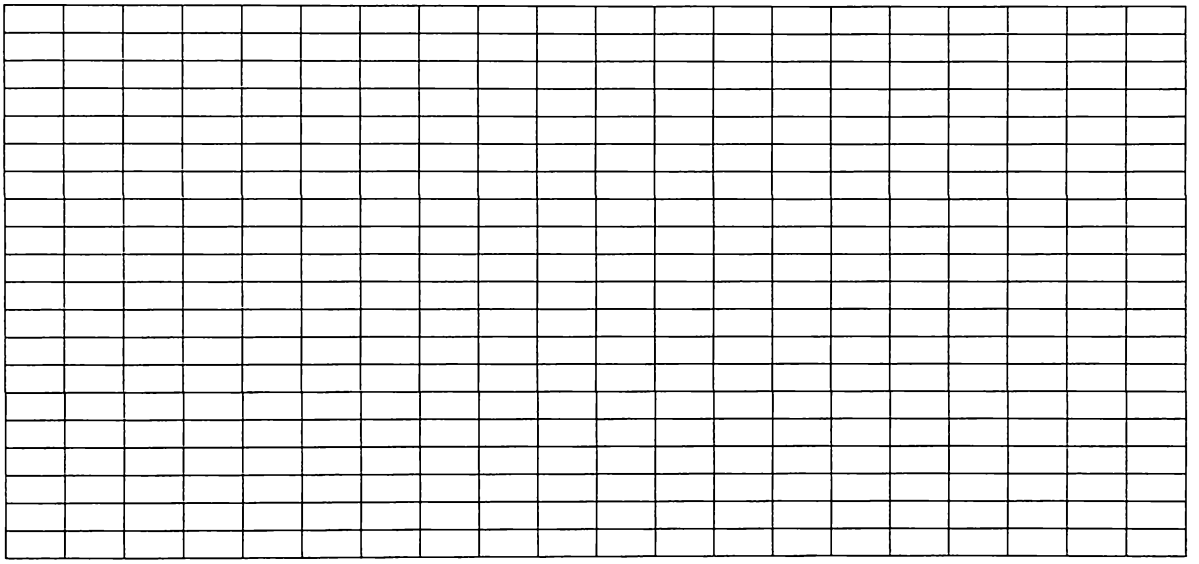
I → Behavior Occurred / Tumingin ang bata
O → Behavior Didn't Occurred / Hindi Tumingin ang bata

SESSION TALLY SHEET

PROGRESS CHART: EYE CONTACT FREQUENCY

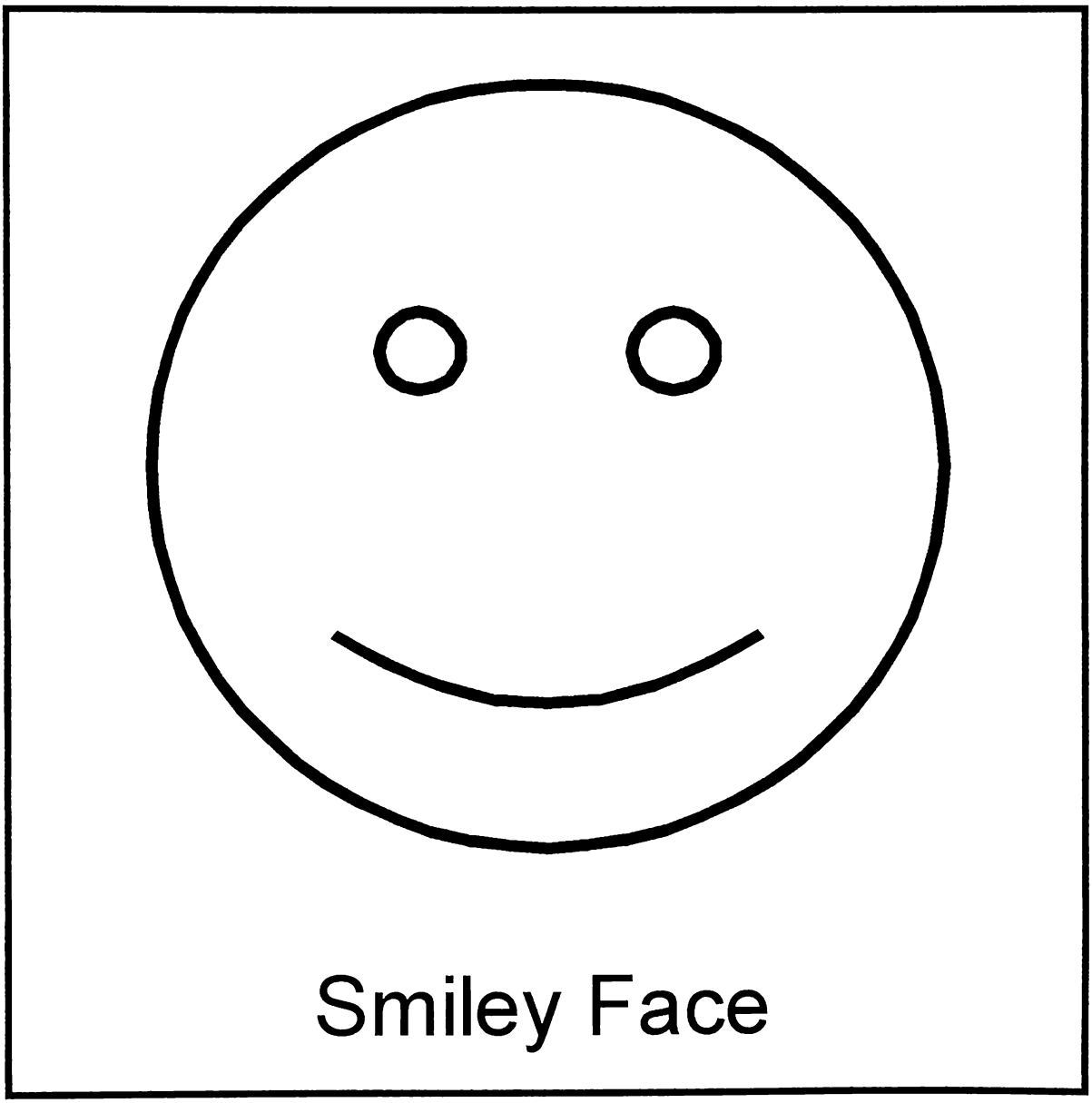
Child's Name: _____
Date: _____
Inclusive Dates for the Sessions: _____

Progress Chart of Eye Contact

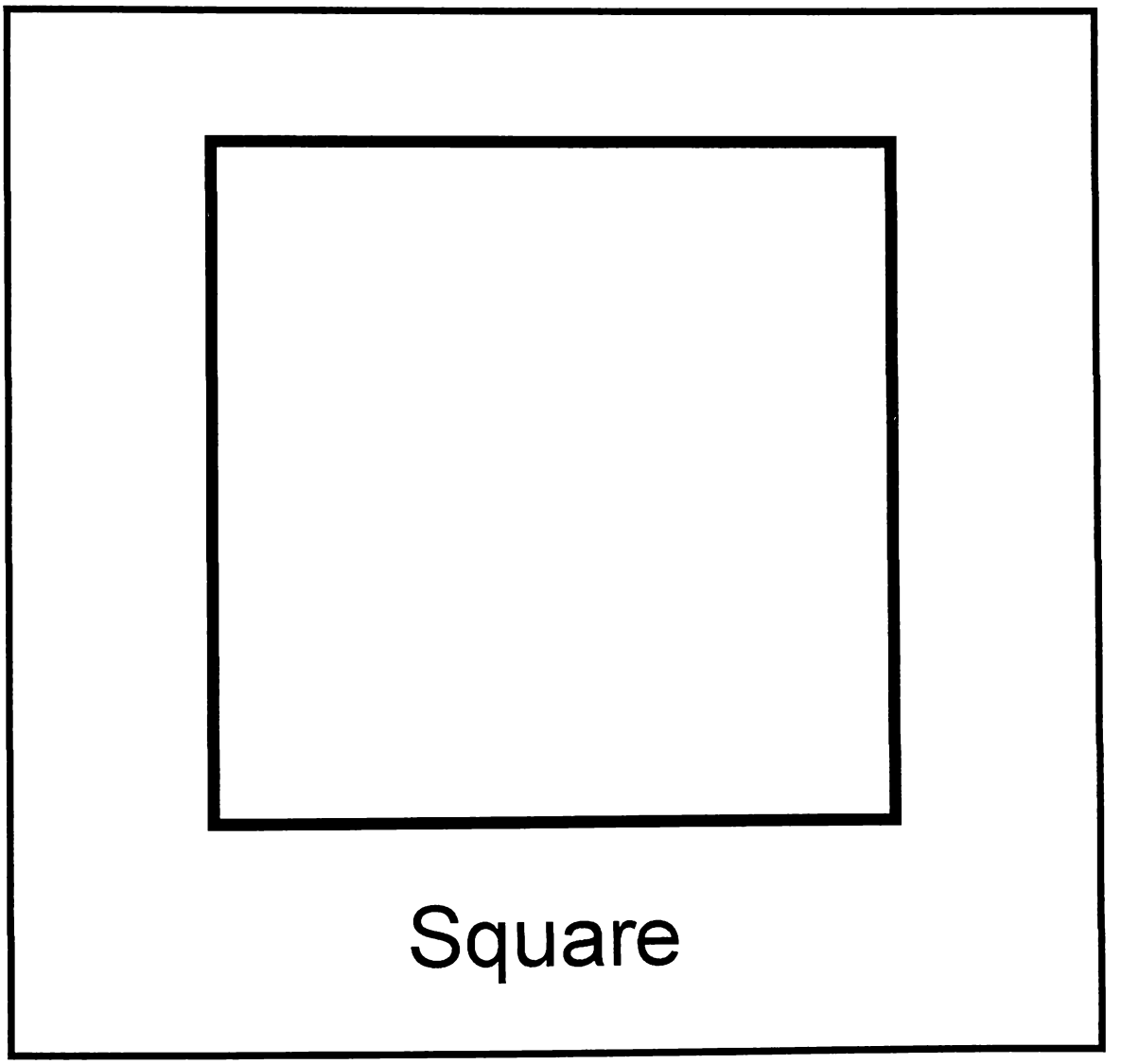


X – Axis ➔ Number of Times
Y – Axis ➔ Number of Sessions

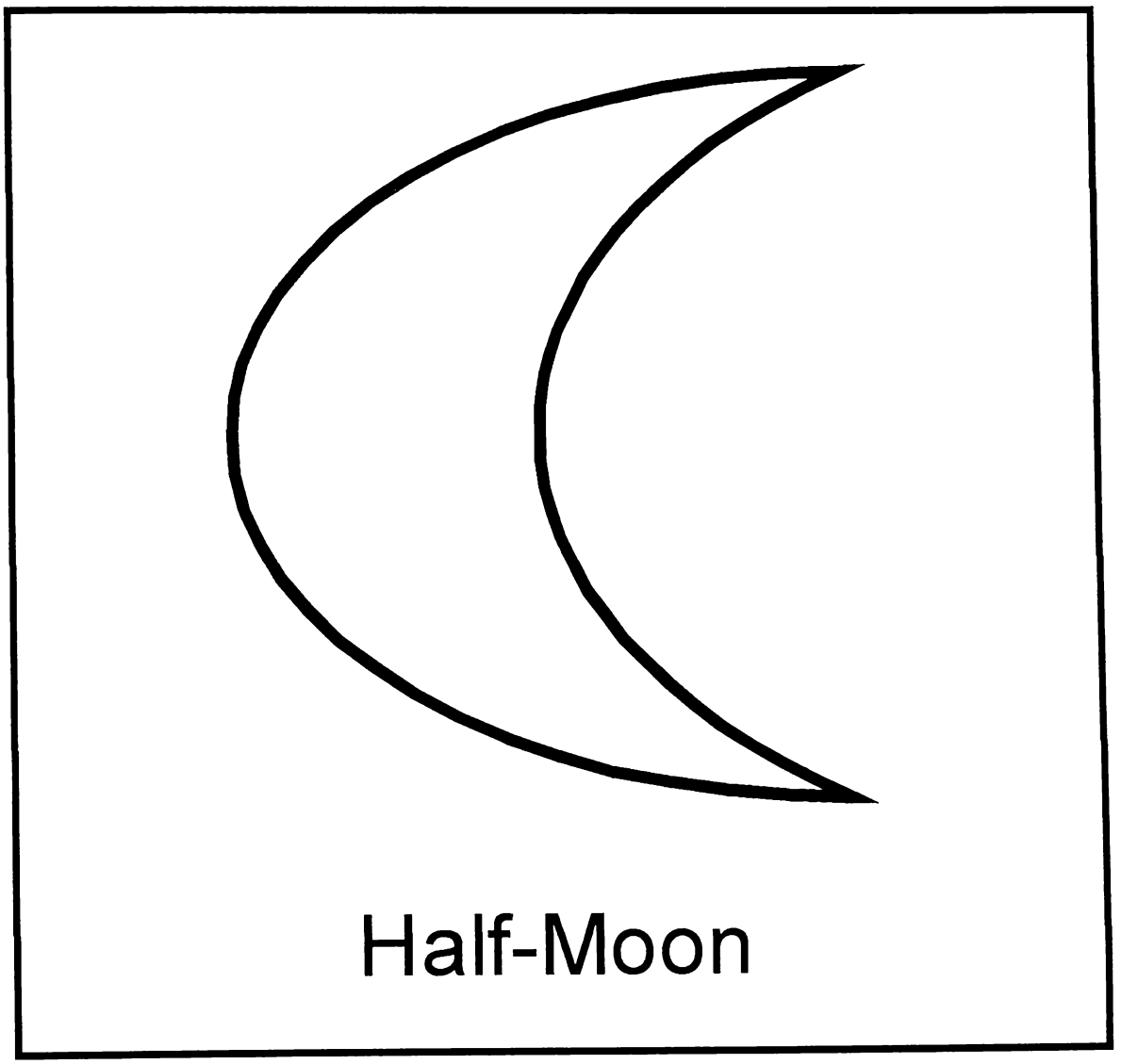
COLORING TEMPLATE 1



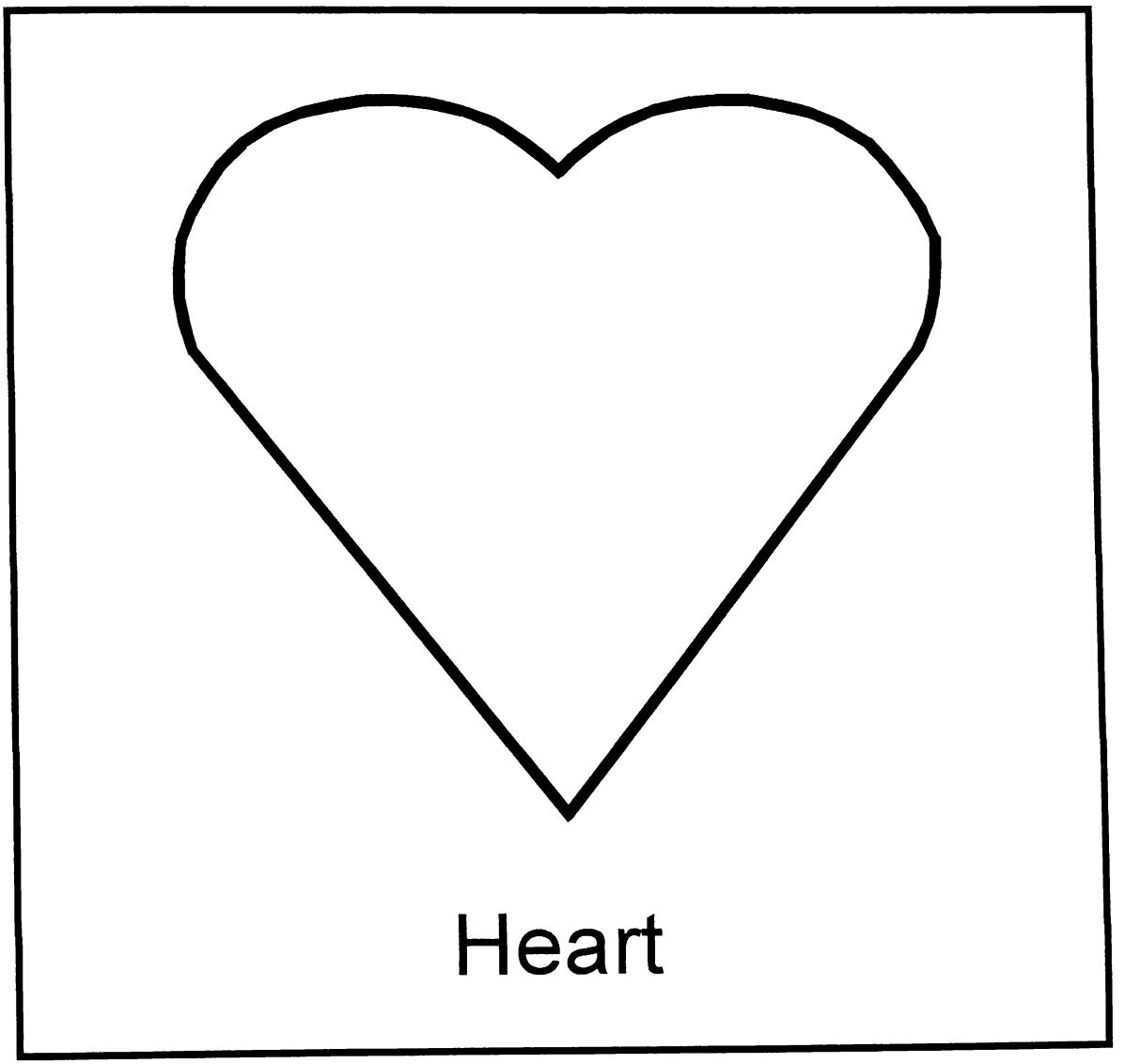
COLORING TEMPLATE 2



COLORING TEMPLATE 3



COLORING TEMPLATE 4



COLORING TEMPLATE 5