Check for updates
https://doi.org/10.55737/trt/WR25.108

THE REGIONAL TRIBUNE

Pages: 374 – 399 | Volume: 4 | Issue: 1 (Winter 2025) | ISSN (Online): 3006-8428 | DOI: 10.55737/trt/WR25.108

Development of Social Skills among Children with Autism Spectrum Disorder through Video Modeling

Danish Luqman [1] Muhammad Usman Khalid [2] Sana Fatima [3]

ABSTRACT: Children with Autism Spectrum Disorder (ASD) often experience significant challenges in developing social skills, which can impact their ability to engage with peers and function in various social contexts. This study explores the development of social skills among children with Autism Spectrum Disorder (ASD) through video modeling intervention. Two ASD students, aged 5-10 years, were selected using purposive sampling from a local therapy center. The aim was to assess whether video modeling could improve their social behaviors, such as greetings, sharing, and peer interactions. Prior to the intervention, a pre-assessment was conducted, where teachers identified challenges in teaching social skills to the children. A 40-50 second video, demonstrating appropriate social behaviors, was developed and presented to the children in a controlled environment. The children watched the video multiple times over several sessions, with opportunities to practice the learned behaviors. Data was collected through a behavioral monitoring sheet, where teachers tracked whether the children successfully imitated the modeled behaviors after each session. Follow-up sessions ensured retention of skills by encouraging real-world practice. Post-assessment was carried out to compare teachers' perceptions of the children's progress in social skills before and after the intervention. The findings suggest that video modeling is effectively enhancing social skills in children with ASD, particularly in greeting peers, sharing, and engaging in simple conversations. The results highlight the potential of video modeling as an effective tool for teaching social skills to children with ASD.

KEYWORDS: Social Skills, Video Modeling, Autism Spectrum Disorder, Greetings, Sharing

[1] Special Education Teacher, Department of Special Education, Lahore, Punjab, Pakistan. Email: dlsp.edu@gmail.com

[2] Special Education Teacher, Department of Special Education, Lahore, Punjab, Pakistan. Email: Muhammad.usman.khalid121@gmail.com

[3] Special Education Teacher, Department of Special Education, Lahore, Punjab, Pakistan. Email: fatimasana567@gmail.com

Corresponding Author: Muhammad Usman Khalid
✉ Muhammad.usman.khalid121@gmail.com

Introduction

ASD is a neurodevelopmental disorder which affects social communication and often presents itself before the age of three (Tantam, 2000). Below, DimPtr highlights how severe autism may be, noting that it comes with diverse cognitive capacity from high functioning to persons with impaired intellectual capacity (Dodd et al., 2014). It was Léo Kanner who first reported about Autism in 1943, characterising it as 'Extreme autistic aloneness' in a group of children. Tantam (2000) noted that, as stated in DSM-V, these deficits cause social isolation, anxiety and depression. The prevalence of Autism Spectrum Disorder (ASD) based on DSM-5 is

about 1/68, which means ASD is much common in children. ASD is whose major characteristic is difficulty in forming and or maintaining relationship and/or engaging in reciprocal plays and other social activities with peers. To counteract these difficulties, such teaching methodologies as Applied Behavior Analysis (ABA), Picture Exchange Communication System (PECS), and video modeling are applied in order to develop social and communicative skills in children with ASD. Also, The results highlighted that ideas focused on cognition can indeed affect the social demeanour of the child (Rashid & Khalid, 2024). Out of them, video modeling has emerged as one of the most widely preferred approaches to teaching social skills. Supported by Bandura's social learning theory that holds that children pick behaviors from others through observation and imitation, video modeling uses videos to help children model in natural settings. This approach benefits from the fact that most autistic children are more receptive to what they see than to what they hear or what is said to them.

Other related research has also endeavored to examine the efficacy of video modeling in on the acquisition of social skills by children with ASD. Large scale, quantitative research included in the British Journal of Special Education examined the effectiveness of video modeling for improvement of social competence in children diagnosed with autism in the United Arab Emirates. The study used five boy observers between the ages of five and seven years old and exposed them to videotaped ideal modelling scenes. The findings suggested that video modeling as an instruction approach was helpful in enhancing the social skills of these children (Alzyoudi et al., 2015). In the same vein, a study featured in the International Journal of Disability, Development and Education also tried to determine the effectiveness of video modeling when teaching social skills to children with ASD in Saudi Arabia. The study focused on two specific social skills: while playing with friends and when meeting other people at school. The results showed that video modeling was useful in teaching the identified particular social skills with indications of maintenance across settings, peers and toys. These studies bring out the efficiency of the video modeling technique and show that social skills training for children with ASD can be carried out in any cultural setting in a consistent manner. Therefore, we established that social skills are crucial for children with autism to ensure they deal with social context in a way that will reduce negative consequences. Video modeling which presents the models demonstrating and explaining the behaviors that are expected enables a hopeful strategy for addressing social skills for children with ASD.

Statement of the Study

ASD children have difficulties in their ability to interact with peers, engage in one on one communication, and these results in most of these children experiencing isolation during social experiences. Previous strategies have modest efficacy in helping these skills, however, utilizing video modeling which is the use of video instruction in correct social behavior have been known to help in these areas. However, comparison with its real-life scenario is lacking, and little information is still available regarding its efficiency. This study aims to investigate the development of social skills in children with ASD through video modeling.

Objective of the Study

1. To explore the effectiveness of video modeling in developing social skills among children with Autism Spectrum Disorder (ASD).

Research Questions

1. How does video modeling impact the development of social skills in children with Autism Spectrum Disorder?

Literature Review

ASD is a neurodevelopment disability defined by impairments in social, communication and play or repetitive and stereotyped patterns of behavior (APA, 2013). SRS are especially shown by children with ASD and severely impairs school-age children's social interactions with peers and their ability to make friends (White et al., 2007). Video modeling (VM) has been identified as an intervention strategy for teaching social skills for children with ASD, because the strategy takes advantage of the visual learning skills that should be present in most children with ASD (Bellini & Akullian, 2007). Video modeling is a technique whereby children are required to watch video clips demonstrating behavior that they are supposed to exhibit (Nikopoulos & Keenan, 2004). Different forms of video modeling exist, all of which can be beneficial for different types of target behaviors and for children depending on what kind of video modeling they prefer.

1. Video Self-Modeling (VSM): In video self-modeling, the child watches video clips of the target behaivor being performed by his or her own self (Bellini & Akullian, 2007). This form of video modeling is preferred as it enhances self-efficacy, motivation and again there is favourable reinforcement of success behaviours. It has been established that VSM is effective in enhancing number of social skills among them are the turn-taking skills, greeting skills as well as conversational skills (Shipley-Benamou et al., 2002).
2. Peer video modeling is a procedure that entails displaying children with videos of other children performing acceptable social practices. Studies have also shown that this kind of modelling enhance communication skills since children with ASD have been found to be motivated by interaction with their age mates. Having incorporated peer video modeling it was observed that their enhancement in both social communication and play play for children with ASD (Charlop-Christy & Freeman, 2000). 3. Adult Video Modeling: In adult video modeling, children view videos of adults in their desired behaviors. This may not be as relevant as peer modeling, but general video modeling is beneficial if peer models are unavailable or when teaching novel and difficult behaviors (Bellini & Akullian, 2007).

Effectiveness of Video Modeling in Social Skills Development

The present review provides a comprehensive exposition of the studies that form the empirical basis for the effectiveness of video modeling toward enhancing social skills among children diagnosed with ASD. Bellini and Akullian (2007) meta analyzed previous papers on video modeling and summarized their finding by pointing out that VM interventions have a moderate to a large, centralized effect of enhancing aspects of social skills, communication, and play. The good lesson to the learn it mean that multimedia resources such as using the videos in classroom has a potential in helping student with disability to learn better than the other students who are not disability (Parveen et al., 2023). In observation study conducted by Shukla-Mehta et al. (2010), the researchers used video self-modeling and peer video modeling to teach on abilities to children with autism in School. The outcome of the study was that both the intervention methods where effective though VSM showed the superior performance in relation to the rate of behavior change. Closely related, McCoy and

Hermansen (2007) affirmed their investigations that revealed children who underwent video modeling activities saw boosts in their social skills, including admiration and recognition of peers and continued conversation. Peer video modeling has also also been observed to enhance social play between students with ASD and their peers. Kamps et al., (2017) observed that the children who watched videos of peers interacting successfully were more likely to initiate and maintain social interaction with peers proving that peer modeling enhances students' social behavior. Moreover, video modeling has been reported to prove effective as a teaching instrument during generalization of the learned behaviours (Reagon et al., 2006). This type of intervention is most useful when conducting video modeling as an efficient approach to enhancing social skills – there are some factors that determine its effectiveness. One of the conditions is individualization; it is said that adjusting video modeling content according to the child's needs, interests, and development level will increase the efficacy of the intervention Mechling, 2007). Ensuring that the videos are engaging and age-appropriate is also crucial for maintaining the child's attention and motivation (Charlop-Christy et al., 2000).

Reviewing the behavior observer videos is crucial, and frequency is the key to using the videos to further generalize the behaviors that have been learned. Generally, children with ASD are helped by review of video modeling in naturalistic settings too (Reagon et al., 2006). It has also been observed that parents and teachers supplement the actual video modeling intervention and enhance its effectiveness by providing motivation and reinforcement during interaction in their natural environment (Shipley-Benamou, 2002). According to Fragale (2014) suggested that Video Modeling (VM) is an effective strategy in function of increasing social play skills in children with autism. VM, Alatawi observed that it was better than in vivo modeling, as it uses recorded models to demonstrate the behavior. VM accommodates students' visual appeal and helps in detecting some related stimuli and excluding possible interference (Kucskar, 2017). For skills learning, ASD individuals depend on specific sights as training information because they experience difficulties in handling stimuli (Lal & Shahane, 2011). VM supports Bandura's notion of modeling as a way of promoting social learning through emulation of proper behaviors (Edinyang, 2016). This visual method offers concrete information, using recorded models to show the expected behaviors Altaf, 2020, so it's a number of times that facilitate the development of constructive behaviors among diverse students. Video modeling exercise has been debated as a cost efficient and versatile technique to teach children with Autism Spectrum Disorder. Video modeling interventions for improving social behavior are structured, engaging and supportive and as a result, take advantage of the visual learning abilities of children with ASD. Indeed, more time will also be devoted to identifying proper characteristics of videos in the layout and style of professional video modeling and to undertaking further experimentation so as to maximize video modeling's benefits and increase its usage, particularly in schools and clinics.

Material and Methods Research Design

The research method employed in this study is what is called an experimental single-subject ABA design. It is popular in education and clinical research to establish the impact of intervention with the subject participant. The sample of this study includes children with Autism Spectrum Disorder (ASD) belonging from the Punjab province. This group of children encompasses the target population necessary for investigating the effectiveness of the simulation method (video modeling) for social skills development. These select children

were chosen by the researchers as three children diagnosed with Autism Spectrum Disorder. These three children became control for testing the efficacy of the simulation method as an intervention. In this case, purposive sampling was used to choose participants for the study in a manner that the participants embrace characteristics relevant to the objectives of the study.

Participants

Child 1 History

First child was a male of twelve years old. Native language of the child was Urdu at home. Child used some words. Parents were more concerned with the child speech and irregularity in her daily routine at home as he has no routine schedules for his tasks to do. He hits his self when schedules were put. He was diagnosed with moderate autism spectrum disorder. Mother faced emotional trauma during pregnancy. The child I has allergic towards some specific foods items. He lacks in expressive language. He fears to meet people in gathering.

Child 2 History

First child was a male of 9 years old. Native language of the child was Urdu at home. Child used some words. Parents were more concerned with the child speech and irregularity in her daily routine at home as she has no routine schedules for his tasks to do. He hits herself when schedules were put. He was diagnosed with moderate autism spectrum disorder. Mother faced emotional trauma during pregnancy. The child I has allergic towards some specific foods items. He lacks in expressive language. She fears to meet people in gathering.

Procedure of the Study

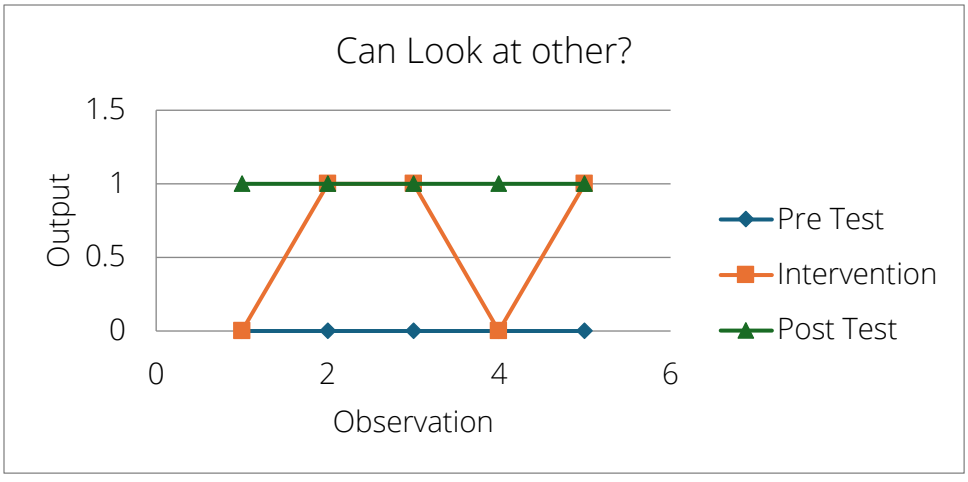
The purpose of the research was hence to assess the effects of video modeling on enhancing social interaction in the target group of students diagnosed with ASD. Participants were children with ASD, who were 5-10 years old; These children were either attending any school or receiving therapy in any therapy center in the local area. The first study was a pre-questionnaire, in which difficulties of teachers in teaching social skills were established. An introductory video, between 40-50 seconds long, illustrating simple forms of interaction such as greetings and sharing was developed and the children were presented with the video in a controlled environment. They were also mimicking these behaviors and the data collected included in the behavioral data sheets during the intervention. This meant that follow-up sessions can easily cover areas such as retention of the skills as evidenced in real life incidences. After intervention, a follow-up question on the perceived improvement in social behavior of the children was asked to the teachers and their views were contrasted before and after the intervention. Students' pre- and post-intervention social skills checklists and observer recorded data in reference to the video modeling intervention were used to measure its efficiency. The responses of prepost test were in the form of yes =1 and no=0

Data Analysis

Graphical Representation of pre post result of video modeling intervention is given below.

Q1: Can Look at other?

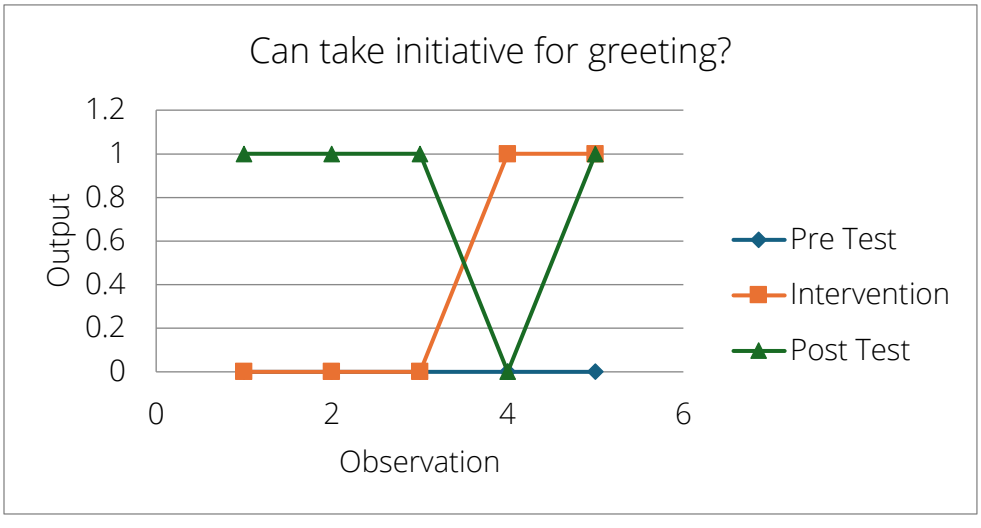
Figure 1



The Figure illustrates the outcome of the teaching process during which video modeling was employed to help the child make eye contact during interactions. The child was assessed over five observations at three stages: as were categorized as pre-test, intervention, and post-test. In the three preceding conditions of the pretest the child got 0 every time with no mention of an eye contact made. In the intervention phase the average score raised to 0.6 meaning that we had partial success of the patients in looking at others. In the post-test, the child achieved a 1 on all four tasks suggesting the typical social use of eye contact. Hypothesized results for this study include the following: post-research, positive growth in the child's performance was discerned in the post-test video modeling phase with substantial difference between the pre-test and post-test results.

Q2: Can take initiative for greeting?

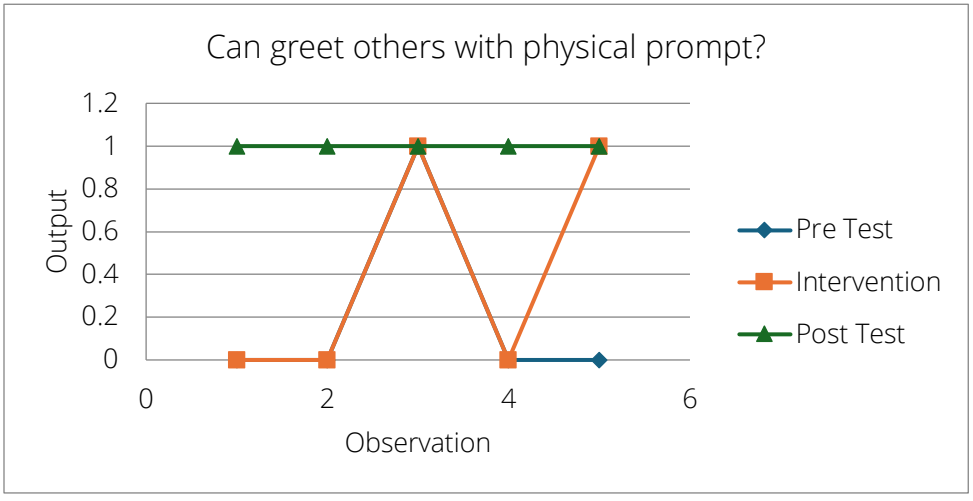
Figure 2



The figure presents an intervention that involved the use of video modeling with a view of enhancing the child's independent initiation of greetings. The child was evaluated over five observations at three stages: The assessment tool is in three parts: pre-test, intervention, and post-test. In the pre-test phase the child had a score of 0 and this indicated that the child had no capacity to independently initiate greetings. At the same time, during the intervention phase, the average score rose to 0.4, which indicates occasional initiative-taking. The average transition probability increased significantly, and at the post-test phase the score has raised to 0.8 where the child initiates greetings in most of the observed cases. Such findings suggest that video modeling was beneficial in the enhancement of the child's capability in initiating greetings, demonstrated progression from pre-s devoid of techniques to post-s with the application of video modeling.

Q3: Can greet others with physical prompt?

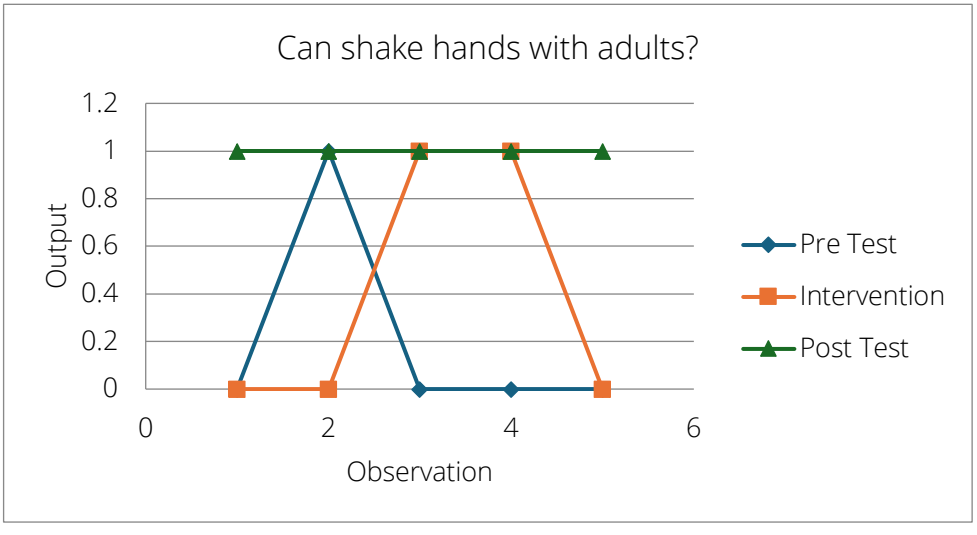
Figure 3



The Figure shown above is the intervention done on the child and incorporates the use of video modeling specifically for physical prompts into greetings. The child was assessed across five observations at three stages: The assessment was done with three administrations as the pre-test before the intervention, then the intervention, and a final post-test. During the pre-test phase the participants obtained an average of 0.2 meaning that they had a little cardinality of greeting others with physical prompts. Intervention phase demonstrated partial improvement as the scores raised to 0.4 percent from a low initial score. At the post-test point, the child performance was at 1 in all tasks, this showed a great improvement, the child prompted everyone with a high five during observations. This evidence proved that through video modeling physical prompts were useful in improving the child's greetings from pre- test to post-test.

Q4: Can shake hands with adults?

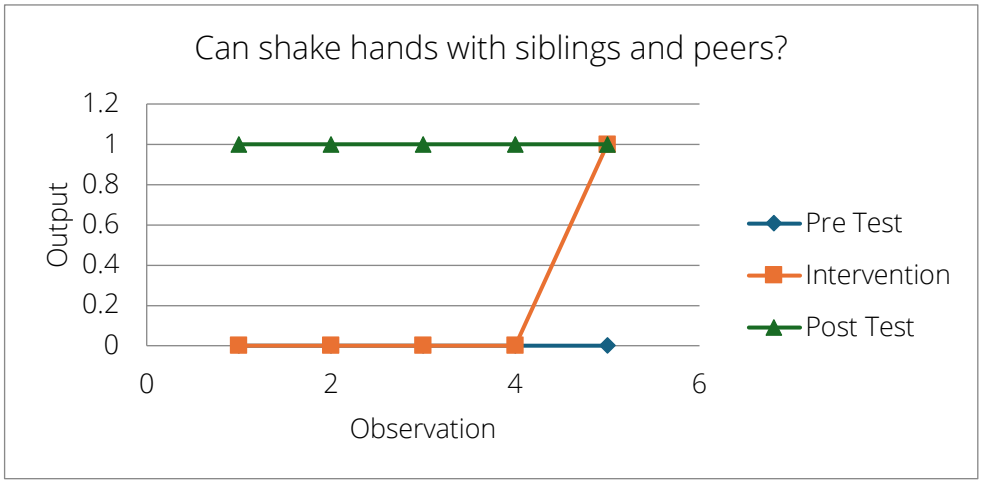
Figure 4



The figure presents the outcome when an intervention in form of video modeling in hand shaking with adults was employed with the child. The child was observed across five observations at three stages: students were assessed through pre-test, intervention, and post-test. The child's hand shaking prevalence at pre-test was low; the child scored a mean of 0.2 during this phase. Finally, intervention phase saw the bar rise slightly to average of 0.4 to show that there was sometimes success in accomplishing the task at hand. At post-test phase, the score raised to 1 indicating that the child underwent positive conditioning of shaking hands with adults in all the observation. These findings suggest that video modeling was beneficial for teaching the child how to extend a hand for a handshake or to greet someone with hand in various situations, though there was a progression from the pre-shopping trial to the post-shopping trial stage.

Q5: Can shake hands with siblings and peers?

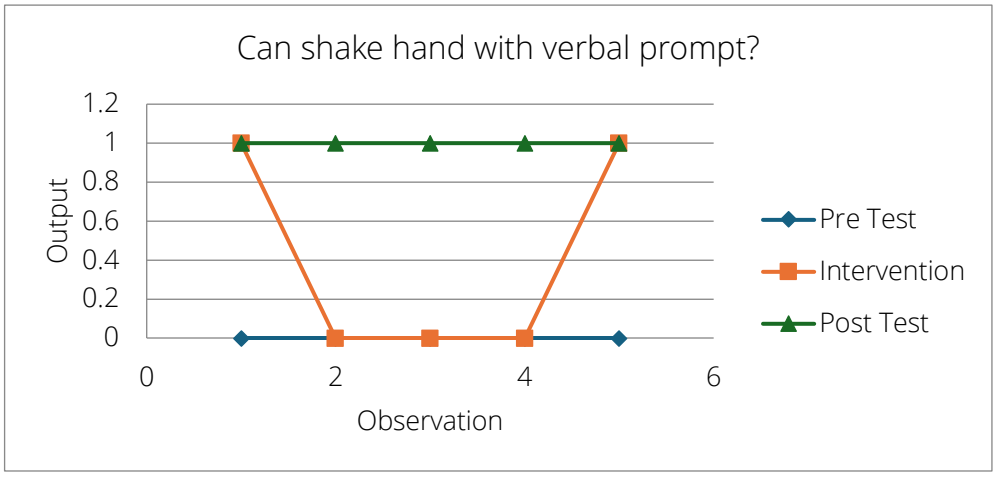
Figure 5



The figure depicts the intervention to improve handshake with siblings and peers using video modeling with special reference to a child. The child was observed over five observations at three stages: Hypothesis knowledge, specific intervention, and final knowledge were assessed before the test, after the test and during the test respectively. In the pre-test period the child was not observed to have made any gestures and thus received a zero score on all the tasks, this meant that he did not shake hands with siblings and peers. In the intervention phase of the study, the score raised slightly to a mean of 0.2, a very slight but positive change. In the post-test phase, the score elevated to 1 as the child extended hand for handshakes with the sibling and peers in all the scenarios observed. An implication arising from such findings is that there is increased improvement when using video modeling to the extent of improvement from pretest to post test.

Q6: Can shake hand with verbal prompt?

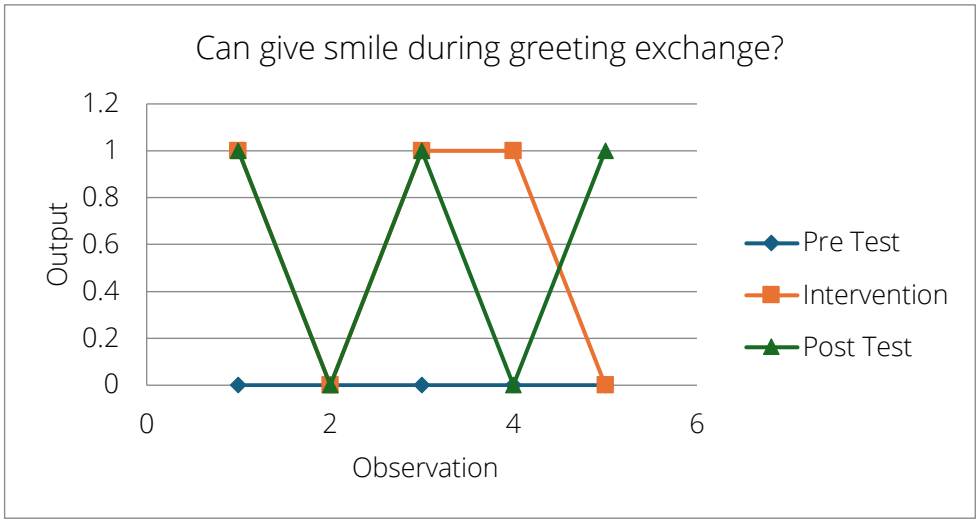
Figure 6



The figure shows the finding of an intervention whereby video modeling was used to enhance the child's shaking of hands with a verbal command. The child's performance was assessed across five observations at three stages: An experimental approach of before –the pre-test, during – the intervention, and after –the post test. In the pre-test phase the child was given a score of 0 because the child did not respond to verbal cues on shaking hands. The score was a little higher in the intervention phase with an average of 0.40 demonstrating partial movement in the appropriate direction which is observed through occasional appropriate responses to verbal instructions. The post test showed a performance of 1; this means that during all observations the child was able to shake hands with a verbal prompt. These findings do suggest that video modeling was useful in preparing the child to react to verbal cues used to conduct social activities, thereby producing substantive improvement at different phases namely: post-test phases as opposed to pre-test.

Q7: Can give smile during greeting exchange?

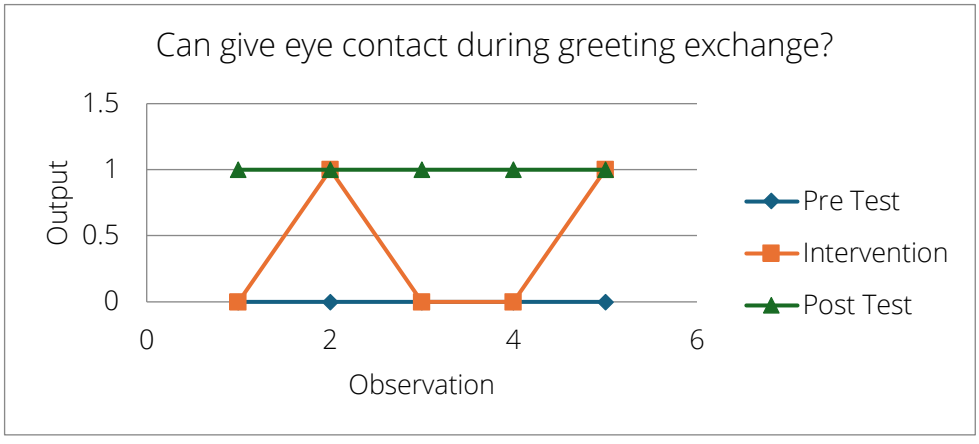
Figure 7



The figure illustrates an outcome of an intervention that was made to use video modeling to enhance the child's performance in terms of facilitating a smile during greeting interactions. The child was assessed across five observations at three stages: The study employed pre –test, intervention and post –test designs. During the pre-test, the child had obtained 0 in all the tasks in view of the fact that appropriately smiling was nowhere observable during the greeting exchanges. In fact, the average of this score rose to 0.6 during the intervention phase, indicating that puzzling was only partly effective for smiling during some of the interactions. In the post-test phase, the average score was 0.6 an indication that the child only achieved partial success in smile during all greeting exchanges but not consistence. These findings indicate that although video modeling was effective in enhancing the child's performance in smile during greeting, enhanced practice might be required so as to obtain consistent positive behavior.

Q8: Can give eye contact during greeting exchange?

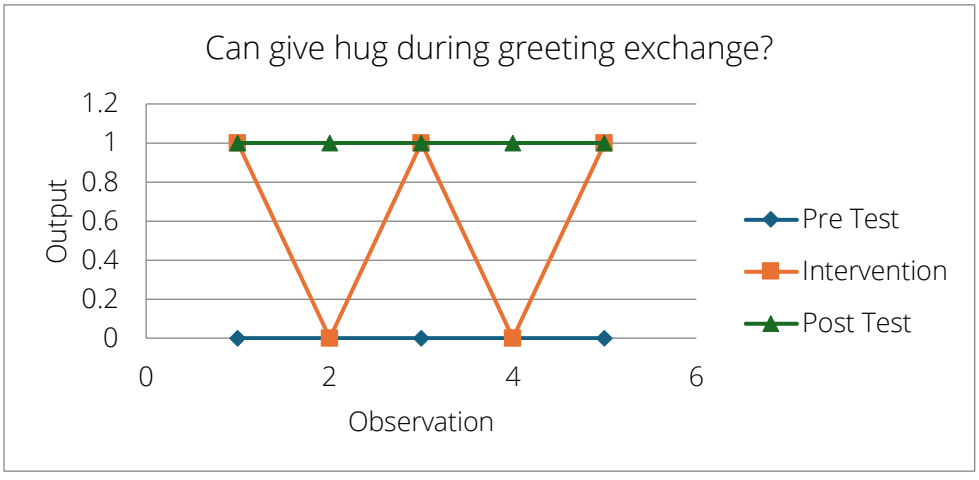
Figure 8



This figure displays the effect of intervention by video modeling to enhance the child's"joint attention" or the direct gaze towards the other person particularly during greeting interactions. The child's behavior was observed across five tasks at three stages: At the study, the following assessments were conducted: pre-test, intervention and post-test. In the pre-hypothesis testing, the child got 0 those means the child dint make any eye contact during the greeting stimuli. Amidst the intervention phase, the average score enhanced to 0.4 though meaning partial positive change with occasional eye contact. After the post-test, the score raised to 1 pointing to the realization of eye contact in all greeting interaction patterns. The findings of this study support the use of video modeling to enhance the child's eye contact responding during social stimulation, with a significant increase between the pre-test and post-test.

Q9: Can give hug during greeting exchange?

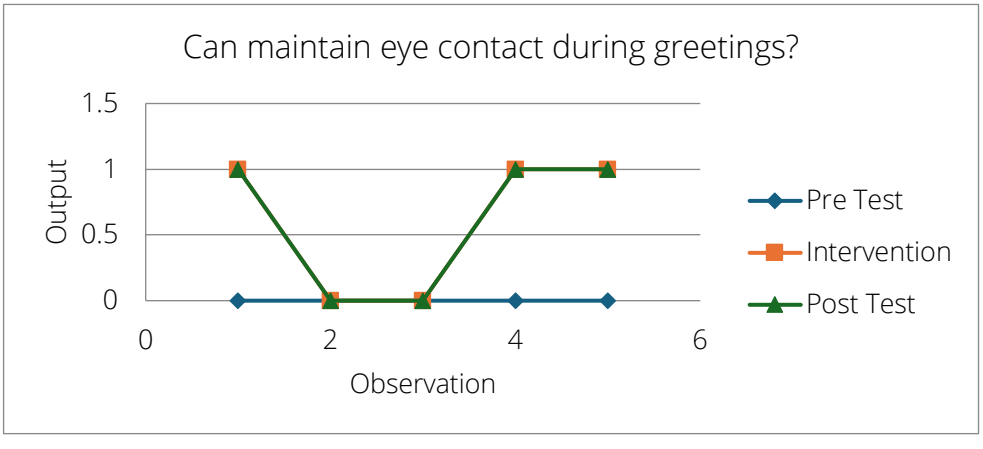
Figure 9



The figure highlights an intervention in which what was taught was the use of video modeling in order to increase the child's eye contact during greeting transactions. The child's behavior was observed across five tasks at three stages: The design of the study is as follows: pre-test, intervention, and posttest. As shown in the previous table, in the pre-test when the greeting exchange was initiated, the child received a 0 score which means no eye contact during the interaction. In the intervention part the average score rose up to 0.4 which denotes that the subject occasionally makes eye contact. Hence by the of the post test phase, the score was 1, denoting that the participants had maintained eye contact throughout the course of the greeting. The findings of this study suggest that the use of video modeling did help in increasing eye contact during social interactions with others by the child's caregivers as evidenced from the positive scores on post-test as compared to pretest scores.

Q10: Can maintain eye contact during greetings?

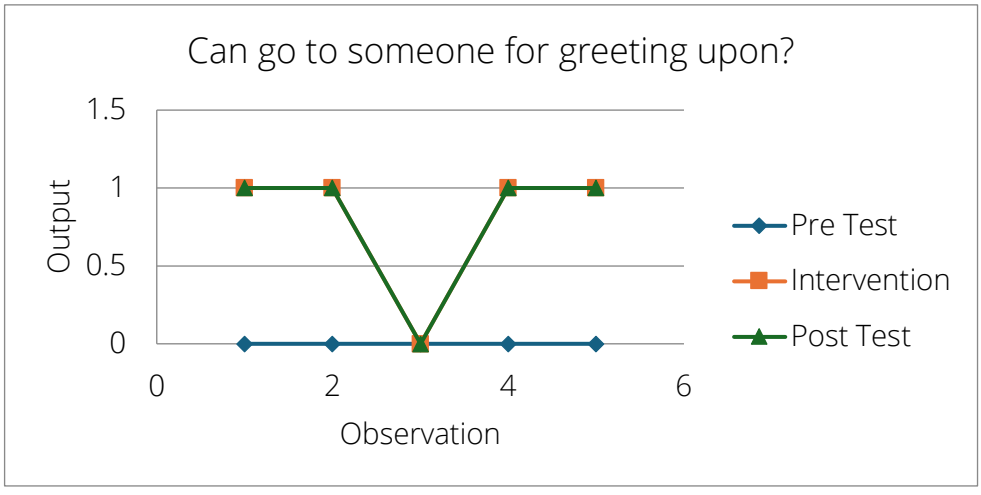
Figure 10



The table depicts the data obtained from an intervention – video modeling as used to enhance the child's social interaction particularly in greetings and eye contact. The child's performance was assessed over five observations at three stages: first one is pre-test, the second is intervention, and the third one is the post-test. During the pre-test phase, the child obtained a performance level of 0 in all the tasks showing no competency of eye contact during greetings. Subsequently, at the intervention stage, the same average score was taken as 0 whereby partial behaviour change was noted as the child was observed to maintain eye contact during some of the interactions. When the child was tested again at the post-test phase the mean score stayed at 0.6, suggesting that the child still demonstrated partial improvement, but would not necessarily exhibit eye contact in all scenarios. These results indicate that although video modeling was effective in assisting the child respond appropriately during greetings about eye contact further training may be needed for generalization of correct performance.

Q11: Can go to someone for greeting upon?

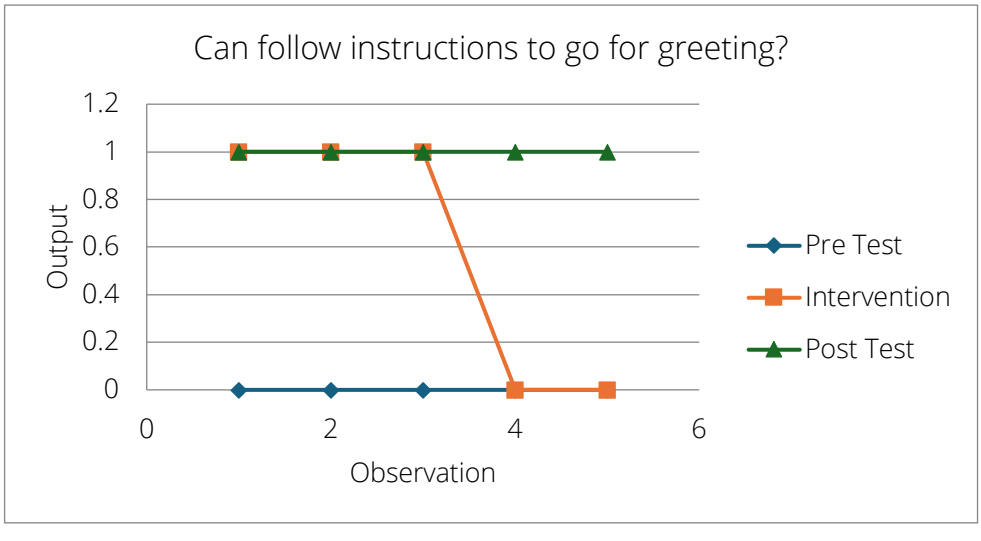
Figure 11



The table shows the outcomes of an intervention through a video modeling on promoting the child's self-initiation on going to a person for a greeting. The child was assessed across five tasks at three stages: cognitive, treatment, and post-cognitive. At the pre-test when the child was asked to approach someone to greet, he or she did not even show an attempt to do so and scored 0/0 on all completed tasks. In the intervention phase, the average of the obtained scores is 0,8 which signifies a very positive change, during the observation the child was often greeting other people on the playground. The post-test phase was also an average of 0.8, proving that the child was able to sustain better behavior for an average of 32 days post-test. These results suggest that video modeling was very successful in teaching the child to initiate greetings with other people using independent movements, gains which were profound and constant from pre-test up to the post-test.

Q12: Can follow instructions to go for greeting?

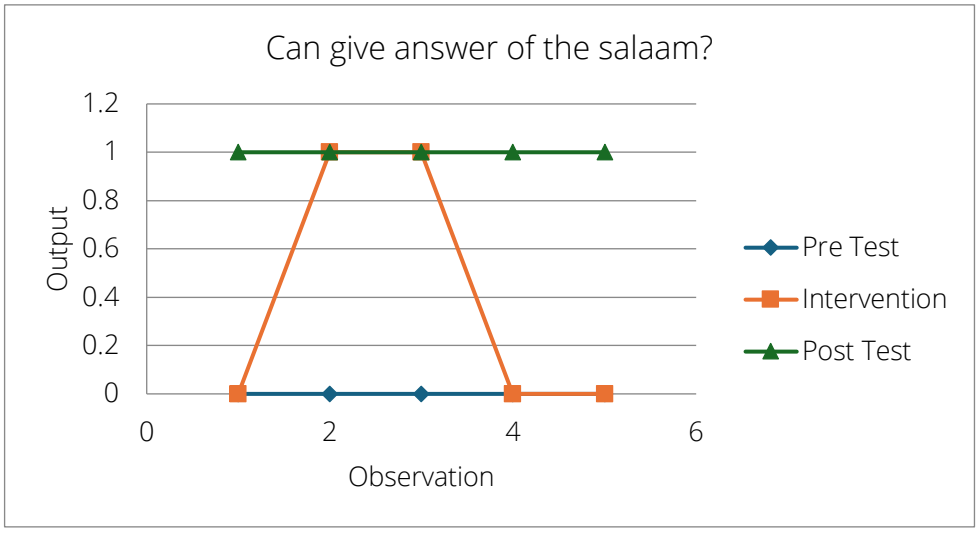
Figure 12



The table presents still scene and video modeling results on instructions in going for greeting with the child. The child was evaluated across five tasks at three stages: In this case, the nine lessons were divided into pre-test, intervention, and post-test. In the pre-test phase the child had a raw score of 0 to the dimension, this means that the child was not able to follow instructions for greeting. In the last phase, that is intervention, the average score was 0.6, only partially successful, since the child followed the instructions some of the time. This feature increased from 0 in the pre-test phase, 0.25 in the mid-test phase to 1 in the post-test phase, displaying safe and successful compliance with all observations for the instruction to go for greeting. The findings here will support that video modeling was helpful in the generalization of obeying a verbal command to greeting; with a significant increase in the post test scores from the pretest scores.

Q13: Can give answer of the salaam?

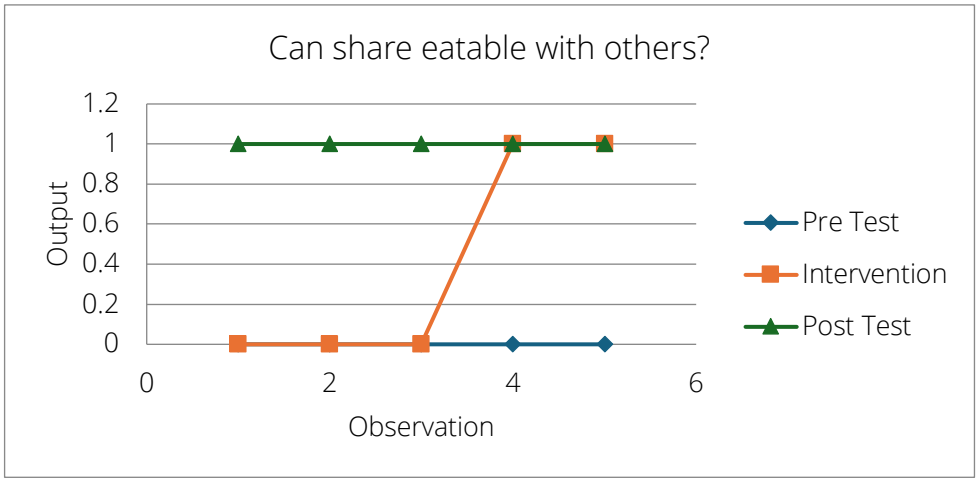
Figure 13



The table shows an example of an intervention, on video modeling of the child's response to a salaam (greeting). The child was assessed across five tasks at three stages: The assessment measures include pre-test, intervention and post-test. During the pre-test part of the study, the child had a result of 0, meaning that the child did not respond to the salaam. In the intervention phase the score raised to 0.4 meaning that it was partially successful occasionally responding to the greeting. As for the post-test phase, it reached1 which shows that the participants were responding to salaam continuously and successfully across the tasks. The findings also point out that video modeling is indeed a useful tool in improving the social skill of greeting as evident from escalation in the scores from the pre and posttest.

Q14: Can share eatable with others?

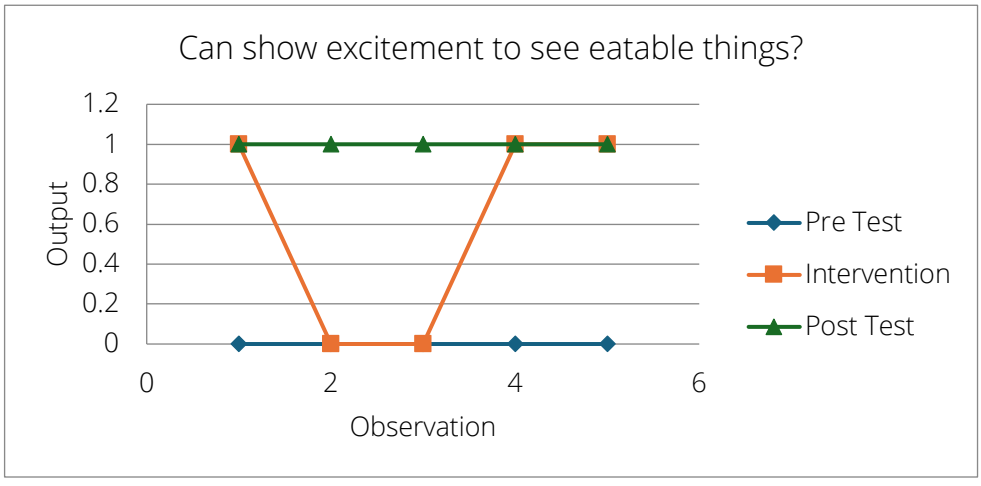
Figure 14



The figure shows finding pertaining to an intervention that incorporated video modeling as a technique to enhance the aspect of sharing food items with others among the children. The child was assessed across five tasks at three stages: I have settled for pre, during and post assessment which will involve pre-test, intervention, and post-test. In the pre-test phase the child was observed to have scored 0 when asked how many times he/she shared eatables. In the intervention phase the average score further improved and was 0.4 which was only a partial improvement and once in a while sharing of eatables. The cumulative score of sharing behavior at the post-test phase was 1 for all tasks, signifying a notably shared behavior. Such findings show that video modeling proved useful in helping the child share eatables with others, and the improvement was evident from pre- test to post- test level.

Q15: Can show excitement to see eatable things?

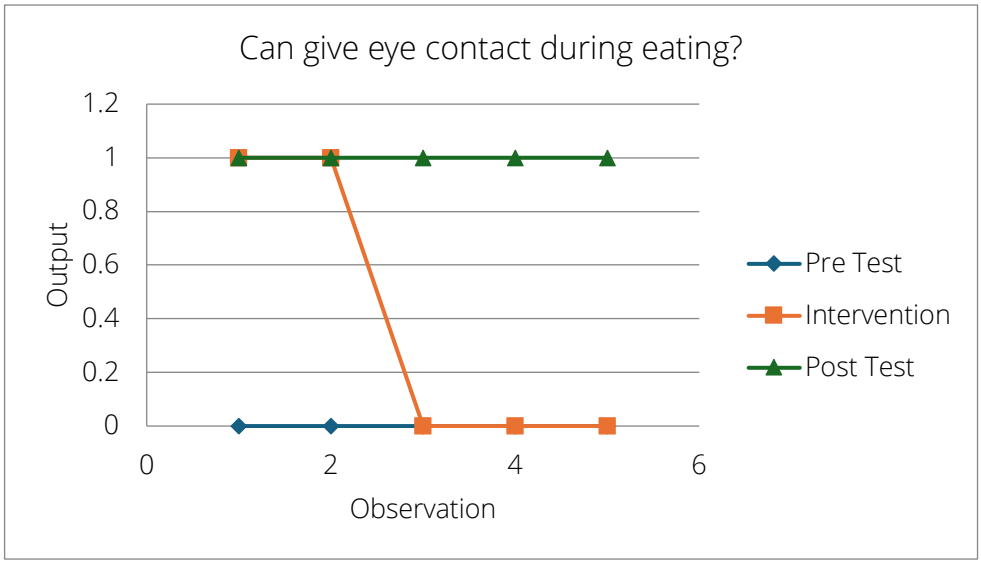
Figure 15



The table shows the outcome of an intervention on video modeling on the child's mannerisms of expressing excitement when seeing eatable things. The child's performance was evaluated across five tasks at three stages: The data acquisition was conducted in three stages including pre-test, pre-intervention and post-intervention and post-test. The band assigned in the pre-test phase was 0 meaning the child did not show any form of excitement when present with eatables. In the intervention phase, the mean score raised to 0,6 reflecting partial improvement when the child was excited. By the post-test phase, it has an average score of 1, meaning the child was really expressing excitement most of the time when seeing eatables. Overall, the results indicated that video modeling was helpful in teaching the reversal of inappropriately timed positive affect because, there were marked improvements in the child's behaviour from pre to post test.

Q16: Can give eye contact during eating?

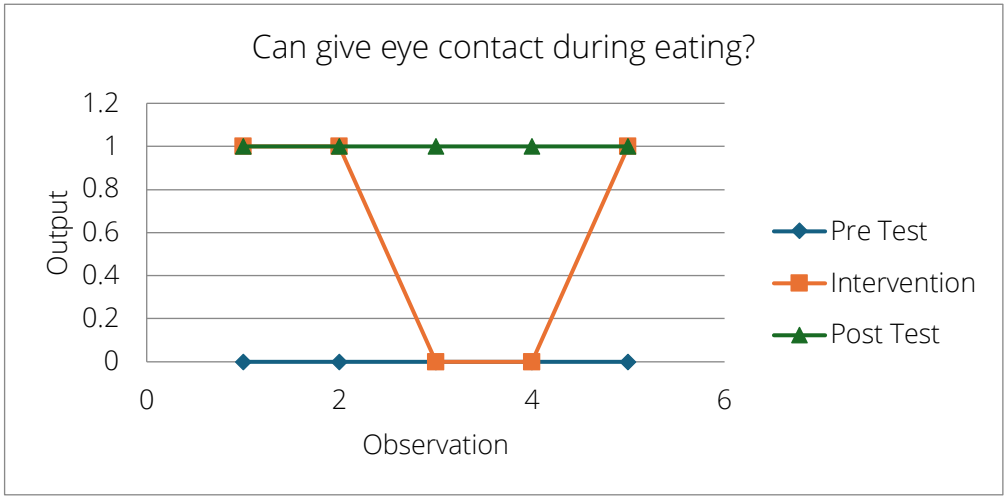
Figure 16



The table shows a result of an intervention that focused on video modeling with an objective of enhancing eye contact during eating by the child. The child was assessed across five tasks at three stages: The study employed three phases, these include pre-test, intervention, and post-test. In the pre-test hierarchical phase, the child was able to score 0 during eating, which shows that the child did not look at the observer at all. In the second phase, that is the intervention phase, the score raised to a 0.4 partly indicating some success with occasional eye contact. The result in the post-test was observed to be at the value of 1 meaning target eye contact during eating in all the tasks was observed. These findings prove that the intervention of video modeling contributed to improving the behaviour of eye contact during eating out of which there where progressive changes from the pretest to the post test results.

Q17: Can show positive or negative response to during eating?

Table 17

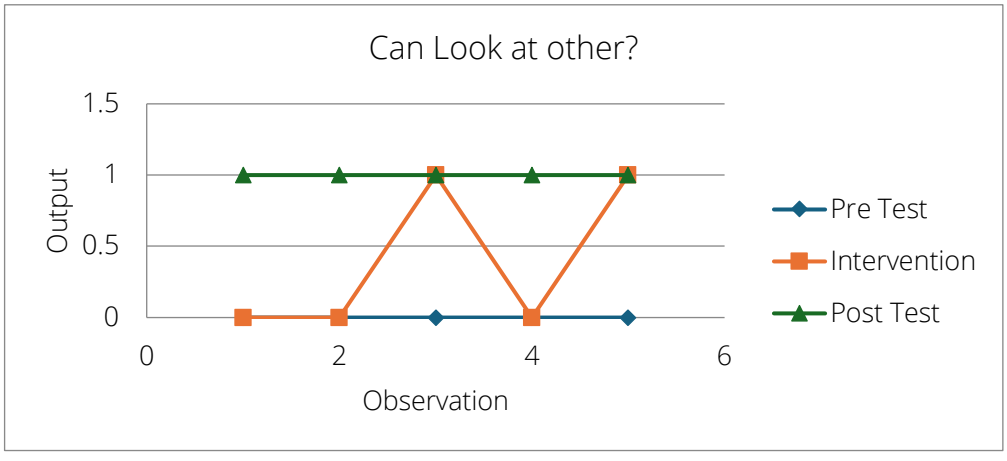


The table shows the outcome of an intervention, using video modeling in order to enhance the child's eye contact behavior during the meal. The child's behavior was evaluated across five tasks at three stages: educational intervention and research study designs include pre-test, posttest and intercession. In the pre-test phase, the child used none of the facial gestures; therefore, he or she received a score of zero on all the tasks associated with giving of eye contact during eating. In the interventional phase, this score rose to 0.6 and still considerate improvement where the child made eye contact in most of the tasks. The final post-test score was 1 confirming that the candidate was doing a successful eye contact during eating meals in all the observed areas. These findings demonstrate the usefulness of using video modeling in building the desired behavior in the child – eye contact during eating and the percentage increase from pre-test to post test is significantly positive.

Child 2

Q1: Can look at other?

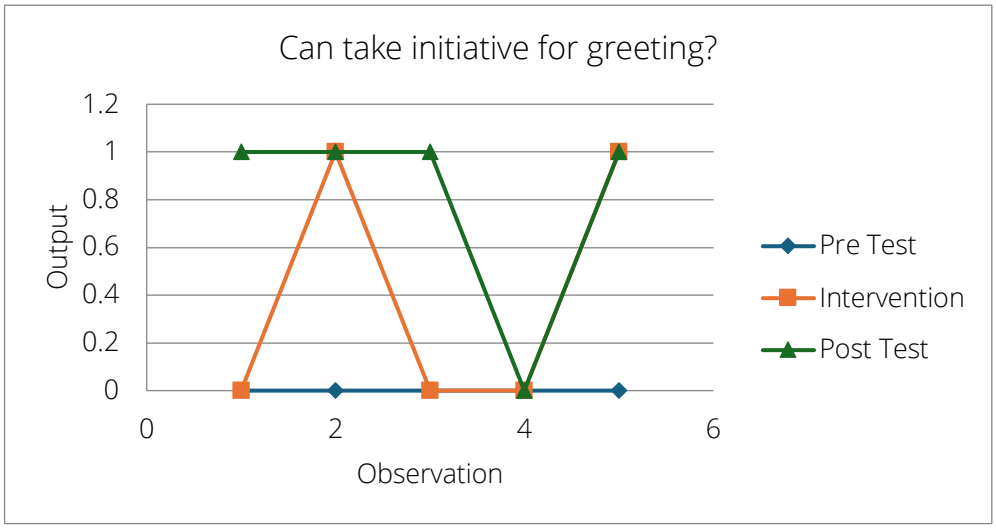
Figure 2



The table shows the efficacy of an intervention of using video modeling for enhancing the client's eye pointing to aspects of the initiations. The child's performance was assessed across five tasks at three stages: Was generated through the questionnaire pre-test, implementation of the intervention and questionnaire post-test. From the results of pre-test, child got nil in all the tasks, which means did not look at others at all. In the interventional phase, the score raises slightly to 0.4, which means partial improvement and the child sometimes observes others. The score of eye contact was 1 at the post-test showing that post-training, the subject's successfully observed eye contact with others in all observations as intended. The current results reveal on about video modeling that it was successful in assisting the child to acquire a social skill of looking at others with a significant rise in progress from the pre- test to the post-test levels.

Q2: Can take initiative for greeting?

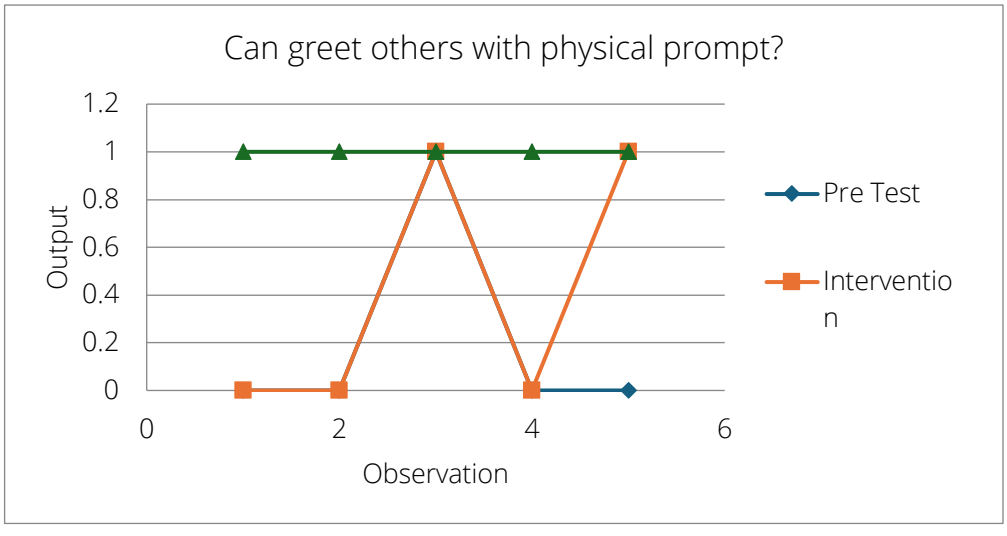
Figure 2



Video modeling was employed as an intervention about greeting and the effectiveness of the intervention is shown in the table below. The child was assessed across five tasks at three stages: that were Cross sectional study, PrePretest, intervention and postposttest. In the pre-test, the child obtained as many as zero at all tasks revealing a lack of pro-activity to say hello. Again, during the intervention phase the average score raised to 0.4 level which was a partial positive response showing that the child was at certain times able to initiate greeting. In the post test phase, the score slightly increases to 0.8, which integrating the interpretation that the child generally acted on his or her own and own own to initiate the greeting in most of the observations. The performance shown from the result obtained from these assessments suggest that the use of video modeling facilitated the child to initiate greeting without prompting, there is increase in the frequency of greeting from pre and posttest.

Q3: Can greet others with physical prompt?

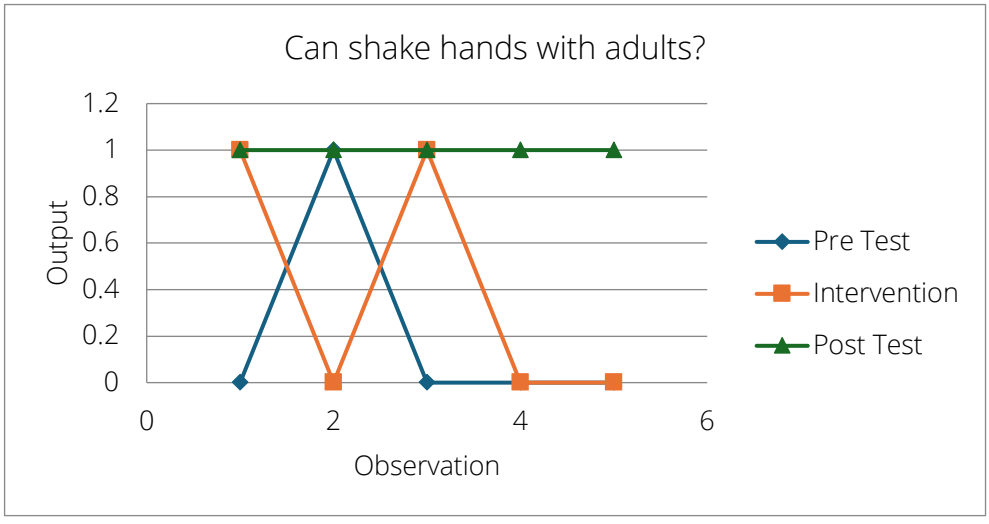
Figure 3



The table shows video modeling for an intervention of greeting difficulty by physically prompting the child. The child's performance was observed across five tasks at three stages: Cohort, baseline, mid- and end-treatment measures were implemented to assess the outcome of the intervention. As for the pre-test, the mean score was as low as 0.2 which means that even using a physical prompt, the child did not often greet other people. In the intervention phase, the score rose to 0.4 shown that there was partial improvement because the child started to greet individuals whenever prompted. In the post-test phase, the score was 1, which shows successful going through other people by using a physical prompt. Of these, this study indicates that video modeling enables the child to greet others by use of prompts and there was a great improvement from pre-test to the post-test.

Q4: Can shake hands with adults?

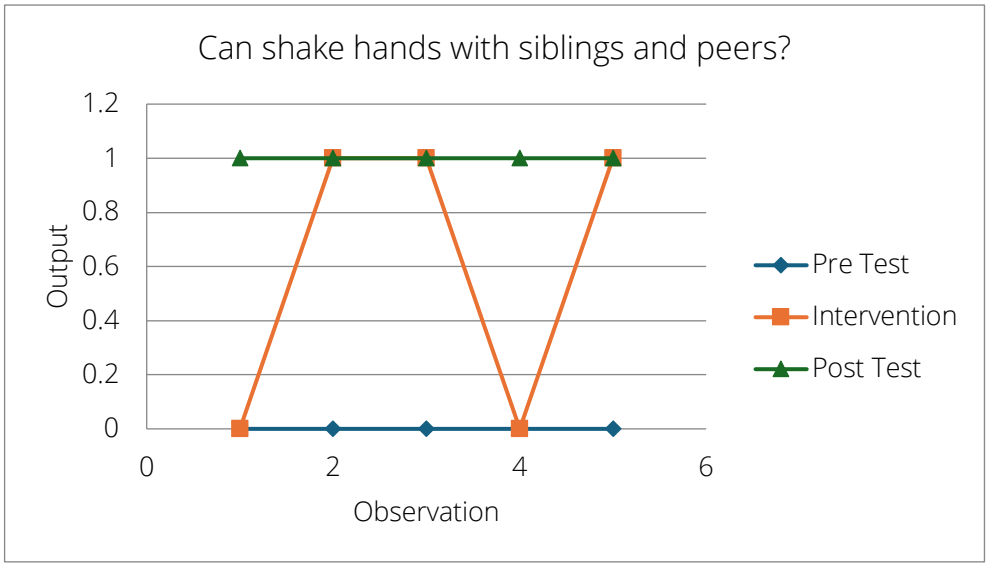
Figure 4



The table shows the outcome of an intervention employing video modeling for the purpose of teaching the child to extend a hand for handshakes with the grown-ups. The child was assessed over five observations at three stages: basically, the three, which includes pre-test, intervention and post-test. In the pre-test phase, the overall percentage score was 0.2 which means handshaking with adults was observed in a very few times by all the students. The score raised to 0.4 during the phase of intervention signaling some effectiveness because the child started shaking hands with adults. Finally in the post-test phase, the score achieved the peak of 1 meaning that our candidate was consistently able to perform the handshake correctly with the adults as observed from all the observations. These results thus point the efficiency of using video modeling to help the child develop socially appropriate behaviour by as shaking hand with adults, with an observed improvement from pre-test to post-test.

Q5: Can shake hands with siblings and peers?

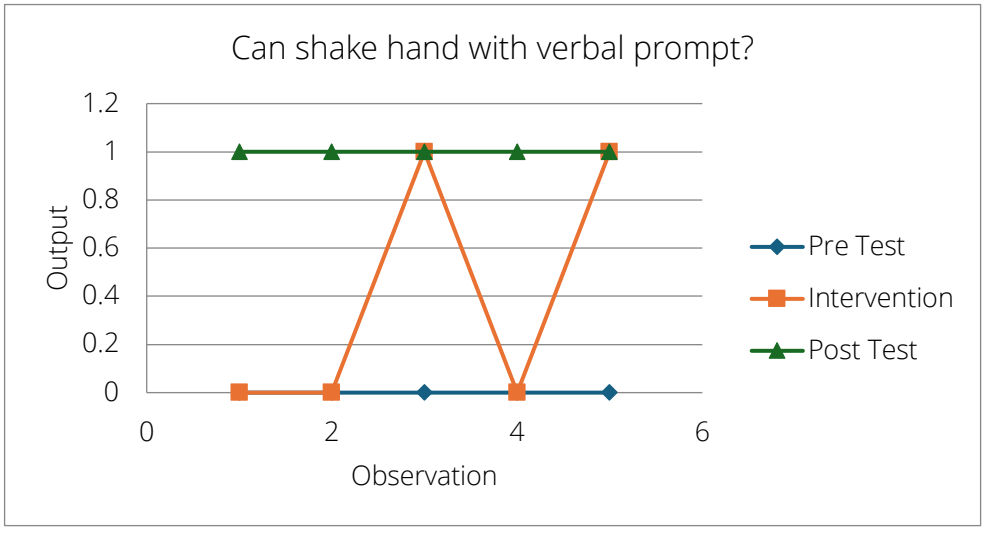
Figure 5



The table shows the effectiveness of an intervention using video modeling with regards to how the child greets siblings and peers through hand shaking. Performance was evaluated over five tasks at three stages: Some studies conducted pre – test, intervention, and post – test assessment. For the child in the pre-test, the score was 0, which meant that he or she had not shaken hands with siblings and peers at all. During the intervention phase the average score raised up to 0.6 which is slightly improved when the child started shaking hands. The score rose to 1 by the posttest showing that the child was succeeding in shaking hands with siblings and peers for all the tasks 55. From the results obtained, video modeling was also found to be useful in promoting social interaction among the child with gains recorded from the pre- and post- test.

Q6: Can shakes hand with verbal prompt?

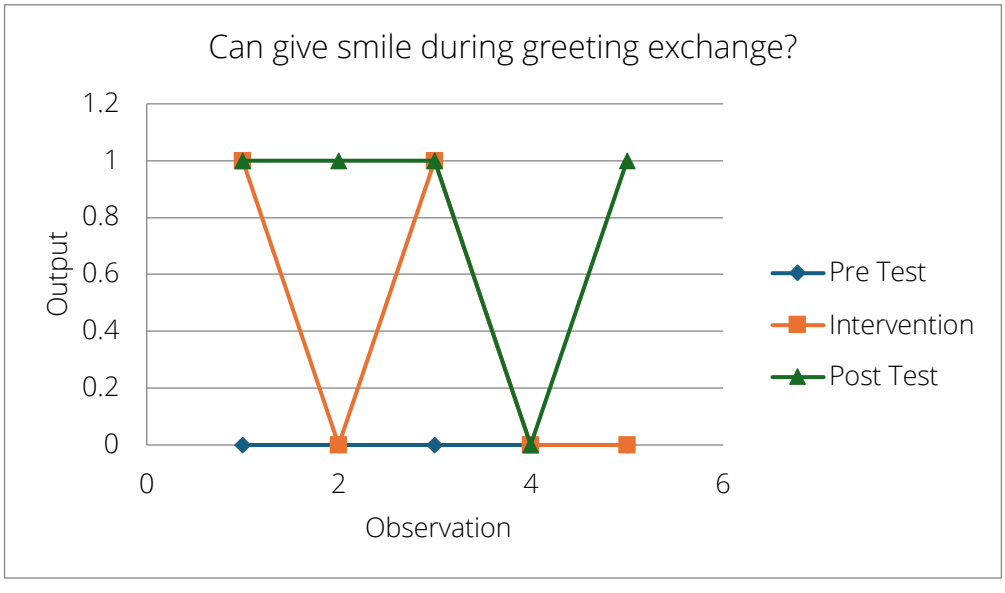
Figure 6



The table summarises an intervention based on video modelling of hand shaking with a verbal prompt for the child. These changes were measured over five tasks, namely the pretest, the start of the intervention, midway through the intervention, end of the intervention and finally the post test. For the pre-test section, the score was 0 meaning no realised verbal prompt for shaking hands was responded to. In the intervention phase, the scores raised slightly to 0.4 on average to show moderate improvement as the child started responding to verbal cues. After the post-test phase the score achieved 1 indicating that all the observed subjects were consistently and successfully responding to both audible sensory prompts. This progression supports the finding that video modeling can improve the child's social interaction in situations where he/she is prompted verbally, posttest seen to be much improved than the pre-test.

Q7: Can give smile during greeting exchange?

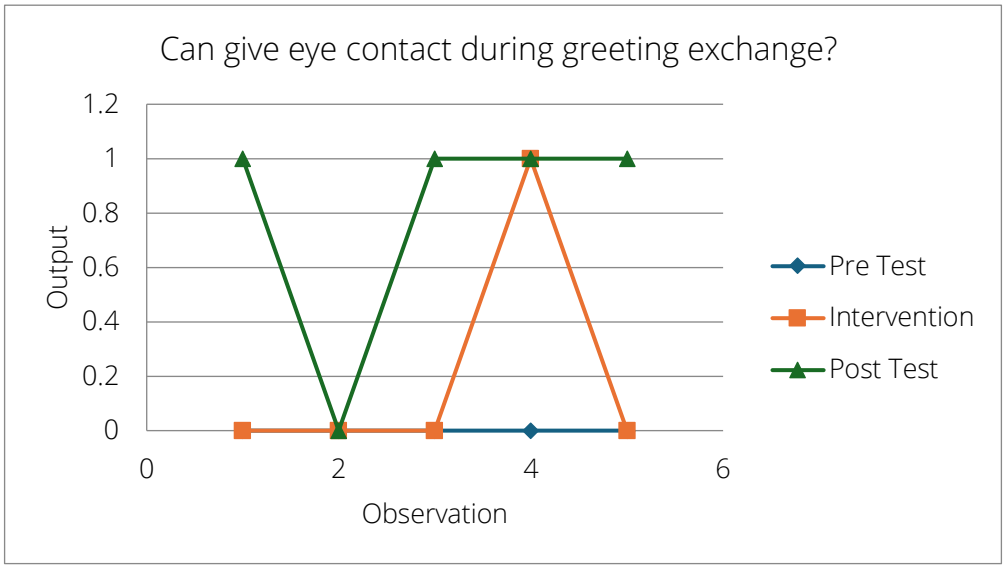
Figure 7



The table shows the findings of the use of video modeling in enhancing the child's interaction during greeting tasks, by tracking the smiling response across five tasks. In the pre-test phase is where the score was found to be zero meaning that none of the individuals could be observed to smile during greetings. In the intervention phase of the experiment, the mean score was 0.4 which is relatively moderate as the child occasionally displayed this behavior. The post-test score was 0.8 demonstrating an increased level of behaviours with smiling observed more frequently during greetings. The assessment of these results shows that video modeling was beneficial to the child, in terms of social skills displayed during greeting behaviors, with increased effectiveness from the pre/post-test.

Q8: Can give eye contact during greeting exchange?

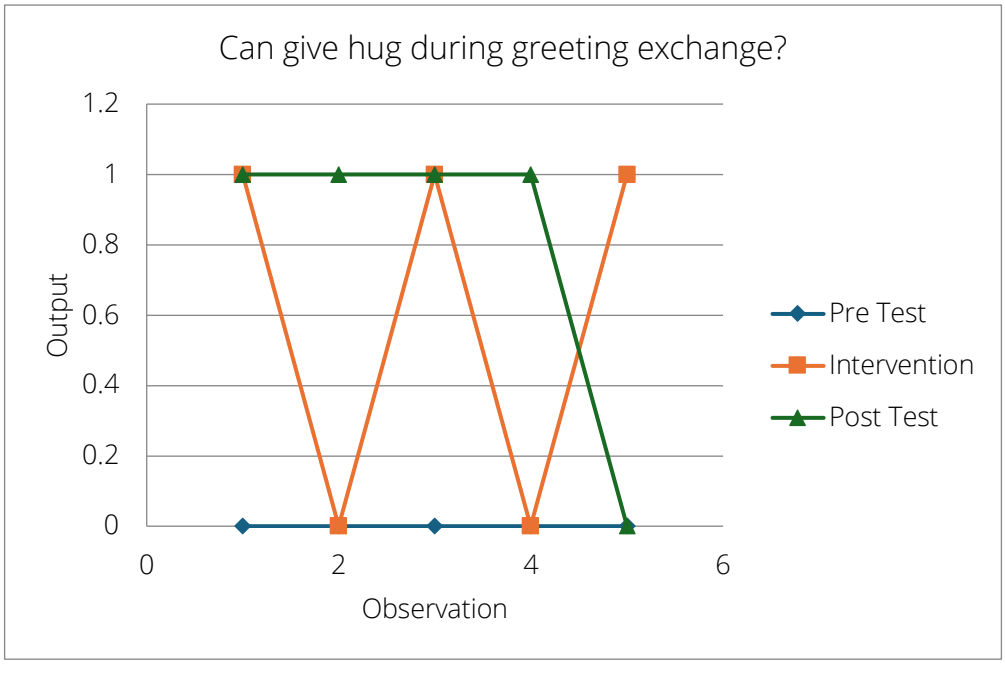
Figure 8



The table shows changes in the child's eye contact during greetings through 5 observations with the use of video modeling intervention protocol for the context. In the pre-test phase, the score was 0 meaning at all the times of greetings, the subjects did not make eye contact. In the early stage of the intervention phase the new average score raised slightly to 0.2 indicating a slight mannered improvement as the behavior starts to develop. The score then improved by the post-test phase and stood at 0.8, there was a marked improvement for instance the child was now more often than before keeping eye contact during greetings. This research confirms the usefulness of Video Modeling for promoting social interactive skills, namely, the enhancement of the eye contact during greetings.

Q9: Can give hug during greeting exchange?

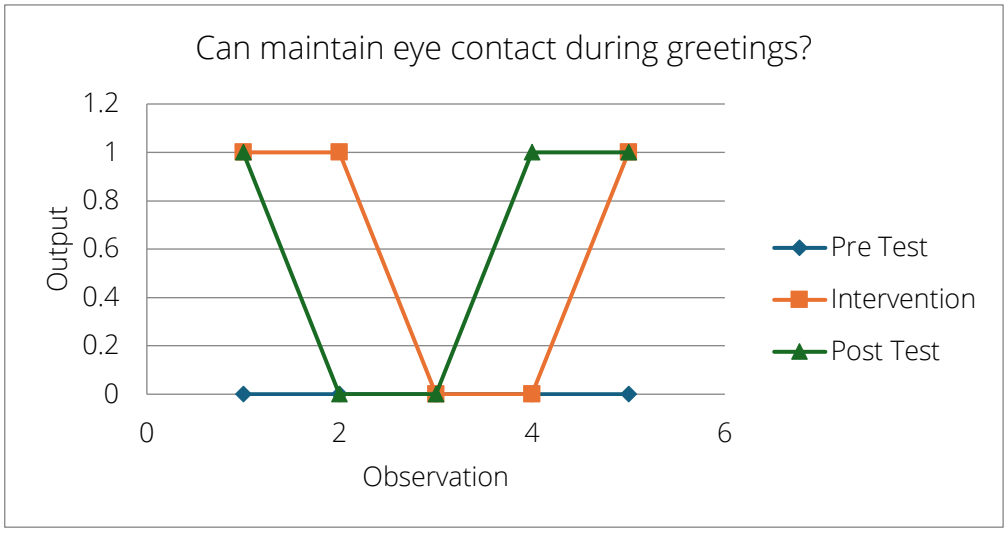
Figure 9



The table monitors the child's development of hugging during greeting interactions, observing this skill 5 times with video modeling as an intervention. In the pre-test phase there was no score, which means the child does not exhibit this behavior. In the course of the intervention phase, it graduated to an average of 0.6 score, which is a prominent improvement as the child began to display hugging during greetings most of the time. After the post-test phase, the score raised up to 0.8, thus, showing a positive positive shift in the child's reconstruction of this specific social behavior. These outcomes affirm that VM enhanced social interaction skills in greeting exchange especially the child's skills for giving hugs.

Q10: Can maintain eye contact during greetings?

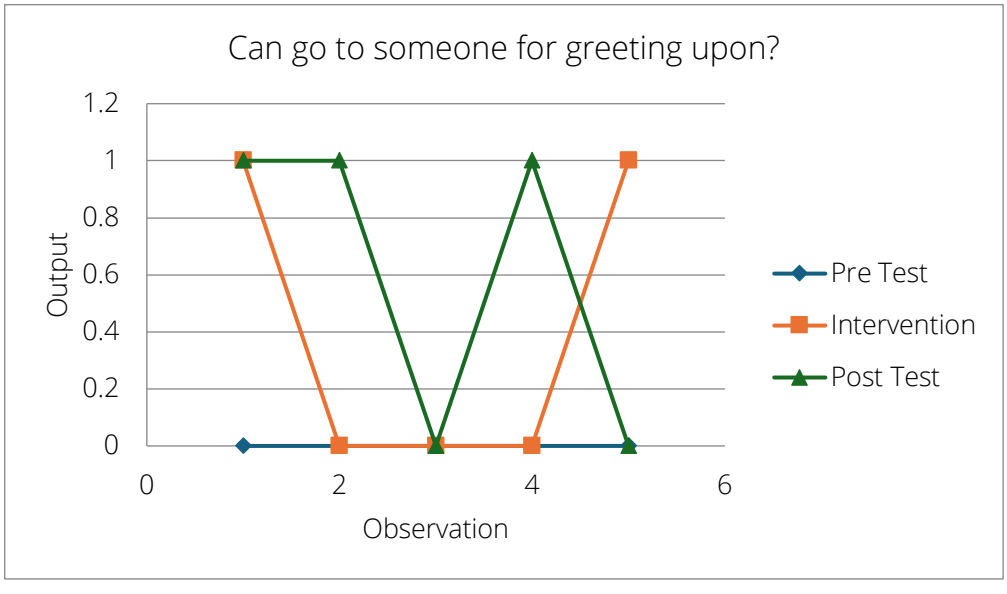
Figure 10



The table analyzes the child's keeping of eye contact during greetings, measured in five observations with video modeling applied as a treatment. Im the pretest phase it was 0 meaning that the child was not demonstrating this skill at all. The score increases to 0.6 in the intervention phase as child started to make some improvement in the social interaction by maintaining eye contact occasionally. However, this reading retention stayed at 0.6, in the post-test phase; this indicates that there is no further enhancement after the completion of the intervention phase. These outcomes suggest that, even though video modeling began the process of teaching the child with ASD to maintain eye contact during greetings, more tactics may be needed for future progress in this skill.

Q11: Can go to someone for greeting upon?

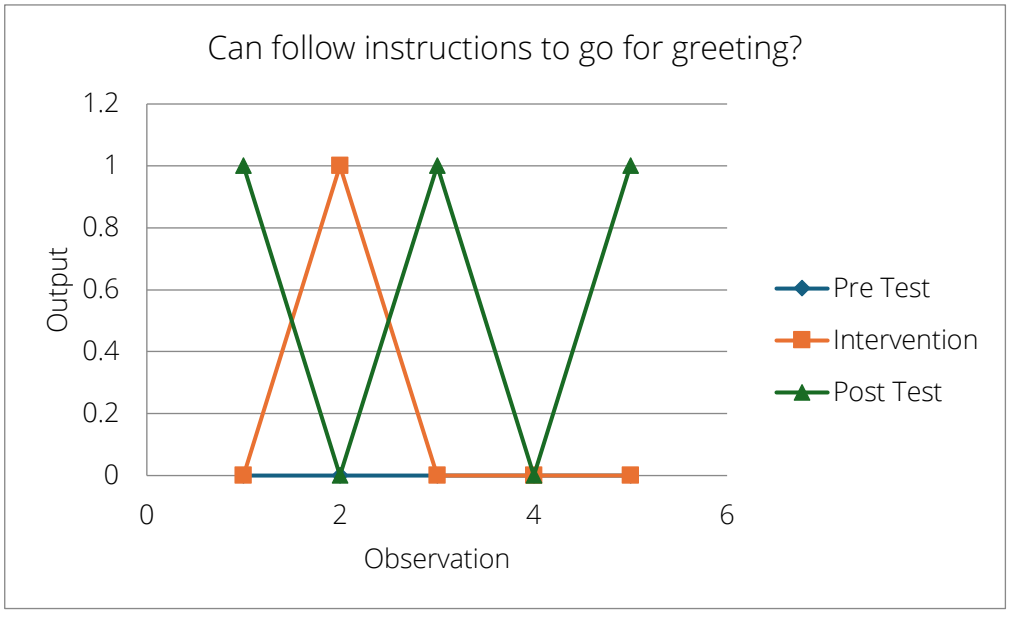
Figure 11



In the assessment of this particular behavior, the assessment aimed at testing the child's readiness to follow the instruction prompting the child to go to someone for greeting using video modeling as the intervention approach. Pre-test was marked with an average of 0 meaning that the child could not perform a single task related to this skill in the beginning of the experiment. The intervention thus had an impact, and a subsequent evolution was noted, with the average score moving to 0.4 during the intervention phase. Further, by the end of the post-test phase, the score was 0.6 to indicate that the child was able to perform this skill more frequently following the intervention. Though there are obvious improvements in responding to the greetings, the skill was not fully developed, that means using video modeling along with other methods could also improve the child's ability to respond appropriately to greet others.

Q12: Can follow instructions to go for greeting?

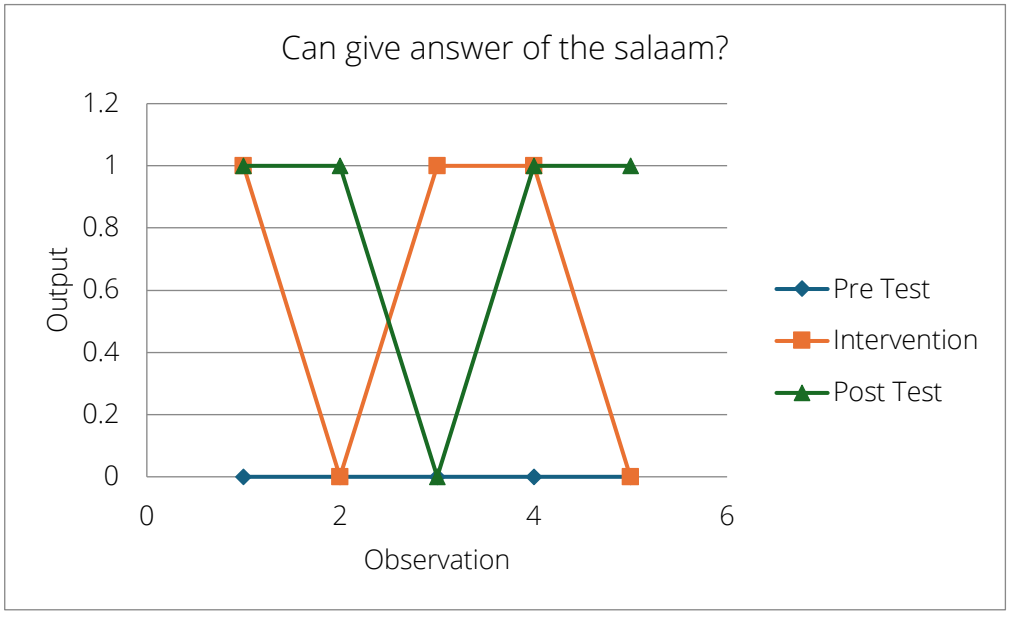
Figure 12



The assessment was used to observe the child's compliance to instructions to go for greeting which was the intervention method applied via video modeling. There was no demonstrated capacity in the pre-test phase to solve this task as the average score obtained was 0. There was slight change during the intervention phase, where the average score raised slightly to 0.2. Finally, by the time of post-test, the average score increased again to 0.6 which shows improvement in the child's compliance with instructions for greeting. Despite positive findings in this study regarding the intervention, findings indicate that the skill was not conducted with mastery, implying the need for practice or an alternative set of behaviours in order to create standardised practice of this behaviour.

Q13: Can give answer of the salaam?

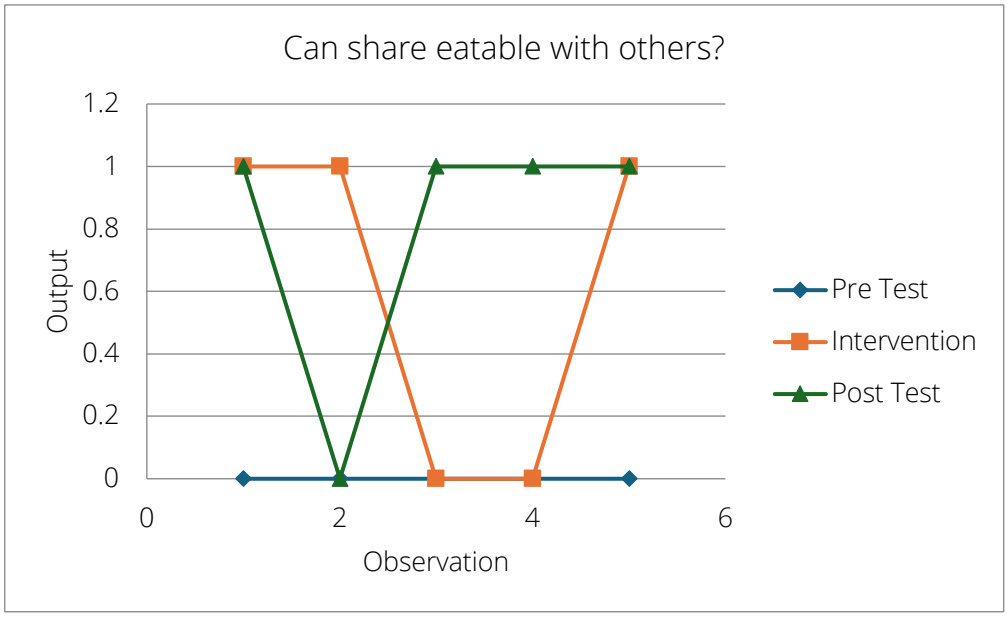
Figure 13



The task applied concerned the extent to which the child would respond with an answer to the salaam, video modeling as the intervention. In the pre-test phase the performance mean obtained was zero implying that the child was not in a position to respond to salaam. For the child in question improvements were observed throughout the intervention phase, the mean score improved to 0.6 which depicted improved response when prodded. Following post-test, there was an average score of 0.8 establishing great improvement in the specified behavior. But although the intervention was helpful, some students can still vary or be influenced when giving their response to the salaam.

Q14: Can share eatable with others?

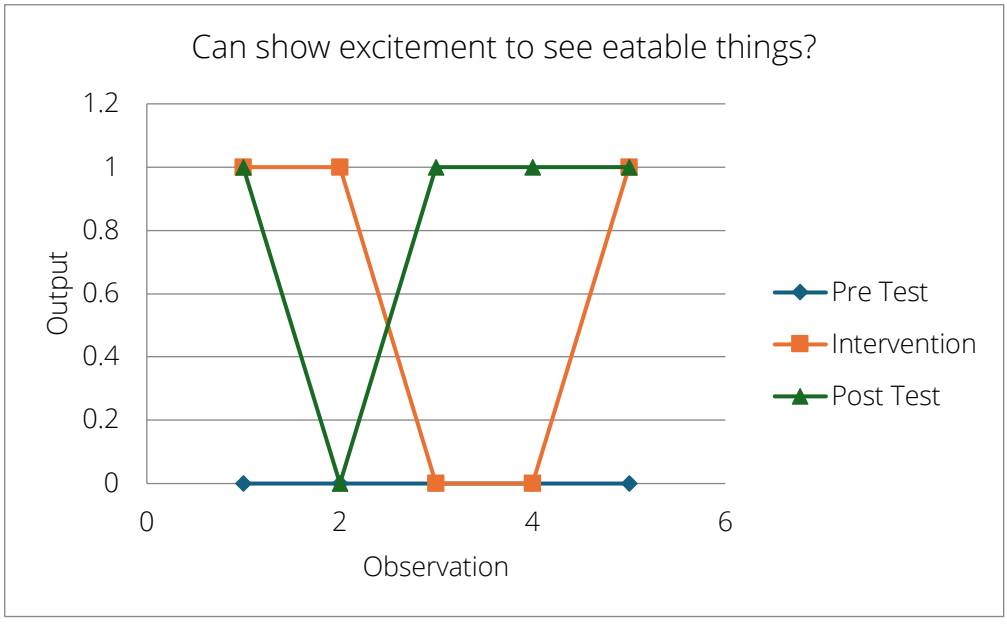
Figure 14



The task assessed self-serving and introduced Video modeling as a means of intervention during the task. In the pre-test section, the average count was zero, which meant the child was unable to share eatables on one's own. Finally, in the intervention phase the average score was 0.6Thus the client showed considerable improvement in this behaviour with intervention by the therapist. Finally, after post-test phase the average score thus has gone up to about 0.8 signifying an improved ability to share eatables though not without some variability. This means the program worked and perhaps a reminder to make the behaviour indexed might have been necessary for it to become Long Term behaviour.

Q15: Can show excitement to see eatable things?

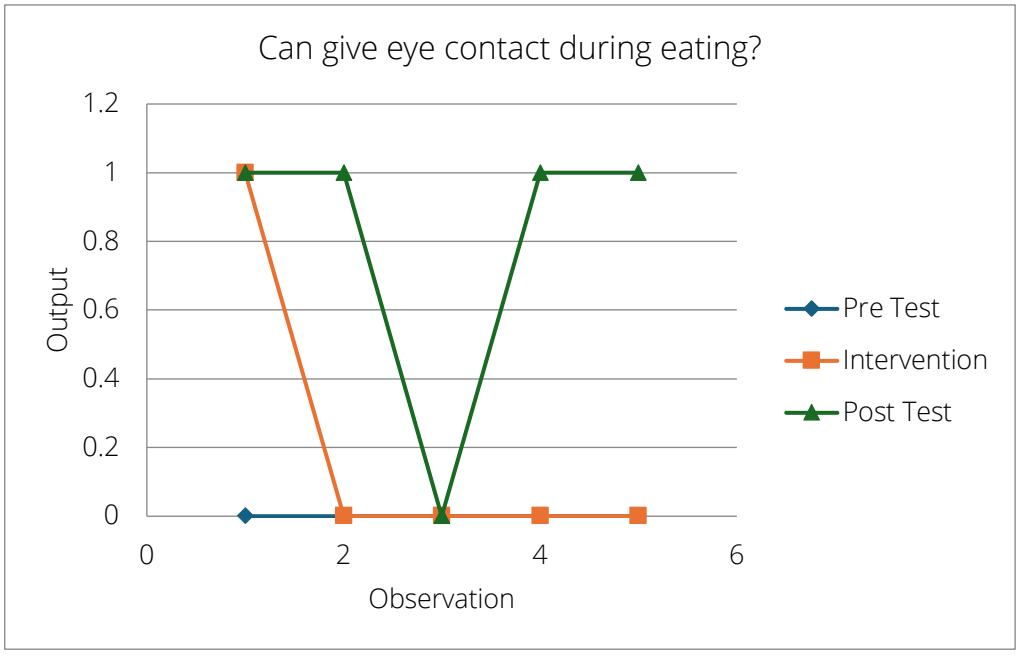
Figure 15



The task was more specific on expressing happiness in the form of pointing at eatabilities seen items after the child watched videos. In the pre-test phase, the mean was zero implying that at this stage the child did not display this kind of behavior. The score rose slightly from this early stage of the process during the intervention phase to reach 0.6; this indicated progress in the client learning to show excitement when prompted during the interaction. I also observed the gains in this specific skill progressing from post-test phase 0.5 to post-test phase 0.8 by the end of the test. Although the intervention seemed to promote this behavior, additional practice may be sufficient for generalization of excitement expression.

Q16: Can give eye contact during eating?

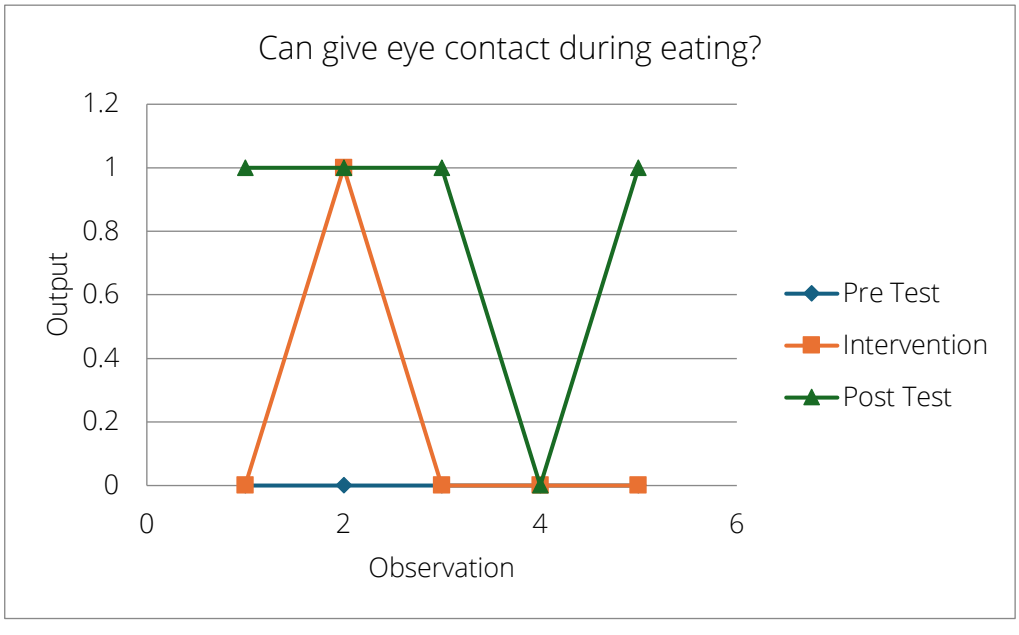
Figure 16



The task assessed the child's compliance with the prompt in which eye contact during eating was expected, the intervention being video modeling. In the pre-test phase the average was zero showing that this particular behavior was not evident at all. In the intervention phase, the average score was 0.2 meaning very limited improvement in making eye contact while eating. According to the post-tagging phase, the score raised to 0.8 showing considerable improvement of this behavior. Nevertheless, the outcomes of the intervention were beneficial, and additional training sessions with the child can help him sustain eye contacts during eating.

Q17: Can show positive or negative response to during eating?

Figure 17



The task tested the child's eye contact, while eating, with video modeling as the implemented procedure. The pre-test phase mean was thus 0 which indicates that in the initial phase of the study, the intended behavior was not observed in the child. In the intervention phase there was a slight increase in the mean which was 0.2 above the previous phase. Finally, at the post-test stage, the score rose up to 0.8, which means considerable improvement regarding the ability to sustain eye contact during meals. While this intervention was successful for obtaining this response, further encouragement and follow up may be necessary in order to generalize and maintain this behavior.

Discussion

The study aimed to assess the effectiveness of the simulation method (video modeling) in enhancing social skills, particularly lunch-sharing behaviors, in children with Autism Spectrum Disorder (ASD). Whalon, et al. (2015) revealed the study of (Bellini & Akullian, 2007) that after a meta-analysis of twenty-three students, the research mentioned that VM have a positive effect on the young student of ASD to generalize their learning at various situations and environment. VM enhances empathy, equanimity, and interpersonal skills paving the way for better communication ability (Seema & Ajithkumar, 2019). Individuals with ASD demonstrate the learned skill in different situations, people, and setting with conversational skills, body language, and intonation which is taught through VM (Charlop et al., 2010). Rhinehart (2011) also mentioned that students with ASD apply their learned skills quickly and generalized in different settings and conditions due to the positive effect of VM e.g. lunch time, break time, and classroom. Fragale (2014) found VM to be an effective intervention for improving play-related skills, such as solitary play and social play, of children with ASD The research findings suggest that a combined intervention delivered through a computer-based method (VM) can be effective in addressing social skill difficulties in individuals with High-Functioning Autism/Autism Spectrum Disorder (HFA/AS) (Sansosti & Powell-Smith, 2008). Yakubova and TaberDoughty (2013) study's results demonstrate that video modeling and verbal prompts are effective methods for teaching social skills and autonomous behaviors to students with autism in natural environments. These interventions were successful in enhancing interactions with unfamiliar people, indicating their potential as valuable tools for social skill development in this population. Gül (2016) expressed that the effectiveness of computer-presented video modeling and Social Stories in teaching various social skills, including self-care, daily life, and independent life skills, is recommended for further investigation with diverse participants (e.g., teachers, peers) and in different settings (e.g., home). These interventions should be included in studies assessing the effectiveness of teaching social skills in small-group settings. Additionally, the effectiveness of interventions using technological tools like iPads or tablets to present videos should be examined as an alternative to using a computer. The consequences showed that the individuals with ASD confirmed enhanced interpersonal relationships with all types of fellows and natural settings after seeing a video of themselves doing so independently. The findings also suggest that simulation method (video modeling) positively influences ASD children's social skills (Khalid et al., 2023).

Conclusion

In conclusion, the study demonstrates that video modeling can be an effective intervention for the development of social skills in children with Autism Spectrum Disorder (ASD). The results show that children who were exposed to video models of social behaviors, such as greetings, sharing, and peer interactions, were able to imitate these behaviors more successfully. Both pre- and post-assessments indicated significant improvements in social skill development, as reported by teachers and observed during real-world interactions. The use of video modeling, with its visual and structured format, provided an accessible and culturally relevant tool for teaching social skills, showing promise in enhancing social interactions for children with ASD. This approach offers a valuable strategy for supporting social skill development in children with ASD, especially when combined with consistent practice and follow-up sessions.

References

Alatawi, M. (2024). Empowering minds: Exploring the Impact of AI in Facilitating Inclusive Education for Students with Intellectual Disabilities. *Journal of Arts, Literature, Humanities and Social Sciences*, (106), 358-380. https://doi.org/10.33193/JALHSS.106.2024.1131

Alhuzimi, T. (2022). Efficacy of video modelling (VM) in developing social skills in children with autism spectrum disorder (ASD) at school in Saudi Arabia. *International Journal of Disability, Development, and Education*, *69*(2), 550–564. https://doi.org/10.1080/1034912x.2020.1716962

Altaf, E. (2020). The Effects of Continuous Video Prompting on Teaching Daily Living Skills to Individuals with Autism Spectrum Disorder. *FIU Electronic Theses and Dissertations. 4503.* https://digitalcommons.fiu.edu/etd/4503

Alzyoudi, M., Sartawi, A., & Almuhiri, O. (2015). The impact of video modelling on improving social skills in children with autism: Video Modelling. *British Journal of Special Education*, *42*(1), 53–68. https://doi.org/10.1111/1467-8578.12057

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Bellini, S., & Akullian, J. (2007). A meta-analysis of video modeling and video self-modeling interventions for children with autism spectrum disorders. *Exceptional Children, 73*(3), 264-287. https://doi.org/10.1177/001440290707300301

Charlop-Christy, M. H., Le, L., & Freeman, K. A. (2000). A comparison of video modeling with in vivo modeling for teaching children with autism. *Journal of Autism and Developmental Disorders, 30*(6), 537-552. https://doi.org/10.1023/A:1005532827733

Charlop, M. H., Dennis, B., Carpenter, M. H., & Greenberg, A. L. (2010). Teaching socially expressive behaviors to children with autism through video modeling. *Education and treatment of children*, *33*(3), 371-393. https://doi.org/10.1353/etc.0.0104

Dodd, J. L., Franke, L. K., Grzesik, J. K., & Stoskopf, J. (2014). Comprehensive multi-disciplinary assessment protocol for autism spectrum disorder. *Journal of Intellectual Disability - Diagnosis and Treatment*, *2*(1), 68–82. https://doi.org/10.6000/2292-2598.2014.02.01.9

Edinyang, S. D. (2016). The significance of social learning theories in the teaching of social studies education. *International Journal of Sociology and Anthropology Research*, *2*(1), 40-45.

Fragale, C. L. (2014). Video modeling interventions to improve play skills of children with autism spectrum disorders: A systematic literature review. *Review Journal of Autism and Developmental Disorders*, *1*(3), 165–178. https://doi.org/10.1007/s40489-014-0019-4

Gül, S. O. (2016). The combined use of video modeling and social stories in teaching social skills for individuals with intellectual disability. *Educational Sciences: Theory and Practice, 16*(1), 83-107. https://doi.org/10.12738/estp.2016.1.0046

Kamps, D. M., Mason, R., & Heitzman-Powell, L. (2017). Peer mediation interventions to improve social and communication skills for children and youth with autism spectrum disorders. In *Handbook of Social Skills and Autism Spectrum Disorder* (pp. 257–283). Springer International Publishing. http://dx.doi.org/10.1007/978-3-319-62995-7_16

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous child*, *2*(3), 217-250.

Khalid, M. U., Fazil, H., & Qureshi, M. S. (2023). Development of Social Skills by Using Simulation Method for Children with Autism Spectrum Disorder. *Journal of Development and Social Sciences, 4*(3), 459-478. http://dx.doi.org/10.47205/jdss.2023(4-III)45

Kucskar, M. (2017). *A Comparison of the Effects of Video Modeling Other and Peer-Implemented Pivotal Response Training to Video Modeling Other on Positive Social Interactions of Young Children with Developmental Disabilities* (Doctoral dissertation, University of Nevada, Las Vegas).

Lal, R., & Shahane, A. (2011). TEACCH Intervention for Autism. In *Autism Spectrum Disorders - From Genes to Environment*. InTech. http://dx.doi.org/10.5772/17564

McCoy, K., & Hermansen, E. (2007). Video modeling for individuals with autism: A review of model types and effects. *Education and treatment of children*, *30*(4), 183-213. https://doi.org/10.1353/etc.2007.0029

McCoy, R. A., & Hermansen, M. (2007). The effects of video modeling on social behaviors in children with autism. *Journal of Positive Behavior Interventions, 9*(2), 105-113. https://doi.org/10.1177/10983007070090020101

Mechling, L. C. (2011). Review of twenty-first century portable electronic devices for persons with moderate intellectual disabilities and autism spectrum disorders. *Education and Training in Autism and Developmental Disabilities,* 479-498. https://www.jstor.org/stable/24232361

Nikopoulos, C. K., & Keenan, M. (2004). Using video modeling to teach complex social skills to children with autism. *Behavior Modification, 28*(3), 431-448. https://doi.org/10.1177/0145445503259320

Parveen, Z., Rashid, A., & Khalid, M. U. (2023). MANAGING BEHAVIORAL ISSUES OF STUDENTS WITH HEARING IMPAIRMENT THROUGH VIDEO MODELING: ACTION RESEARCH STUDY. *Pakistan Journal of Educational Research*, *6*(2). https://doi.org/10.52337/pjer.v6i2.879

Rashid, A., & Khalid, M. U. (2024). Relationship between Cognitive skills and Social Skills among Children with Autism Spectrum Disorder. *Al-Mahdi Research Journal (MRJ), 5*(5), 74-87. https://ojs.mrj.com.pk/index.php/MRJ/article/view/433

Reagon, K. A., Higbee, T. S., & Endicott, K. (2006). Teaching pretend play skills to a student with autism using video modeling with a sibling as model and play partner. *Education and treatment Of children*, 517-528. https://www.jstor.org/stable/42899899

Reagon, K. A., Higbee, T. S., & Endicott, K. (2006). Using video modeling to teach peer interactions to children with autism. *Journal of Applied Behavior Analysis, 39(*3), 369-373. https://doi.org/10.1901/jaba.2006.55-05

Rhinehart, B. A. (2011). *Video modeling for teaching social skills to students with autism spectrum disorders* (Doctoral dissertation, University of Dayton).

Sansosti, F. J., & Powell-Smith, K. A. (2008). Using computer-presented social stories and video models to increase the social communication skills of children with highfunctioning autism spectrum disorders. *Journal of Positive Behavior Interventions, 10*(3), 162-178. https://psycnet.apa.org/doi/10.1177/1098300708316259

Seema, P., & Ajithkumar, V. V. (2019, February). Effectiveness of Vipassana meditation on communication skills of employees. In *SIMSARC 2018: Proceedings of the 9th Annual International Conference on 4C's-Communication, Commerce, Connectivity, Culture, SIMSARC 2018, 17-19 December 2018, Pune, MH, India* (p. 158). European Alliance for Innovation.

Shipley-Benamou, R., Lutzker, J. R., & Taubman, M. (2002). Teaching daily living skills to children with autism through instructional video modeling. *Journal of Positive Behavior Interventions*, *4*(3), 166–177. https://doi.org/10.1177/10983007020040030501

Shipley-Benamou, R., Lutzker, J. R., & Taubman, M. (2002). Teaching children with autism to initiate mands using video modeling. *Journal of Applied Behavior Analysis, 35*(2), 213-228. https://doi.org/10.1901/jaba.2002.35-213

Shukla-Mehta, S., Miller, T., & Callahan, K. J. (2010). Evaluating the effectiveness of video instruction on social and communication skills training for children with Autism Spectrum Disorders: A review of the literature. *Focus on Autism and Other Developmental Disabilities*, *25*(1), 23–36. https://doi.org/10.1177/1088357609352901

Tantam, D. (2000). Psychological disorder in adolescents and adults with Asperger syndrome. *Autism: The International Journal of Research and Practice*, *4*(1), 47–62. https://doi.org/10.1177/1362361300004001004

Whalon, K. J., Conroy, M. A., Martinez, J. R., & Werch, B. L. (2015). School-based peer-related social competence interventions for children with autism spectrum disorder: A meta-analysis and descriptive review of single case research design studies. *Journal of autism and developmental disorders*, *45*(6), 1513-1531. https://doi.org/10.1007/s10803-015-2373-1

White, S. W., Keonig, K., & Scahill, L. (2007). Social skills development in children with autism spectrum disorders: A review of the literature. *Research in Autism Spectrum Disorders, 1*(1), 57-74. https://doi.org/10.1016/j.rasd.2006.09.001

Yakubova, G., & Taber-Doughty, T. (2013). Effects of video modeling and verbal prompting on social skills embedded within a purchasing activity for students with autism. *Journal of Special Education Technology, 28*(1), 35-47. http://dx.doi.org/10.1177/016264341302800104