

**TEACHERS UNDERSTANDING OF CHALLENGING
BEHAVIOURS AND MANAGEMENT STRATEGIES FOR
CHILDREN WITH AUTISM SPECTRUM DISORDER IN DHAKA
CITY**

A research presented to the
Bangladesh Health Professions Institute (The academic institute of CRP)
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APPROVAL

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DECLARATION

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also decline that for any publication, presentation or dissemination of information of the study, I would bind to take written consent of my supervisor.

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DEDICATION

.....To my beloved parents and my better half.....

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ABBREVIATIONS

AAC: Alternative and Augmentative Communication.

ABC: Antecedent, Behaviour and Consequence.

ABA: Applied Behaviour Analysis.

ADDM: Autism and Developmental Disabilities Monitoring.

ASD: Autism Spectrum Disorder.

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders – 4th Editions.

DSM-V: Diagnostic and Statistical Manual of Mental Disorders – 5th Editions.

ICD-10: International Statistical Classification of Diseases and Related Health Problems
10th Revision.

ID: Intellectual Disability.

PDD-NOS: Pervasive Developmental Disorder-Not Otherwise Specified.

PECS: Picture Exchange Communication System.

SFARI: Simons Foundation Autism Research Initiative.

SLT: Speech and Language Therapy.

SLTs: Speech and Language Therapists.

WHO: World Health Organization.

EXECUTIVE SUMMARY

Title: “Teachers understanding of challenging behaviours and management strategies for children with Autism Spectrum Disorder in Dhaka City”.

Aim: The aim of the study is to investigate teachers understanding of challenging behaviours and management strategies for children with Autism Spectrum Disorder in Dhaka City.

Objectives:

- To investigate whether teachers understand the cause(s) of challenging behaviour(s).
- To investigate what strategies teachers use to manage challenging behaviours.
- To understand how best to help teachers develop an understanding of the causes of challenging behaviour.

Methodology: The study is based on a phenomenological qualitative research design paradigm. Less than 2 years experiences teachers were the participants in this study. In this study 12 samples were selected using a purposive (non-probability) sampling technique in accordance with the inclusion and exclusion criteria. Face-to-face, structured open-ended interviews were conducted with transcripts and electronic voice recordings taken for further analysis. Survey questions were adapted from Dhaliwal’s (2013) study. Content analysis specifically focused on keywords and themes was used to initially summaries the data for later analysis.

Results: The results indicated that a significant majority of teachers did not have an understanding of challenging behaviour’s although they were able to name some very basic short-term ‘reactive’ management strategies. No teachers in the study were able to describe and provide names of more complex and long-term strategies commonly used to manage challenging behaviours. Only 6 of 12 participants recognised that ‘behaviours’ were a form of communication and those children were often trying to ‘communicate’ a message through their behaviours. Approximately 3 of 12

participants subsequently understood the role that Speech and Language Therapists had in terms of behaviour management.

Conclusion and Recommendation: The results indicate that further training of teachers is necessary in the areas of understanding children with ASD and understanding challenging behaviours. The study also highlights the need for Speech and Language Therapy to promote their services and develop an understanding within both professionals and the general public within regards to their scope of practice which includes working with children with ASD. From this study researcher hint is that teachers need proper training about ASD, need to grow their confident to applying managing strategies, should gain huge knowledge about others professionals role in ASD, they need to consult with SLTs to enrich clear idea about ASD and the appropriate way of applying managing strategies.

Keywords: Challenging Behaviours, Management Strategies, Autism Spectrum Disorder (ASD).

1.1 Introduction

This research study investigates what teachers understand within regards to challenging behaviour and behaviour management strategies for children with Autism Spectrum Disorder (ASD) in Dhaka city. The research examines the perceptions of teachers toward challenging behaviours, strategies teachers use to manage these behaviours and the support that they may need in order to improve and increase their knowledge of challenging behaviours and management strategies.

According to Autism speaks (2010) “*Autism Spectrum Disorder (ASD) and autism are both general terms for a group of complex disorders of brain development*” and is still according to Volkmer (1998) considered to be a “*lifelong neurodevelopmental disorder of unknown etiology*”.

ASD is often associated with other disabilities such as an intellectual disability, sensory and motor delays and disorders, speech and language disorders and also but not always other health related issues such as attention difficulties, sleep and gastrointestinal problems. It is estimated that approximately 75% of people with ASD have an associated Intellectual Disability (ID) (Gillberg & Coleman, 2001).

As the ‘diagnosis’ suggests ‘autism’ is a disorder that effects children and people with the disorder to varying degrees and hence the word ‘spectrum’ thus it is generally acknowledged that no two people with ASD will present the same in terms of their abilities (Szatmari, 1992). In May 2013 the revised edition of the Diagnostic and Statistical Manual (DSM-V) by the American Psychiatric Association (APA) (2013) was released and other categories of “autism disorders” were merged into the one encompassing term of Autism Spectrum Disorders (ASD). Previously in the DSM-IV which continues to be commonly used in Bangladesh recognised a number of different sub-types of the disorders which include autistic disorder, childhood

disintegrative disorder and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) and Asperger Syndrome.

The changes mean that terms such as Asperger's, PDD-NOS are no longer used and people will instead be diagnosed with their level of functioning such as mild, moderate or severe ASD rather than the subtypes as listed in the DSM-IV, the changes have created a lot of controversy, debate and discussion even in its draft form, currently no new criteria for Autism Spectrum Disorders (ASD) has been released by the World Health Organisation (WHO) in its International Statistical Classification of Diseases and Related Health Problems (ICD) although according to SFARI (2011) there have been some ideological differences to the way in which the WHO defines disorders to the way the APA does, meaning that they may be conflicting criteria, previously both the DSM-IV definition and the ICD-10 definition were very similar and thus consistent. The changes in definition has no direct impact on the this study as regardless of the 'classification' changes this study deals with children with a diagnosis of ASD that have challenging behaviours, it should also be acknowledge that very rarely is a child in Bangladesh diagnosed with a sub-type of autism and typically regardless of a child's level of functioning a child is diagnosed with either Autism Spectrum Disorder (ASD), autistic disorder or autism (Centre for research and information, 2014)

Autism Spectrum Disorders (ASD) occurs world-wide with verifying prevalence rates; according to Autistic Children's Welfare Foundation (2011) in Australia it is estimated that the national prevalence of ASD ranges from 1.21 to 3.57 per 1,000 for children aged 6–12 years. In China the reported prevalence is 1.68 per 1,000 for children under 15 years of age and in Venezuela prevalence is 1.1 per 1000 and studies in 2008 in Germany indicate a prevalence of approximately 1.3% to 1.4% in children admitted to school had a diagnosed of ASD (Autistic children's welfare foundation, 2011). According to Baron-Cohen et al. (2009) the UK school-based population study 2009 estimates the prevalence of ASD to be 1% and in the US the Autism and Developmental Disabilities Monitoring Network (Community Report from the Autism and Developmental Disabilities Monitoring, 2014) estimated that in 2010 approximately 1 in 68 children at 8 years of age is affected by ASD. In South

Korea, Kim et al. (2013) estimate that 2.64% of children between the ages of 7-12 have Autism Spectrum Disorder (ASD).

Although it is not in the scope of this research to investigate or discuss the reasons it is estimated that ASD is “5 times more prevalent in boys than in girls” (Community Report from the Autism and Developmental Disabilities Monitoring, 2014), many hypothesised reasons range from genetic explanations, the exaggeration of normal differences between the sex and the more commonly accepted reason is that girls are generally better at hiding their disability than boys. Attwood (2000), Ehlers and Gillberg (1993) and Wing (1981) have all speculated that many girls with Asperger Syndrome are never referred for diagnosis and so are simply missing from statistics. This might be because the diagnostic criteria for Asperger Syndrome is based on the behavioural characteristics of boys, who are often more noticeably "different" or disruptive than girls with the same underlying deficits.

Girls with Asperger Syndrome may also be better at masking their difficulties in order to fit in with their peers and in general have a more even profile of social skills. Gould and Ashton-Smith (2011) say that because females with ASDs may present differently from males, diagnostic questions should be altered to identify some females with ASDs who might otherwise be missed. In Bangladesh approximately 1 in 94 boys are affected by ASD and in girls it is estimated to be in 1 in 150 (Autistic children's welfare foundation, 2011). Regardless of the reason it should be noted that worldwide it appears that more boys than girls are generally diagnosed with ASD.

According to the Autistic children's welfare foundation (2011) it is estimated that 1 in 500 children in Bangladesh have a diagnosis of ASD, meaning that there could be approximately 280,000 children in Bangladesh with ASD. Given the size of Bangladesh's population estimated to be around 149.7 million people in 2011 (Bangladesh Bureau of Statistics - BBS, 2014) it is likely that the total number of persons (including adults) with ASD could be as high as 1.4 million people (Ministry of social welfare in Bangladesh, 2013) of whom only a few thousand have officially been diagnosed.

In 'industrialised' countries governments play a significant role in funding and supporting people with disabilities which include people with ASD. The Bangladeshi

government has in recent years taken a positive step towards providing essential services and education to children with disability, particularly children with ASD. The government has in recent years provided basic funding for therapeutic and educational needs, however little the amount may be its significance cannot be understated as it is recognition of an issue that needs to be addressed. According to Autismi-ja Aspergerliitto ry (2014) many children in Bangladesh are still kept out of school and although it should be qualified that many of these children are from rural areas, slums and tribal areas it should be noted that Bangladesh is still currently one of the poorest countries in the world, ranked 34th poorest by Global Finances (2015) and is the third poorest country in the South Asia Region. Given the context, the harsh realities and challenges faced in Bangladesh the fact that there is funding and schooling for children with disability including ASD is very positive.

In recent years there has been greater awareness of ASD amongst health and medical professionals and the general public and although more ASD specific special schools in Bangladesh are beginning to open with the majority of which being based in the Dhaka and Chittagong city areas, there is still a lack of understanding of what Autism is, how best to help children with ASD and also an understanding of repetitive behaviour, challenging behaviours and behaviours which stem from the ‘sensory’ needs of a child with ASD. There is often a misunderstanding of the behaviours of people with ASD when in fact many of the behaviours are either a form of communication or they have a sensory problem whereby the “behaviours” help them “regulate” themselves. The lack of understanding of ASD often means that even some of the highest functioning children with ASD are not able to adequately access mainstream inclusive education sadly meaning that they either miss out of formal education opportunities or suffer by having to attend a special school that is unable to cater for their academic learning needs (Irish National Teachers’ Organisation, 2014).

This study has decided to focus on challenging behaviours in children with ASD and how they are managed in school as children regardless of having ASD, who demonstrate co-operative behaviours are generally more likely to succeed in school, in relationships with others and in extracurricular activities. It is also suspected that in Bangladesh few professionals even amongst those who work in the areas of ‘Special Education’ are aware of the role the Speech and Language Therapists have in

assisting with the management of behaviours as such this research hopes to identify how aware teachers and schools are of the roles of SLT and hopes that it will help to highlight areas for future investigation and action.

1.2 Background and Literature Review

The general attitude towards ASD is mostly negative, in Bangladesh, ASD is considered a “God-given” curse and children with ASD are considered to be as possessed by the “devil” (Autismi-ja Aspergerliitto ry, 2014). ASD is a neurodevelopmental disorder that can cause significant learning and developmental delays (Geneva centre for autism, 2014). If people with ASD, particularly children are given equal access to formal education and training, many students who have higher functioning abilities with ASD can contribute meaningfully to society instead of becoming a burden to the society or lead a relatively meaningless life (Autism speaks, 2015). In Bangladesh, there are many organisations working with a variety of different disabilities focused on improving the lives of children with ASD (Khan et al. 2002). The Ministry of Social Welfare in Bangladesh is playing a vital role in the provision of education for students with disabilities including these with ASD. In accordance to the United Nations Human Rights, Convention on the Rights of Persons with Disabilities (2014) an optional protocol persons with disabilities should have access to an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live. According to the Millennium Development Goals Report (2013), every child has a right to education. As such it is important for children with ASD regardless of the behavioural problems to have equal access to education.

In Bangladesh, there are some special schools for children with disability; most of them are situated in the capital city of Dhaka, with many of these schools supporting children with ASD. These schools provide however only basic education, vocational training and work activities for the pupils, helping them to develop and improve their daily living skills. Parents of children with ASD are often frustrated with their child’s behaviour and most want to reduce their ASD behaviour issues and ensure that they receive an education (Help guide.org , 2015).

Parents believe that the management of 'autistic' behaviours needs to come from teachers and feel that they need the support of teachers to manage challenging behaviours. Most special school teachers attempt to manage behavioural problems and try to communicate these issues with parents, however there are never any formal means to ensure that there are consistent strategies at home and at school. Walker and Whitaker (2004) suggest that teachers need to be prepared to think about their own perceptions and change accordingly, to better understand the cause for challenging behaviours. Prior to working with a child with ASD, it is important that teachers understand the cause of and how best to manage a child's behaviour. According to Emerson (2001) many teachers have stated that managing challenging behaviour is difficult and that it is necessary for a teacher to understand different strategies and how to apply them appropriately with children with ASD. The focus of this research is to find out what teachers who work with child with ASD, understand about challenging behaviours and how they manage challenging behaviours, finally the last component of this research investigates the needs of teachers and how best to provide them with training to improve their knowledge of causes and strategies.

This study focuses on the understanding teachers have of challenging behaviour and its managing strategies. Walker, Ramsey and Gresham (2004) refer to challenging behaviour as "antisocial behaviour" which may range from aggression to minor annoying defiance.

Many researchers in different countries have expressed their views on challenging behaviour and management strategies. Dhaliwal (2013) completed a qualitative research, where it was concluded that teachers feel that challenging behaviours are stressful. The research set out to gather information from eight primary school teachers through a semi-structured interview, their perceptions regarding student challenging behaviours and what strategies they used to manage these behaviours and the support that was available to them was recorded. All of the eight participants were of the opinion that managing challenging behaviour was not an easy thing to do but if a teacher is well supported by school management, is able to build and maintain a positive relationships with students presenting with challenging behaviours they were more effective at doing their jobs. This research is helpful for this study because it is based on qualitative research with themes similar to what this research is trying to

explore. Dhaliwal's research is important because it is not just for gathering information about research design but also the researcher was able to gain knowledge about the other countries teacher's perception about challenging behaviour, managing strategies and the importance of school supports in regards to strategies.

Researchers Crosland & Dunlap (2012) think that organisational strategies are relevant to preventing behaviour problems, improving social and academic outcomes for students with ASD. In their research they express that successful inclusion of students with ASD in general education classrooms can be challenging and may require additional supports, particularly from the school management committee. For that reason in their research article they provided information on recent trends in autism intervention and a review of research that has addressed individualized and systemic interventions for promoting inclusion. This research expresses some strategies which are helpful for this study and we will link different opinion among Bangladeshi and other countries teachers about the way managing challenging behaviours.

According to Grindle et al. (2012) children with ASD benefited most from constant classroom management strategies and by following classroom management strategies, it broaden the child with ASD's knowledge. Grindle et al. (2012) research duration was 2 years and was a quantitative research study where he examined changes of ASD child's behaviour after following managing strategies in classroom setting. Although it was a quantitative study, the research is helpful for gaining knowledge about strategies which benefit the child with ASD and which strategies are used in Bangladeshi autism and special needs schools to manage children with ASD who have challenging behaviour.

Two Hong Kong researchers Ling & Mak (2012) think that before working with a child with ASD a teacher needs to adequately train. This quantitative study will investigate what teachers comprehend about management strategies. In this study they noted that teacher's training in behavioural management significantly improve their knowledge and understanding the causes of challenging behaviour. This study examines the effectiveness of three staff training elements: Psycho Education (PE) on autism, introduction of Functional Behavioural Analysis (FBA) and Emotional

Management (EM), on the reaction of challenging behaviours of frontline staff towards children with ASD in Hong Kong special education settings. A total of 175 participants completed three sets of questionnaires during pre-training, immediate post-training and 1 month follow-up. Results showed that the one-session staff training workshop increased staff knowledge of ASD and perceived efficacy. So this study will help to get information about a proper trained teacher can manage ASD child's behaviour properly because this trained teacher know about the behavioural problem and which strategies is effective for them to control their behaviour. This research is important for this study to recommend our teacher to improve their knowledge by training.

Syriopoulou-Delli et al. (2011) examined Greek teacher's perceptions related to the nature and management of child with ASD. To investigate these issues, a statistically reliable number of questionnaires were distributed to a diversified teacher population. It found that teachers were confused about the characteristics of ASD and how to manage challenging behaviours. This indicates that teachers did not have adequate knowledge about ASD and did not have experience enough and also did not receive appropriate training on ASD. Although this is a quantitative study but it is helpful because this study can gain knowledge about which steps can develop teacher's knowledge about child with ASD and behaviour management strategies.

Many countries have done research on teachers perception about challenging behaviour and managing strategies, Dhaliwal (2013) said that to manage challenging behaviour is harder for some teachers, Grindle et al. (2012) and Crosland & Dunlap (2012) reported by following classroom management strategies it broadens the child's knowledge because those students were able to learn more appropriately from trained teachers who knew how to manage challenging behaviour properly. So these studies have given to this research lots of ideas about what strategies followed by others countries teachers and what strategies used in Bangladeshi autism and special needs schools. These researches also helpful for this study to find out how to improve teacher's knowledge about child with ASD and to control child's challenging behaviour a teacher must need to know about managing strategies and appropriate way to applying it in different situation.

1.3 Rationale of the Study

Challenging behaviour is a term used to describe behaviours that threaten the quality of life and physical safety of an individual or others. Some common examples of challenging behaviour include: aggressive outbursts, self-injury, including ingesting or inhaling foreign bodies, property destruction and socially inappropriate behaviour (Family and community services, 2013). Bangladesh has some special need schools where teachers work directly with children with ASD and thus they manage behaviour problems on a daily basis. The purpose of this research is to investigate the knowledge and understanding of some of teachers within regards to challenging behaviour and their ability to apply management strategies. It is important to find out the proficiency, aptitude, experiences about challenging behaviour and managing strategies of those teachers who are working with the child with ASD because if the study identifies that teachers are not properly skilled or trained, it identifies a significant issue in the “special education” sector and indicates that there would be need for proper training in the area of identifying and managing challenging behaviours.

Though effectively managing challenging behaviours in a classroom setting is a problem faced by many teachers (Emerson, 2001). Only teachers, who show a real concern for their students and understand the cause for their behaviours are able to build a strong positive relationship with their students and subsequently allowing them to better manage their classrooms.

This research benefits the Speech and Language Therapy profession in Bangladesh by determining how much teachers know about ASD, their understanding of challenging behaviours, their knowledge and implementation of behaviour management strategies and understanding how much teachers understand about behaviour management. This study helps to give the SLT profession the opportunity to determine where there are gaps in the knowledge of schools and teachers and allow for informed decisions to be made about how to address these issues. This research serves a number of purposes; the first is to determine how much teachers understand and ASD, challenging behaviours and how teachers effectively apply behaviour managing strategies to

effectively run a classroom and includes the children with ASD so that they are meaningfully engaged and participating in learning.

The second is to determine what areas and roles SLTs have in educating and training of teachers in understanding the underlying communicative intent behind challenging behaviours. This will be done through the analysis of response from the questionnaire.

The third is to inform the SLT profession as a whole on how schools firstly perceive the profession and finally recognise whether they are informed enough to recognise the roles that SLTs play in challenging behaviours and also working with children with ASD. This will also for better future planning of health promotion activities but also more generally promote and inform the greater community on the role of SLT profession.

1.4 Operational Definition

1.4.1 Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental disorder appearing during early childhood. Typically occurring before three years of age, ASD is characterized by significant social difficulties associated with varying degrees of communication, behavioural problems and sensory. In the *DSM-IV*, autistic disorder is defined by three distinct domains: impairment in social interaction skills, impairment in communication, restrictive or repetitive behaviour or interests (Psych central professional, 2014).

In this research Autism Spectrum Disorder is a group of complex disorder of brain development characterized by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviours.

1.4.2 Challenging Behaviour

Emerson (2001) defined the challenging behaviour as “behaviour of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit and the use of ordinary facilities”. Challenging behaviour may include aggressive, self-injurious,

stereotyped behaviour or disruptive and destructive behaviours. These behaviours typically manifest due to the child's inability to effectively communicate their concerns, feelings and needs.

In this research challenging behaviour is an abnormal behaviour like – hitting, biting, and shouting, throwing, and pinching which is unacceptable in society and harmful for others.

1.4.3 Managing Strategies

Managing strategies include steps that are taken to promote positive behaviour and that impact positively on the general environment in the school and the classroom, and minimize the occurrence of negative behaviours. Analysis of the behaviour is essential. A common strategy is to look at Antecedent, Behaviour and Consequence (ABC) (Managing challenging behaviour, 2004).

In this research managing strategies is a set of activities by which the teacher attempt to control child's behaviour, organised the classroom and create learning environment in accordance to the needs of the child's.

1.5 Research Aim and Objectives

Aim

The aim of this study is to investigate teachers understanding of challenging behaviours and management strategies for children with Autism Spectrum Disorder in the area of Dhaka City.

Objectives

- To investigate whether teachers understand the cause(s) of challenging behaviour(s).
- To investigate what strategies teachers use to manage challenging behaviours.
- To understand how best to help teachers develop an understanding of the causes of challenging behaviour.

This section outlines the methodological process of the study designed by the investigator to meet the study aim and objectives. The aim was to investigate the understanding of teachers regarding the behavioural management strategies of children with autism. This chapter discusses the methodology behind this study.

2.1 Study Design

This study was conducted to evaluate teachers in Dhaka city and what teacher's understood in regards challenging behaviour and management strategies for children with ASD. To do this, a qualitative design was selected, because it is exploratory by nature and allows the researcher the opportunity to gain insights into another person's views, opinions, feelings and beliefs on the topic at hand and phenomenological design was selected as it is the best approach that explores people's experiences (Depoy & Gitlin, 1998). Qualitative research was utilized for this research as it allow for more naturalistic responses (Hicks, 1999). This design was used to find out in-depth information such as teacher's facial expressions for example confused or confident. After looking into a variety of different methods (such as- ethnography, grounded theory, historical, case study) researches decided that the use of phenomenological design to be most appropriate for this study to find out teacher's understanding about challenging behaviour and managing strategies. So this design is best suitable with the study.

2.2 Study Place

This study was conducted in 4 schools for children with Autism in Dhaka. Schools included "Alokito Shishu" at Kha Block, Shekhertek Mohammadpur; "Proyash" at Garrison, Dhaka Cantonment; "Anandhashala Autism School" at Jahangir Nagar University & "Dream Angel Centre for Autistic Children (DACAC)" at Mirpur-10. There had many teachers who worked directly with child with ASD. It was easy to take sample from those schools. So the investigator selected those places.

2.3 Sampling

2.3.1 Study Population and Participants

Teacher's who teaching with children with ASD in Dhaka city.

2.3.2 Sample Size

There is no standard formula that is used to select the number of participants in a sample. It depends only on the characteristics of the study (Hicks, 1999). According to Depoy & Gitlin (1998) 10 participants is sufficient in propelling a representative sample for such a study. The researcher however interviewed 12 participants for this study. This also allows for more specific information to be gathered.

2.3.3 Sampling Procedure

According to Frankel & Wallen (2000) qualitative research most often uses purposive sampling rather than random sampling strategies. Purposive sampling was used for this study because it is based on a pre-defined criterion. As a result samples were select by considering a pre-defined inclusion criterion. Purposive sampling strategies are designed to enhance understanding of selected individual's or group's experiences or for developing theories and concepts. By using this method the investigator was able to conduct the research more efficiently as the researcher was able to access a smaller and more accessible number of participants (Bowling, 1998).

2.4 Sample Selection

- According to the inclusion and exclusion criteria and those are given below

2.4.1 Inclusion Criteria

- Teacher's who worked directly with children with ASD in Dhaka city.
- Teacher's with less than 2 years of experience working with children with ASD.

2.4.2 Exclusion Criteria

- Unwilling, unmotivated participants (all reasons was documented).

2.5 Data Collection Materials

In qualitative research, researcher's deep thinking ability and perfect analysis is very important and by Hicks (1999) "the researcher is the main 'tool' that is needed to collect data in a qualitative study". In this study the researcher collected all the data

without any assistants, a structured open-ended questionnaire was used for this study. Open-ended questionnaires allowed for more individual answers or responses which are exactly what is needed in this research. In the case of the study a structured questionnaire was helpful for the researcher as it allowed the researcher to find out answers specially related to research objectives. Face-to-face interview was conducted because “Interviews conducted face to face is more innovative allowing the interview to interact directly and develop rapport with the interview” (Bailey, 1997). Physical instruments for the interview such as- pen, ink-pad, audio recorder, tape recorder were used to note other important things such as participants facial expression or emotion were noted on the survey during interview time. A consent form was signed before starting the interview where participants were given an explanation of the confidentiality and anonymity of the study as well as a clear understanding of the purpose of the study.

2.6 Data Collection Procedure

Interviews were conducted in calm and quiet places where participants were comfortable and felt relaxed enough to give honest answers and consent forms were signed prior to the survey starting. Informal rapport building took place to put the participant at ease which led to the formal interview. Structured questionnaires were used because it allowed the researcher to stay on topic and ensure consistency in understanding of questionnaires by participants. Interview was conducted in Bangla so that participants can express their opinion easily and it took 30-45 minutes for each interview. An mp3 player was used to record the participant's answer and responses were written on paper.

2.7 Data Analysis

Content analysis was used to uncover themes for the study and is a common data analysis procedure most often used in qualitative research and is based on searching for repeated words, phrases or concepts (Bailey, 1997). Before content analysis took place English translations were made from the Bangla transcriptions and checked. Further checked for reliability and any bias data was organized according to interview questions by two external reviewers. The next stage involved identifying information units. Information units were categorized into themes in relation to the participant's perception about challenging behaviour and their knowledge of behaviour

management strategies. In the second stage of data analysis, data was coded into broad categories as dictated by the research question. Then each categories separately coded into a themes and each commence of the participants' were included in categories. Finally analysing of the interview data by categorizing and themes researcher completed the data analysis.

2.8 Ethical Consideration

The research proposal was submitted to the ethics committee at BHPI which was returned with no concerns. Written approval was sought and given by the research supervisors, course-coordinator from the Department of Speech and Language Therapy at the Bangladesh Health Professions Institute (BHPI). Prior to the interview consent forms were used. Participants were also verbally informed in Bangla about the title, aim purpose, significance and procedure of the study. Participants were also informed that their information will be published but their name and address would remain anonymous. The participants were also inform that they are not bound to complete the interview should they tell uncomfortable feel that the question were in any way causing distress or harm.

Analysis, Interpretation and Discussion

This section explains and discusses the findings of the study. It will first try to understand the perspectives of the participants and attempt to uncover themes and issues through the use of content that were most significant in the study. A total of 12 participants took part in the study all of whom worked at a various ‘special schools’ in Dhaka that predominantly worked with children who had a diagnosis of Autism Spectrum Disorder (ASD).

Teachers with less than 2 years of experience working with children with ASD were screened out of the study as it is generally regarded that most teachers who had recently started working with children with ASD would lack the necessary skills and experiences to successfully manage a child or children who demonstrated challenging behaviours. Most teachers in the study had worked with children with ASD for a period of 2 years to 6 years with some having worked for greater than 6 years.

The three themes of this study and their coding are discussed below.

3.1 Theme 1: To find out how much teachers understood within regards to the causes of challenging behaviour.

3.1.1 Code 1: Defining challenging behaviour.

3.1.2 Code 2: The cause of challenging behaviour.

3.1.3 Code 3: Discussion with parents about managing a child’s behaviour at home.

3.2 Theme 2: To find out what strategies teachers follow to manage challenging behaviour’s.

3.2.1 Code 1: Understanding of management strategies.

3.2.2 Code 2: Name and reason of effective management strategies.

3.2.3 Code 3: Measurement of effective strategies.

3.3 Theme 3: To find out how to help teachers develop an understanding of challenging behaviour and how to manage them.

3.3.1 Code 1: Knowledge about others professions.

3.3.2 Code 2: Understanding about behaviour is a form of communication.

3.3.3 Code 3: Knowledge of the roles of Speech and Language Therapist.

3.3.4 Code 4: Role of Speech and Language Therapists in managing challenging behaviours.

3.1 Theme 1: To find out how much teachers understood within regards to the causes of challenging behaviour.

3.1.1 Discussion of Code 1: Defining challenging behaviours.

From the results of the study it appears that the majority of the participants in the study were able to provide examples of challenging behaviour but none were able to clearly state what is considered to be challenging behaviour. 11 of the 12 teachers noted that challenging behaviour to be a combination of a hyper or hypo active behaviours that included crying, shouting, pinching, hitting, throwing, biting and other aggressive behaviours. Only 1 participant tried to define ‘challenging behaviour’ with one participant stating that “*challenging behaviour is behaviour that hurts either the child or others surrounding the child*” the participant continue to explain that it is also “*behaviour that is unacceptable in society and behaviours that make other feel afraid...*” It is clear from the responses that the majority teachers are not able to define challenging behaviour and that between the participants there is not a general consensus of what is considered to be challenging behaviour. The list of examples that the participants provided were definitely examples of unacceptable behaviour, however only 1 participant managed to attempt to define “challenging behaviour” and the fact that is considered to be “behaviour that threatens the quality of life and/or physical safety of an individual or others” (Emerson, 1995).

The inability to clearly define challenging behaviour reveals the fact that teachers working with children with ASD are not clearly able to separate what is considered to be “one” off or “occasional” behaviours to that of behaviours that are challenging which according to Emerson (1995) are behaviours that are either intense, frequent or last a long time. This is important as all children demonstrate “behaviours” that are at times ‘challenging’, another reason why this is important is the fact that often the way that “challenging behaviours” are managed is different to that of typical occasional

behaviours and thus having a clear understanding of the definition of challenging behaviour is pivotal to being able to successfully manage behaviours of concern.

3.1.2 Discussion of Code 2: The causes of challenging behaviour.

Understanding the exact cause of challenging behaviour is critical as it allows for the person trying to managing the behaviour to quickly react in a way that is appropriate to the behaviour. For example when an adult knows that a child is “yelling or screaming” the immediate response for some people is to calm the child by talking and engaging the child, however this is most often the wrong way to respond and in fact the opposite should occur where the adult ignores the child. It is only through ignoring the child that the child begins to understand that their behaviour in unacceptable. According to the Challenging Behaviour Foundation (2009) it is important to understand the cause of challenging behaviour as the underlying cause results in different approaches to management. The Challenging Behaviour Foundation (2009) lists four common purposes to challenging behaviour which include: “social attention, tangible desires, escaping, and sensory behaviours”. There are some behaviours, particularly those of sensory origins that “may appear pointless, annoying or distressing to the observer. However, for the person themselves, the behaviour may serve the function of helping them cope with unpleasant negative feelings such as boredom or anxiety. Although a challenging behaviour may appear negative to us, the behaviour may serve as a positive coping strategy for the individual (The challenging Behaviour Foundation, 2009).

In this category the data indicates that the majority of teachers believed that behaviours are caused by feelings, expression, families, physical or birth problems. 10 out of 12 participants believed that the main cause of a child’s behaviour is that a child is unable to express their needs and also the teachers are unable to understand the children with ASD.

Only 2 of the 12 participants in the study mentioned that challenging behaviours may be caused by “sensory problems”. It is clear from the collated data that the majority of teachers did not have a very good understanding of what the main causes of challenging behaviours were. Whilst the participants were able to list some possible

causes, none were able to mention the factors that lead to challenging behaviours. The answers they provided were more to do with the causes of the child's disability. Without truly understanding the "cause" or the reason behind a child's behaviour, management of behavioural problems may largely be ineffective and not addressing the underlying problem that may prevent further behavioural issues.

3.1.3 Discussion of Code 3: Discussion with parents about managing a child's behaviour at home.

The purpose of this category is to establish whether or not teachers and support staff discussed how they were managing a child's behaviour in the classroom and then sharing this information with the parents. The Disability Service Commission (2009) states that the most effective approach to behaviour management as a 'team' approach with a family at the centre of the team. This approach is regarded as the most effective because it means that any strategies that are being used in home, school or any other community settings can be standardised for the child across all environments thereby keeping the approach consistent and in the longer term more effective for the child. According to the Ministerial Advisory Committee: Students with Disabilities (2005) the added benefit of a more consistent approach to behavioural management particularly for a child with ASD is that it reduces the anxiety levels of the child which is a central characteristic for children with ASD.

The results from the survey collected indicate that all participants discuss issues surrounding the child's behaviour with parents, however it is important to note that teachers do not regularly communicate the strategies that they are using at school to the parents so that the strategies are followed up at home, typically discussions were centred around the child's behaviour for the day and whether the child had a "good" or "bad" day. Similarly teachers do not appear to be incorporating the strategies that parents are using at home, in the school environment. 11 of the 12 participants stated that they generally always try to contact parents to understand what behaviours are occurring at home and to see whether the behaviours are unique to the school environment. It is assumed by the responses that this is to help teachers understand what is "normal" for the child. Though this is a good way to understand what is "normal" for the child on a day-to-day basis this kind of contact does not address the

underlying and fundamental issues of the problem and does not in any way help manage the child's behavioural problems, particularly in the longer term.

One participant in the study mentioned that face-to-face contact with the parents were not always possible and that if necessary teachers may communicate with parents with them "through a written note in the child's communication diary".

Thus far it is becoming clear that participants do not have a very good understanding of the basic principles needed to successfully manage a child's behaviour. Whilst teachers did discuss issues with parents within regards to their child's behaviours at school it appears that no formal meeting or formal process takes place to help parents and teachers communicate and build consistency between home and school which is described by the Ministerial Advisory Committee: Students with Disabilities (2005) as a crucial aspect in effectively implementing behavioural management strategies.

3.2 Theme 2: To find out what strategies teachers follow to manage challenging behaviours.

3.2.1 Discussion of Code 1: Understanding of management strategies.

All teachers in this section were able to explain that they believe "management strategies" to be ways in which they are able to control the behaviours of the children. This indicates that teachers understood that management strategies were useful in "controlling" behaviours. 2 of the 12 participants in the study did give example such as "*when a hyperactive child hitting himself on the wall then at first we try to control his/her verbally the protect them by giving support by foam pad on the wall .We give them different therapy most of the time Occupational Therapist manage challenging behaviour,, so we use their therapy strategies, ball activity, shape box, play activity we use for the relaxation*".

All teachers were able to describe their understanding and purpose of management strategies which is positive, however the indication that was given by a significant number of participants is that they typically came up with their own strategies and "reacted" to the child. Whilst the purpose of this section is not to assess the types of strategies or the effectiveness of the strategies it does anecdotally provide interesting

insight into the how behaviours are managed and that is that behaviours appear to be managed on a reactive basis and no formal long term plan is designed and organised such that behaviours are ultimately reduce or eliminated.

Overall it is positive that teachers are aware of the purpose of behavioural management strategies however as discussed there are some indicators that the participants may not understand the longer term value of the strategies.

3.2.2 Discussion of Code 2: Name and reason of effective management strategies.

The purpose of this category was to investigate what strategies participants were using to manage children with ASD. Giallo and Little (2003) showed that teachers who engaged in a wider range of strategies tended to have a better understanding of behaviour management than compared to those who were limited in their use of behaviour management strategies. The results of this study indicate that few teachers were able to describe clearly the types of strategies they regularly used to manage behaviours. According to Edwards (2000), McNaughton (2002), Prashing (2000) effective teachers create environments which enable all students access to their preferred ways of learning at all times and where teachers work hard towards catering for all their student needs or preferred way of learning.

Being able to understand and use a variety of behavioural management strategies typically allow teachers to cater for the learning needs of most students. Some participants in the study did comment that by controlling challenging behaviour they are able to create more motivating learning environments for the students. 7 of the 12 participants felt that tangible reinforcements such as foods, toys and other motivating objects were the most effective form of reinforcement. One participant commented that *“When we see child become calm and happy we give them chips and I can fulfil my target activity by controlling their behaviour for that reason a apply positives reinforcement (chips)”*.

Interestingly 5 participants mentioned that they used ABA and PECS to manage the children’s behaviour and at times they used rhymes, songs, jumping and distractions to manage the behaviour. A participant commented that they thought that *“the reinforcement is very effective and sometimes to control a child’s behaviour we hold*

child's hand tightly like when a child moves several time, we hold her hand and child stop to do that work. I think it is effect for me to manage child's behaviour."

There is evidence from the comments that teachers know of some strategies that can be used to manage challenging behaviours, however teachers were only able to provide basic examples of strategies and no participants were able to name strategies such as "time-out", "ignoring", "sensory", "diversion", "social stories" and other types of therapy. A particularly worrying point in regards the response is the mention of ABA and PECS as forms of behaviour management strategies when principally they are programs either designed to improve communication skills or learning skills and not primarily designed for behaviour management, this suggests that there is a significant misunderstanding between what managing challenging behaviour is and that of therapy programs. It is also clear from the majority of participant comments that teachers preferred reinforcing strategies that were more tangible which are considered to be "negative reinforcers" for example whilst they may be successful in the short term they are generally regarded to be ineffective in stopping the child from eliciting the "undesired" behaviour in the long term. Zirpoli & Melloy (1993) remark that all reinforces will lead to a point of satisfaction and lose their effectiveness and thus the use of "tangible" reinforcers should be limited in their use if not avoided entirely. This is a very important point because ultimately the strategies that teachers are naming and describing in answering this category suggest that mostly negative reinforcers are being used and other positive reinforcers such as natural and direct reinforcement, social reinforcers, and activity reinforcers should be used as according to Zirpoli & Melloy (1993) they are generally more effective. From the results it is evident that teachers need to undergo further training in understanding how to manage, reduce and/or eliminate challenging behaviours for the longer term, there also need to be training in understanding the difference between communication and therapy programs such as ABA, PECS and behaviour management.

3.2.3 Discussion of Code 3: Measurement of effective strategies.

It is pivotal to the success of any program that is implemented that it is monitored and evaluated to assess the success of the program. From the answers that were collated from the study it can be inferred by the answers of the participants that no teachers

formally recorded the progress and effectiveness of their behaviour management strategies. 10 of the 12 participants mentioned that often applying the strategies they would monitor the behaviours on a day-by-day basis and observe to see whether strategies were actually appropriate for the child. Whilst it is not always necessary to formally document the progress of behaviour management strategies as suggested by the participants in the study because the strategies if successfully implemented will be eliminated over time. The issue with this approach according to Burke (1992) is that teachers often do not realise that new “behaviours” that emerge may come from the same “cause”, meaning that often behaviours manifest themselves in a different way even though the reason for the behaviour is still the same and ultimately unaddressed.

The participants in the study appear to monitor the progress of the behaviour of students in an informal way and rarely was progress properly documented, though it is difficult to assess the extent of the impact this would have had on the proper elimination and/or reduction of challenging behaviours, researcher Burke (1992) suggests that there is a reasonable chance that many of the ‘implemented’ strategies would not have had much successful long term outcomes. This is important and has significant implications for ensuring the children with ASD are included appropriately in the classroom and that the children are given the best possible opportunity to learn.

3.3 Theme 3: To find out how to help teachers develop an understanding of challenging behaviour and how to manage them.

3.3.1 Discussion of Code 1: Knowledge about others professions.

The purpose of this question is to determine whether teachers were aware of the different roles that different allied health professionals can play in assisting with behaviour management. At the forefront Speech and Language Therapists determine the communicative intent behind behaviours, Occupational Therapists typically but not always observe and assess the children to determine whether their behaviours are impacted by their sensory needs. Psychologists may help to determine whether there are underlying psychological issues that are the causes of the behaviours and whether other types of psychological interventions are necessary in assisting with the

appropriate management of challenging behaviours (Banks et al. 2007). In review of the study responses it is evident that the participants were all able to name the professions that may be able to assist them with managing challenging behaviours.

3.3.2 Discussion of Code 2: Understanding about behaviour is a form of communication.

For individuals with autism, behaviour may be the only means by which they have to communicate a need or frustration. Mirenda (2005) stated the individuals with autism will communicate using the “most effective and efficient means possible.” It is therefore very important that teachers understood that in almost all instances a “behaviour” is trying to communicate a message.

From the responses it appears that teachers agreed that “behaviour” was a form of communication and often the behaviours were of a “verbal and non-verbal” nature. It is difficult to assess from the responses whether teachers were able to interpret the “communicative” intent behind the behaviours because just 6 teachers were strongly agreed that behaviour (verbal and non-verbal) is way of communication, however it is positive that all teachers were able to identify the fact that there is a link between behaviours and communication.

3.3.3 Discussion of Code 3: Knowledge of the roles of Speech and Language Therapist

Speech and Language Therapy as a profession in Bangladesh is very young and very few people are aware of the different roles that SLTs have, one particularly role is providing therapy to children with ASD who have communication delays and disorders and may also include pragmatic skills, expressive and receptive language skills and cognitive skills. 5 of the 12 participants said that they had heard of the SLT profession however from the response of 7 of the other participants it is clear that there is a superficial understanding of the role of SLTs with most of them mentioning, speech problems, voice problems and tongue problems, whilst these issues are in the realm of SLTs, it was hoped the teachers would have discussed the uses of Alternative and Augmentative Communication (AAC) strategies such as the use of visuals, signs,

and other strategies. It was also hoped that teachers would be able to identify that SLTs could help with understanding the communicative intent behind the behaviours that students with challenging behaviours may be eliciting.

It is clear from the response that teachers were not aware of the wider roles that SLTs played in helping children with ASD, particularly in the realm of communication and behaviour. This is an area that highlights the needs for the profession to better promote itself and increase the awareness of schools and other medical professionals of the role the SLTs have in working with children with ASD.

3.3.4 Discussion of Code 4: Role of Speech and Language Therapists in managing challenging behaviours.

SLTs play a vital role in communication and understanding and interpreting behaviours. Speech and Language Therapists are skilled, autonomous professionals with specialized knowledge, skills, and clinical training in assessment and management of communication and swallowing disorders (American Speech-Language-Hearing Association, 2005). The response from 9 of the 12 participants were simply that they agreed that SLTs have a role in managing behaviour but none of the 12 participants were able to elaborate on what within regards to challenging behaviours that SLTs were able to assist with even when prompted by the interviewer. One response from the participants indicated that they were unsure of what the SLTs role was with managing challenging behaviour commenting that *“yes they can [help children with ASD]. If child has problem in speech, I think they can help a lot. I don’t know whether they can help to manage challenging behaviour”*.

It is clear that more needs to be done in promoting the profession and explaining the pivotal roles that SLTs have in assisting with challenging behaviour.

Conclusion on Discussion

This part is very important because here exposed overall outline of this study. From this study researcher found that teachers understanding about challenging behaviour is poor, most of the teachers are not able to define challenging behaviour and they are confused about what is considered to be challenging behaviour. The responded from

teachers about the reason of challenging behaviours, here exposed teachers had not proper idea about the genuine causes of challenging behaviours. When question aroused about the discussion with parents then their response exposed partial positive responses that they discussed and contacted by different way with parents just to know the typical behaviour of child with ASD but teachers didn't share about the strategies which they applied in classroom to manage child's behaviours and they didn't maintain formal meeting process. Finding about how many teachers know about managing strategies, in that cases came a positive responses and teachers were alert about managing strategies and they knew why they applied managing strategies. Finding about the effective managing strategies, researcher found that most of the teachers were confused about the effective managing strategies, because always they misapprehend between managing strategies and therapeutic programme. And it is appeared that most of the teachers monitor the progress of the behaviour of students through normal way, they don't have any recording of success but according to child needs they identify the progress during a long time. Researcher found a positive response in the question of different professional names and the knowledge about the relationships between communication and behaviours. In the question about the role of SLTs, in that case came out a positive responses from teachers that they know about SLT but in there found a slight positive responses for the question of the role of SLTs to managing challenging behaviour .Here researcher found that most of the teachers knew very tiny information about the role of SLTs but few of them still confused about SLTs can play vital role in managing challenging behaviours.

There are some limitations that should be kept in mind in the study one of which is the time limitations placed due to the fact that this is a relatively small undergraduate research project. The researcher always tried to consider these limitations.

First limitations on this study's ability to assess the success or the appropriateness of the strategies that are used, given that no direct classroom observations will be made, however the study is aware that in the majority of circumstances and given the cultural context of Bangladesh, it is unlikely that teachers will admit to their inability to perform a task which in this instance is to manage a child's behaviour.

An unfortunate limitation of the questioning time is that it did not ask what kind of help that each of the professions were able to provide. If this question was asked it would help the study whether teachers understood the exact purpose for the referrals to other health professionals. Despite the limitations it is a positive result that teachers were aware of the fact that referrals can be made to other allied health professionals.

Other limitation was there was no any records of their successful events about managing challenging behaviours, if had researcher will more clearly discern actually the teachers count the applied managing strategies were appropriate or not.

One major limitation of this study it the very complex nature of needing to translate and then re-translate responses. Survey questions that were initially developed in English were translated into Bangla, similarly the fact that after the interview the responses had to be translated back into English made it challenging to interpret, like in English there are subtleties in the Bangla language.

If this study was written in Bangla it would have been easier to describe and ideas and concepts would have been more easily explained in this study.

Shortage of book about challenging behaviour managing strategies in the academic library, it is another limitation for this study. If researcher got more books then this study will more resourceful.

Researcher found very little international literature from the internet which was very cost to download, that was another limitation for this study. And some literature was found which is not always the relevant with this study. Overall adequate resource was the limitation for this study work.

As a result of the findings it is recommended that-

Teachers should be provided with additional training within regards to ASD and managing challenging behaviours prior to their commencement of work at a special needs school. Continued professional development opportunities should be created in the form of workshops, seminars, conferences and health networks in order to help maintain and further develop the skills of teachers. Special needs school and schools who accept children with ASD should provide the necessary resources that allow for successful behaviour management, this may include having a variety of activities that cater to the different sensory needs of each child with ASD. Where possible schools should be accessing the advice and knowledge of appropriate allied health professionals. If possible special needs school should employ therapists in an interdisciplinary team working together with teachers. Teachers should train about others compensatory knowledge to improve child's communication like –AAC. Every autism schools and special needs schools need to improve their inner-power and invite every teacher to share about their problems. Teachers should gather their successful records and share about managing strategies through face to face meeting with child's parent. Teachers should gain huge knowledge about others professions role in ASD, it will help teachers to work with them in different needs. Speech and Language Therapist should promote their role among different special and autism schools through working in that schools and aware of teachers about ASD. Teachers should train to grow proper idea about the managing strategies and therapeutic methods and if every year arranges an examination for teachers to investigate their knowledge or if they join in solving a case history competition, it will helpful for teachers to upgrading their knowledge about ASD.

The research gathered information about 12 teachers opinion who directly work with child's with ASD and their opinion conducted through structured questioner regarding the knowledge about challenging behaviour, managing strategies and how to rich their knowledge.

From discussion and finding researcher come out a conclusion that the entire 12 teacher who worked child with ASD but their proficiency was different from person to person about the definition of challenging behaviours, its managing way and how to rich their knowledge by different professions.

Finally researcher got specific confirmation about all purpose of study objectives and overall for first theme outcome was teachers were not properly knowledge about challenging behaviour. So in the questioning time the teachers were not able to properly define the actual causes behind the challenging behaviour. Researcher also found that teachers discussed with parents of ASD child's but they were not concern why they discussed, what the intention behind it and they are also not follow any formal roles like arranging meeting or video recording, day basis discussion. This observation proved that teachers, who worked with child with ASD, were not concern.

Second theme was very essential for the researcher to know about Bangladeshi teacher's tangible knowledge of appropriate way of applying managing strategies. So, in that case researcher found discouraged information from them that they know about managing strategies but they don't know how to apply those with their child with ASD. Some of them create new methods to control child's behaviour which is not under managing strategies. And when researcher tried to get information about their successful outcome, in that moment their revealed was weak. This statement proved that teachers were not skilful in managing child's behaviour.

The final themes was to know the information about the way to progress teachers knowledge, here researcher found that teachers known about others professions from whom they can get help. Most of them said they heard about SLT but they were not

clear about SLTs role and in that case teachers were confused about SLTs role. This information is very important for this research because, if SLT know the knowledge of Bangladeshi teachers to managing challenging behaviour, subsequently SLTs will aware them about ASD child's behaviour and how to control them. By this way teachers will be benefited through gain their knowledge from SLTs and child with ASD also will get proper management from those teachers. According to Hill and Hawk (2000) if teachers understand the challenging behaviour well, they are likely to understand their students who present challenging behaviours well.

So researcher's views to manage challenging behaviour are not so easy work but it will be easy for the teachers whom have proper knowledge about challenging behaviour and managing strategies. This studies focus was to find out average numbers of teacher's views and from findings and discussions researcher find that teachers knew very slight about challenging behaviour and managing strategies and they were not skilful to applying managing strategies with them but still they are working with the child with ASD.

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ANNEXURE

Annexure: I Questionnaire

These questions answers will be about the understanding of teachers regarding the behavioural management strategies of children with autism.

Participants' name:

Researcher's name:

Participants No:

Date:

Questionnaire

✓ **To find out what if teachers understand the causes of challenging behaviours. (1- 3)**

1. Please define challenging behaviour in your own words. (অস্বাভাবিক আচরণ বলতে আপনি কি বোঝেন?)
2. Why do you think children present with challenging behaviour? (শিশুরা এই অস্বাভাবিক আচরণ কেন করে বলে আপনি মনে করেন?)
3. Have you ever discussed with child's parents how the child behaves at home? (বাড়িতে শিশু কেমন আচরণ করে এ সম্পর্কে আপনি কী শিশুর পিতামাতার সাথে কখনো আলোচনা করেছেন।)

✓ **To find out what strategies the teacher uses to manage challenging behaviours.(4-6)**

4. What do you know about managing strategies for challenging behaviour? (অস্বাভাবিক আচরণ নিয়ন্ত্রনের কৌশল সম্পর্কে আপনি কি জানেন?)
5. What strategies have you found to be effective in managing these behaviours and why? (কোন ধরনের কৌশলগুলো বেশি উপযোগী বলে আপনি মনে করেন এবং কেন মনে করেন?)

6. After implementing your strategies how did you measure the effectiveness?
(একটা কৌশল প্রয়োগের পর কিভাবে আপনি বুঝতে পারেন যে কৌশলটি ভাল ফলাফল/ কাজে দিয়েছে।)
- ✓ **To investigate what Speech and Language Therapists can do to help teachers better understand and develop their understanding of challenging behaviours and how best to manage it. (7-10)**
7. Do you know of any other professions that may be able to assist you in understanding challenging behaviours better? (please list professionals you know of that may be able to help)
(আপনি কি অন্যান্য কোন পেশাজীবীদের সম্পর্কে জানেন যারা আপনাকে অস্বাভাবিক আচরণ সম্পর্কে আরও ভালভাবে জানতে সাহায্য করতে পারবে? কোন কোন পেশা?)
8. Do you think behaviours are a form of communication? Yes/no (please explain your answer)
[আপনার কাছে যোগাযোগের ক্ষেত্রে আচরণের কোন প্রয়োজন আছে কি বলে মনে করেন? (হ্যাঁ / না , আপনার মতামত বিস্তারিত আলোচনা করুন)]
9. What do you know about Speech and Language Therapy? (স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি সম্পর্কে আপনি কি জানেন?)
10. Do you think Speech and Language Therapists can help with managing challenging behaviours? (yes/no) (please explain your answer and describe what ways you think that Speech and Language Therapists can help) (আপনি কি মনে করেন স্পিচ থেরাপিস্ট আপনাকে অস্বাভাবিক আচরণ নিয়ন্ত্রণে সাহায্য করে পারবে?)

(Adapted from Dhaliwal,

2013)

Annexure: II

সম্মতি পত্র

এই গবেষণা স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের অধ্যয়নের একটি অংশ এবং গবেষকের নাম ফারজানা আহমেদ ইফা। তিনি বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউটের বি.এস. সি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের ৪র্থ বর্ষের অধ্যয়নরত একজন ছাত্রী এবং তার গবেষণার বিষয় কতজন শিক্ষক ওটিজম শিশুদের অস্বাভাবিক আচরণ এবং এই আচরণ নিয়ন্ত্রণের কৌশল সম্পর্কে জানেন।

এই গবেষণায় আমি----- একজন অংশ গ্রহণকারী এবং আমি এই গবেষণার উদ্দেশ্য পরিষ্কারভাবে জানতে পেরেছি। আমি যে কোন সময় এবং গবেষণার যে কোন পর্যায়ে আমার অংশগ্রহণ প্রত্যাহার করতে পারি। এ জন্য আমি কারো কাছে জবাবদিহি করতে বাধ্য নই। এই গবেষণায় অংশগ্রহণ করলে তা আমার বর্তমান এবং ভবিষ্যতে কোন প্রকার প্রভাব ফেলবেনা।

সাক্ষাতের সকল তথ্য যেগুলো গবেষণার কাজে ব্যবহৃত হবে, সেগুলো সম্পূর্ণভাবে গোপন থাকবে। শুধুমাত্র গবেষকের তথ্যগুলোর প্রবেশাধিকার পাবে। কোন প্রকার নাম প্রকাশ হবেনা।

আমি গবেষণার পদ্ধতি এবং জটিলতা অথবা সাফল্যের ব্যাপারে বা গবেষণার তত্ত্বাবধায়কের সহিত আলোচনা করতে পারব।

আমি উপরিউক্ত সকল তথ্যগুলো সম্পর্কে জানি এবং আমি এই গবেষণায় অংশগ্রহণে সম্মতি জ্ঞাপন করছি।

অংশগ্রহণকারীর সাক্ষরঃ

তারিখঃ

গবেষকের সাক্ষরঃ

তারিখঃ

Annexure: IV

Permission to conduct the study

Permission Letter

Date 14th September, 2014

To

Head (Acting),

Department of Speech and Language Therapy

Bangladesh Health Professions Institute (BHPI).

CRP, Chapain, Savar, Dhaka -1343.

Subject: Prayer for seeking permission to conduct the research project.

Sir,

I beg most respectfully to state that, I am a student of 4th year B. Sc. In Speech and Language Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfillment of the requirement of the degree of Bachelor of Science in Speech and Language Therapy. My research title is "**Teachers understanding of challenging behavior and management strategies for children with autism in Dhaka city**". The main objectives of this study is to find out teachers understanding the reason of challenging behavior, what strategies teacher follow to manage challenging behaviors and how to help teachers develop an understanding of challenging behavior and how to manage it. I am sincerely seeking permission to conduct my research project.

Now I am seeking your kindness to allow me to start the research project and I would like to assure that anything of my research project will not be harmful for the participants.

So, I therefore, pray and hope that you would be kind enough to grant me the permission of conduction the research and will help me to conduct a successful study as a part of my course.

Yours obediently,

Farjana Ahmed Efa

4th year student of B.Sc. in Speech and Language Therapy

Bangladesh Health Professional Institute (BHPI)

CRP, Chapain, Savar, Dhaka-1343.

Name	Comments and signature
Md. Jahangir Alam The Head (Acting) Department of Speech and Language Therapy BHPI, CRP, Chapain, Savar, Dhaka-1343	Permitted to conduct the Study. Jahangir 14/9/14

Annexure: V

Permission for data collection

Permission Letter

Date 14th September, 2014

To

Head (Acting),

Department of Speech and Language Therapy

Bangladesh Health Professions Institute (BHPI).

CRP, Chapain, Savar, Dhaka -1343.

Subject: Permission to data collection for undergraduate dissertation from autism school in Dhaka city.

Sir,

I beg most respectfully to state that, I am a student of 4th year B. Sc. In Speech and Language Therapy of Bangladesh Health Professions Institute (BHPI). I have to submit a research project to the University of Dhaka in partial fulfillment of the requirement of the degree of Bachelor of Science in Speech and Language Therapy. My research title is **“Teachers understanding of challenging behavior and management strategies for children with autism in Dhaka city”**. The main objectives of this study is to find out teachers understanding the reason of challenging behavior, what strategies teacher follow to manage challenging behaviors and how to help teachers develop an understanding of challenging behavior and how to manage it. I would like to take data for my study from teachers who directly work with autism child. I ensure, confidentiality will be maintained as relevant authority. Your kind permission is needed for collect data to conduct the project.

So, I therefore, pray and hope that you would be kind enough to allow me to collect data for conduct my research project and help me to obtain my degree successfully.

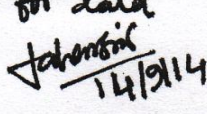
Yours obediently,

Farjana Ahmed Efa

4th year student of B.Sc. in Speech and Language Therapy

Bangladesh Health Professional Institute (BHPI)

CRP, Chapain, Savar, Dhaka-1343.

Name	Comments and signature
Md. Jahangir Alam The Head (Acting) Department of Speech and Language Therapy BHPI, CRP, Chapain, Savar, Dhaka-1343	you can proceed for data collection.  14/9/14

Annexure: VI



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

(The Academic Institute of CRP)

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তারিখ : ২১.০৯.২০১৪

প্রতি

অধ্যক্ষ

আলোকিত শিশু

শেখেরটেক, মোহাম্মদপুর, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী ফারজানা আহমেদ তার রিসার্চ সংক্রান্ত কাজের জন্য আপনার সুবিধাজনক সময়ে আপনার প্রতিষ্ঠানে সফর করতে আশ্রয়ী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

অধ্যাপক ডাঃ এম এ কাদের

অধ্যক্ষ

বিএইচপিআই।



Granted for Data
Collection.
28/09/2014
Md. Zahir Uddin Akanda
Founder & Chairman
AL OKHTO SHI-SHU
Shekher Tek, Mohammadpur
Dhaka-1207

Annexure: VII



বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

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তারিখ : ২১.০৯.২০১৪

প্রতি
অধ্যক্ষ
প্রয়াস
ঢাকা সেনানিবাস, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক। *Research Topic: Understanding of Challenging behavior and manual Strategies for ASD Children*

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী ফারজানা আহমেদ তার রিসার্চ সংক্রান্ত কাজের জন্য আপনার সুবিধাজনক সময়ে আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

Access
অধ্যাপক ডাঃ এম এ কাদের
অধ্যক্ষ
বিএইচপিআই।



Seen	
Principal	8
Ops & Proj Offr	
Office Super	<i>[Signature]</i>
Date	11/10

PLS allow her to collect data for above mentioned research.
[Signature]
11/10/14

Annexure: VIII



বাংলাদেশ হেল্থ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)
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তারিখ : ১৮.১০.২০১৪

প্রতি

অধ্যক্ষ

আনন্দশালা অটিজম স্কুল

জাহাঙ্গীর নগর বিশ্ববিদ্যালয়

সাভার, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যান্ডুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যান্ডুয়েজ থেরাপি কোর্সের ছাত্রী ফারজানা আহমেদ ইফা তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ২০.১০.২০১৪ ইং তারিখ থেকে ৩১.১০.২০১৪ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

মোঃ জাহাঙ্গীর আলম

বিভাগীয় প্রধান

স্পীচ এন্ড ল্যান্ডুয়েজ থেরাপি বিভাগ

বিএইচপিআই।



Dr. Jahanir Alom
Specialist in Speech & Language Therapy
Savar, Dhaka.

Annexure: IX



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)

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BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178,8053662-3, Fax: 8053661

তারিখ : ১৮.১০.২০১৪

প্রতি

অধ্যক্ষ

ড্রিম এনজেল সেন্টার ফর অটিস্টিক চিলড্রেন

মিরপুর-৭, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর প্রসঙ্গে।

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বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী ফারজানা আহমেদ ইফা তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ২০.১০.২০১৪ ইং তারিখ থেকে ৩১.১০.২০১৪ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

Jahansir

মোঃ জাহানসীর আলম

বিভাগীয় প্রধান

স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগ

বিএইচপিআই।



Md Abu Sayeed Miah
Md Abu Sayeed Miah
General Manager
Dream Angels Centre for Autistic Children

