Addis Ababa University

College of Education & Behavioral Studies

Department of Special Needs Education

Social Skills Training for Children and Youth with Autism in

Nia Foundation Joy Center

By

Tigist Ayele

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This Thesis is submitted to the Department of Special Needs Education in Partial Fulfillment of the Requirements for MA Degree in Special Needs Education

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Approval of the Board of Examiners

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Declaration

I declare that this study is my original work towards the Degree of Master of Arts in Special Needs Education and has not been submitted for any Degree or Diploma in any University. To the best of my knowledge, all source of materials used for the study have been appropriately acknowledged. I have undertaken the study independently with the guidance and support of the research advisor.

Signature: _____

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Name of Advisor: Dr. Tilahun Achaw

Signature: _____

Acknowledgment

Thanks to my God, Jehovah for his blessing and unconditional support,

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Abstract

The study aims to investigate the social skills training of children and youth with autism in Nia Foundation-Joy Center for Children with Autism. To accomplish this qualitative descriptive design was employed in order to investigate and describe the issue. The study area selected was Nia Foundation-Joy Center for Children with Autism in Addis Ababa. The number of participants involved in the study was 17. They were 2 administrators, 10 teachers and 5 parents. The administrators and teachers were selected with purposive sampling. The administrators were selected because of their relevance for the needed information and the teachers were selected based on their experience in teaching in the center. Participant parents were selected with availability sampling. The data collecting tools that used in the study were semi-structured interview and observation. The findings of the study show that the center had limitation in using variety of scientific social skills training types such as video modeling, social stories, superheroes, and peer training. The center also had limitation in using technologies specifically to give social skills training. The teachers are not enough qualified in the education and training of children with autism. The center has good strategies to work with parents. Based on the major findings of the study, it is recommended the center to improve the social skill training by using different scientific methods as well as by using available and cost effective technologies as well as governmental and nongovernmental organizations have to support the training and education of children and youth with autism in different possible ways.

Acronyms/Abbreviations

AAC_ Augmentative and Alternative Communication

AAU_ Addis Ababa University

ABA_ Applied Behavior Analysis

ADHD_ Attention Deficit Hyper Activity Disorder

APA_ America Psychiatrist Association

ASD_ Autism Spectrum Disorder

AT_ Assistive Technology

DSM_ Diagnostic and Statistical Manual for Mental Disorders

PDA_ Pathological Demand Avoidance Syndrome

PDD-NOS_ Pervasive Developmental Disorder Not Otherwise Specified

SNE_ Special Needs Education

SST_ Social Skills Training

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Now days, autism becomes one of the social problems in every part of the world. Autism is a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance (America Psychiatrist Association, 2013). Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences (Carbone & Farley, 2010). Autism is an early onset and lifelong condition characterized by impairments in socialization and communication that have a severe impact on a person's ability to meet the demands of everyday life (America Psychiatrist Association, 2013). We can understand from the above definitions, children with autism have different difficulties that hinder their social and academic participation.

One of the main characteristics of children with autism is difficulty in social interaction (Carbone & Farley, 2010). Social skill deficits identified in children with autism include: lack of orientation towards a social stimulus and inadequate use of eye contact, problems initiating social interactions, difficulty interpreting both verbal and nonverbal social cues, inappropriate emotional response, and lack of empathy to others' distress (Rao, Beidel & Murray, 2008).

As described in Diagnostic and Statistical Manual for Mental Disorders (5[th]ed), a difficulty in social skills is one of the main characteristics of autism.

A. persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by 3 of 3 symptoms:

A1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back   and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction.   .

- Abnormal social approach

- Failure of normal back and forth conversation

- Reduced sharing of interest

- Reduced sharing of emotions/affect

- Lack of initiation of social interaction

- Poor social imitation

A2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated-   verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in   understanding and use of nonverbal communication, to total lack of facial expression or gestures.

- Impairments in social use of eye contact

- Impairment in the use and understanding of body postures (e.g. facing away from a listener)

- Impairment in the use and understanding of gestures (e.g. pointing, waving, nodding/shaking head)

- Abnormal volume, pitch, intonation, rate, rhythm, stress, prosody or volume in speech

- Abnormalities in use and understanding of affect

- Lack of coordinated verbal and nonverbal communication (e.g. inability to coordinate eye contact or body language with words)

- Lack of coordinated non-verbal communication (e.g. inability to coordinate eye contact with gestures)

A3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

- Deficits in developing and maintaining relationships, appropriate to developmental level

- Difficulties adjusting behavior to suit social contexts

- Difficulties in sharing imaginative play

- Difficulties in making friends

- Absence of interest in others

Children with autism do not develop normal attachments to parents, family members, or care givers. They fail to develop friendships with peers and do not involve in cooperative play.

Although the problem is series, researches show that children with autism can improve their skill through effective early intervention and intensive educational programs (Klin, Saulier, Sparrow, Cicchetti, Volkmer &Lord, 2007). It is believed also that inclusive education can bring improvement on social skill of children with autism (Williams, Keonig, Scahill, 2006).

Even if the social skill of children has the possibility to be enhanced, in the case of our country still it is difficult. Results of national researches on autism show that, children with autism do not get the appropriate training and support to develop their social skills. As evidences show autism appears in one out of 68 children with varying degrees of severity but the awareness about autism in Ethiopia is very minimal (Abdulhakim, 2016). The lack of awareness is not limited to the lay man but many professionals in the medical, educational, and vocational training fields are still unaware of how such disorders affect people and how to give trainings for individuals with autism. In addition to this there is great lack of facilities specialize in autism. Most of the children have been locked at home. Some of them go to special classes for children with intellectual disability or other educational settings but they do not get the appropriate services and skill trainings (Olani, 2014).Thus, children with autism do not have access to academic' social, and communication skills training, So that they do not involved in the overall socio-economic activities of the community (n.d).

In Ethiopia the issue of children with autism needs great attention because the practice of training of children with autism is not at satisfactory level. In the country there are only three centers for children with autism that established by the initiation of volunteer parents of children with autism. All the centers are in Addis Ababa so that they cannot serve the autism community, who live out of the capital city.

One of the major problems of children with autism is impairment in social skills; so that they need training and support to enhance their skills. As earlier mentioned there are not satisfactory services in Ethiopia thus we have to work on the available few centers to expand them, to share their experiences and to improve their services.

1.2 Statement of the problem

This research was focused on social skill training of children with autism with special emphasis on Nia foundation - Joy Center for children with autism. Different researches have been conducted on autism and social skill trainings.

According to Klin et al (2007) children with autism can improve their skills through effective early intervention and intensive educational programs. Radley (2015) stated that children with autism have common social problems include initiating and maintaining eye contact conversations and reciprocal behavior. Because of this, social skills are targeted on individualized education plan (IEPs) and other school-based intervention plans.

According to Carter et al (2013) creating educational contexts for adolescents with autism that has meaningful opportunities to develop skills, knowledge attitudes, and relationships that enhance their social competence is challenging work. In the research result of Thiemann and Goldstein, (2001) indicated that an intervention that integrated social stories, pictorial and written text cues, and supplemental video feed back was effective in improving specific social skills of young students with autism as they interacted with their typical peers. Thus there are researches that emphasis on social skill training of children with autism but most of them are not national researches.

There are also researches on autism that conducted in Ethiopia. For example: Sara, (2014) who studied about learning problems of children with autism and the challenges in the teaching process. The other one is Abdulhakim, (2016) studied about assessment on multicultural intervention for autistic children. Even if there are these and other researches about autism as far as my knowledge there is not any research

conducted on social skill training of children with autism in Ethiopia. So that the researcher initiated to investigate the practice of social skill training for children with autism in Joy center by raising the following research questions:

Research Questions

1. What types of social skills trainings are being given for children and youth with autism in Joy center?

2. What technologies do the teachers use to give social skills training for the children and youth with autism in Joy center?

3. What looks like the qualification of teachers who give the social skills training for the children and youth with autism in the center?

4. What does look like the center's effort to make parents to involve in their children's social skill training?

1.3 Objectives of the study

General objective:

➢ To investigate the practice of social skills training for children and youth with autism in Joy center

Specific objectives: The specific objectives of the research were to:

➢ Identify the types of social skills trainings being given to children and youth with autism in Joy center

➢ Identify the technologies that the teachers use to give social skill training for the children and youth with autism in Joy center

➢ Investigate qualification of teachers who teach children and youth with autism in joy center

➢ Investigate the center's effort to make parents to involve in their children's social skills training

1.4 Significance of the Study

Since one of the basic deficits of children with autism is difficulty in social skill, investigating the existing social skill training is very essential. When we think about education and training of children with autism, we have to think about improving their social skill; to accomplish this, the social skill trainings given for children with autism need to designed and implemented scientifically. Thus, the significances of the study are:

✚ It will provide information for centers and schools that training children with autism about the appropriate ways of social skills training.

✚ It will make aware the parents of children with autism to carry out their role by supporting their children's social skill training.

✚ The study will give information to the governmental and non-governmental bodies to support the training of children with autism.

✚ It will give direction for further researches in the area of social skill training of children with autism.

1.5 Scope of the study

The scope of the study is limited regarding its concept as well as geographical coverage. In special needs education there are so many areas that need to be studied but this study concerns only the issue of autism because the study can't cover all the issues. Even though there are various issues that could be studied in the area of autism, the study is focus on only social skill training of children and youth with autism. There are

about three autism centers in Ethiopia but the researcher is going to conduct the research on only one center that is in Addis Ababa Nia Foundation-Joy center.

1.5 Limitations of the study

In qualitative study it is important to use multiple data collecting methods; however in this study the researcher used only two instruments that were interview and observation.

1.6 Definition of Key Terms

- ❖ **Children and youth with autism:** Persons with autism from age 3to 25
- ❖ **Social Skills:** Goal-directed, learned behaviors that allow one to effectively interact and function in a variety of social contexts
- ❖ **Social skill training:** Any scientific and positive efforts and intervention methods that used to enhance social skills of children with autism
- ❖ **Technologies:** A range of assistive materials and products that used to provide social skills training for children with autism
- ❖ **Teachers:** The people who are giving trainings, care and education for children and youth with autism
- ❖ **Parents:** Fathers, mothers, guardians or care givers of children and youth with autism

CHAPTER TWO

REVIEW OF LITERATURE

2.1 Definition and History of Autism

Autism is an early onset and lifelong condition characterized by impairments in socialization and communication that have a severe impact on a person's ability to meet the demands of everyday life (American Psychiatric Association, 2013).

Leo Kanner first defined autism in1943 when he published a paper describing 11 children with similar characteristics. The following year in Germany, Hans Asperger described a group of older children with behavior issues. Although they had never met, both men used the same terms to describe the disorder (Willis, 2011).

According to DSM-5 to be diagnosed with autism, a person must exhibit either delayed or typical behaviors in the following categories:

- Interaction with others

- Communication (response to others)

- Behavior (e.g. Include bizarre or stereotypical behaviors such as hand wringing or rocking back and forth)

According to Flusberg, Joseph and Folstein, (2001) Autism is described as a spectrum disorder because children with autism have characteristics that fall in to a spectrum from very mild to quite severe. When discussing a child with autism, the recent literature refer to him/her as having autism spectrum disorder (ASD) which means a child's disorder falls somewhere along a range between very severe and very mild.

As described in Zager et al, (2012) even if each child with autism is unique, it is generally agreed that all children with ASD have difficulty in different levels of:

- Language and communication

- Social relationships

- Response to sensory stimuli

2.1.2 Major Types of Autism Spectrum Disorder

DSM IV-TR classifies autism- related disorders in to a single broad category referred to as pervasive developmental delay (PDD). The terms pervasive developmental delay and ASD are sometimes used interchangeably in current literature, and essentially they have the same meaning.

The recognized types of autism spectrum disorder include:

- Autistic disorder (classic autism)

- Pervasive developmental disorder not otherwise specified (PDD-NOS)

- Asperger's disorder (Asperger's syndrome)

- Pathological demand avoidance syndrome (PDA)

2.1.2.1 Autism

The National Autism Society describes autism as a lifelong developmental disability affecting how you communicate and interact with other people. To be diagnosed with autism, a child must exhibit significant disability in three areas, sometimes known as the triad of impairments. They are:

- Difficulty with social interaction

- Difficulty with communication

- Difficulty with imagination (National Institute of Mental Health, 2011)

2.1.2.2 Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS)

This classification is used when it is determined that a child has autism, although the characteristics displayed by the child are not like the characteristics of other children with autism.

This diagnosis is also used when the onset of the disorder happens after age three of all the classifications used for autism, this is the most vague and confusing for families and professionals however this classification allows a child with a few, but not all of the characteristics of autism to be classified as having autism so that he can receive the services he needs (Willis, 2011).

2.1.2.3 Asperger's Syndrome

Children with Asperger's syndrome traditionally behave much like children with other types of autism when they are young, in that they will have some difficulty with communication and social interaction. However, as they grow in to middle school age or in adolescence, they often learn how to socialize, communicate and behave in a more socially appropriate manner. Most children with Asperger's have average or above average intelligence, so they learn new skills as fast or, in many cases faster than their peers without autism. These children have been described as having difficulty with coordination; vocal tone (they may speak in a monotone), depression reaction to change, and they have a tendency for ritualistic behaviors. In addition, children with Asperger's syndrome may develop intense obsessions with objects or activities. Unlike other children with ASD these children tend to develop normally in the areas of self-help and adaptive behaviors, with the only exception appearing in the area of social skills which is often delayed (Ozonoff, South & Miller, 2000).

2.1.2.4 Pathological Demand Avoidance Syndrome

This condition is a recently recognized ASD. Children with PDA avoid demands made by others because of intense feeling of anxiety when they are not in control. Autism is very often diagnosed alongside other conditions, such as learning difficulties, dyslexia and ADHD (Willis, 2011).

2.2 Social Skills Training of Children with Autism

Social skills have been defined as the social and personal competencies that allow an individual to solve problems, read social cues, and perform competently when interacting with others.

Social interaction impairment is one of the challenges of children with autism. The most common social skills deficits among individuals with ASD include initiating and sustaining interactions, taking turns, perseveration on topics or activities, identifying and interpreting emotions, and taking others' perspective (Ashworth, 2014).

Typically developing children normally act or interact according to social rules and regulations however when it comes to children with autism they need to learn about the obvious rules followed by other members of a community. Social skills instructions should include opportunities for children with autism to engage in authentic social interactions in multiple typical settings throughout the school day (Hart & 5Whalon, 2011). During social skill training children learn the skill by memorizing the steps, practicing each step individually, and then putting them altogether. This is accomplished through the use of direct and deliberate instruction between a trainee and a trainer. Effective social skills training programs contain the following four components:

- Direct teaching

- Modeling

- Practice and

- Programming for generalization

Trainings designed for children with autism need include evidence based social communication interventions that teach children how to gradually initiate functional communication. Because autism is a spectrum disorder, instructional planning must be based on individual needs (Hart & Whalon, 2011).The children's need should be assessed and practical interventions should be prepared individually. These interventions should to start social interaction skills from basic responses to complex social skills, for example from eye contact& name response to how to initiate or maintain a conversation (Myles, Smith, Grossman & Henry, 2012). Thus, there are few evidence-based social enhancement and support programs appropriate for students with autism from which practitioners may choose (Simpson, Ganz & Mason, 2012).

2.2.1 Modeling/Using Role Models

Modeling new skills is important in the program given that many functioning individuals with ASD do not respond appropriately in social situations because they do not know how to respond or what to say despite having awareness of the need to do something. Modeling demonstrates what should be done in a given situation and increases the likelihood that the adolescent will learn the social skill employs a great deal of modeling in the program, the model attempts to explicitly state what they are feeling and doing during the modeled skill (e.g., ''even though I feel nervous about how she will respond, I will smile and say 'hello' because that is how I should greet someone'') (White, Koeing & Scahill, 2010).

According to National Professional Development Center on ASD (2010) Modeling may be done by group leaders and helpers, with group members themselves, the goal of this phase are for group members to observe the target behavior or skill being practiced correctly and successfully. Some groups may find it helpful to have both good and bad examples of the behavior and target skill component. Before moving on to practice and rehearsal, group leaders should ask for questions or comments.

2.2.2 Video Modeling

Video modeling is a strategy involving the use of videos to provide modeling of targeted Skills. It involves video recording and display equipment to provide a visual model (Myles et al, 2012).It is an effective intervention for teaching social skills to individuals with autism (Reichow &Volkmar, 2010).

As Ganz, Earles-Vollrath, & cook, (2011) reviewed different researches show that video modeling as a strategy has preliminary support to improve a variety of skills in students with ASD. It involves using videos of others has demonstrated to:-

- Increase appropriate social interactions

- Improve conversation skills

- Improve daily living skills

- Improve play skills

- Reduce problem behaviors

As the findings of Delano (2007) review there are several implications about the effectiveness of using video modeling to develop social skill of children with autism

✓ Individuals with autism ranging in age from3 to 20 years have benefited from the use of video modeling interventions. Thus, practitioners working with

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adolescents can also use video modeling by adapting the intervention to address the needs of older children.

o Children who can attend to a videotape for several minutes without destructing behavior may respond well to video modeling interventions.

o Video modeling may be useful in treating some of the central deficits found in children with autism including social skills.

o Video modeling has been effective in various settings such as home, school, and community settings.

o Video modeling often facilitates rapid skill acquisition, maintenance, and generalization across settings, people, and materials.

o The use of peer and adult models has been effective in teaching a variety of skills to children with autism and may simplify the process of making videotapes.

o Video modeling tapes are relatively easy to create and implementing the intervention may take only minutes each day.

Mehta, Millerand Callahan (2010) reviewed literature about the effectiveness of video modeling as a social skill training method and they recommended some points about effective implementation of video instruction:

✓ To use instructional prompts and reinforces or error correction makes more effective promoting acquisition, maintenance, and generalization of target social skills. The addition of reinforcement or prompting and feedback are necessary to improve the frequency of target behaviors.

✓ Two viewings of the video clip are more effective than just one viewing. For children who were reinforced by watching videos, repeated viewing also effective.

✓ The majority of researchers using video modeling have indicated that this method was effective in eliciting positive behavioral changes. In most video modeling studies, positive behavior was achieved quickly and was still evident in follow-up evaluations. In addition, the desired responses were generalized across situations (Blake, 2004).

2.2.3 Social Stories, Written Text Cues and Video Feedback

Social Stories are short, simple story that provides information about a social situation and the appropriate behaviors needed for that situation. The use of Social Stories among special education professionals has increased to address social skill acquisition (Pane, Sidener, Vladescu, and Nirgudkar, 2015). An intervention that combined social stories, pictorial and written text cues, and supplemental video feedback is effective in increasing specific communication skills of young students with autism as they interacted with typical peers. Under this strategy, children with ASD learn appropriate behavior in social circumstances and repeat the same behavior.

As Bozkurt and Vuran, (2014) described all examined research showed that social stories were an effective intervention for teaching social skills to individuals with ASD. Social stories convey real information about social situations, including others' probable reactions appropriate social responses, which help children, understand the social situations involved. Children with autism may have difficulty to understand abstract and unwritten social laws in their culture-specific social environment. Social

stories remove these obstacles by presenting visual information. Social stories teach children with ASD about appropriate communication through pictures and visual methods, enabling children with ASD to learn appropriate social behaviors that can be used to interact with others (Golzariet al 2007). In addition Gray (1994) as cited in Aggarwal and Prusty, (2015) identified several uses for social stories: (1) describing a situation, including social cues and responses; (2) personalizing social skills instruction; (3) teaching routines or student adjustment to routine changes; (4) teaching academic material in a realistic social setting; and (5) addressing challenging behaviors such as aggression, obsessive behavior and fear.

Thiemann and Goldstein (2001) stated in their research result, following implementation of the visually mediated treatment, the children with social impairments demonstrated improved and more consistent rates of targeted social behaviors compared to baseline performance". In addition to this, Sara (2014) stated that Social stories are used to increase the child's consciousness of the environment, social cues and social instructions. Social stories offer children with ASD the opportunity to understand different viewpoints, which helps develop their capacity for empathy and their perspective-taking ability and motivate children with ASD to understand others' feelings and predict feelings such as happiness, unhappiness, anger, and enabling children with ASD learn how to behave in different situations (Golzari, Alamdarloo & Mordi, 2015).

Social Stories have been utilized to improve many types of behaviors including positive social behavior, social communication, conversational skills, on-task behavior, out-of-seat behavior, reciprocal interactions, decreasing socially inappropriate and

undesirable behaviors, acceptable verbal greeting initiations, self-regulation, and overall social skills among children and adolescents with autism (Saad, 2016).

The findings of Golzari et al, (2015) study support the efficiency of the social stories intervention in improving the social skills of students with ASD in Iran. The authors recommend that the social stories intervention be incorporated into the special education and rehabilitation of children with ASD in Iran. In particular, teachers, parents, and other care providers can use this method to develop the social skills of children with ASD.

2.2.4 Superheroes Social Skills training

According to Radley, Jenson, Clark, Hood & Nicholas (2014) superheroes Social Skills was designed to address factors that may limit the use of evidence-based practices in school through the integration of several strategies found to be effective in improving social functioning in children with ASD in one practice-ready package, utilizes animated superhero characters who provide instruction in target skills to increase learner interest. The program is also unique in that typically developing peers are included in intervention sessions. It allows children with ASD to practice target social skills and contact social reinforcement from peers (Radley, Hanglein & Arak, 2015).

According to Radley et al (2014) the program uses a number of evidence-based practices to increase social skill acquisition:

- The inclusion of typically developing peers who function

  as models of skill use

- Video modeling of target skills

- Self-monitoring of target skill use and

- Social narratives

As described in the research findings of Radley et al (2015) superheroes social skill training is effective in school settings.

2.2.5 Peer Training

The use of peers to teach children with autism has been a commonly used method of intervention for both preschool and school-aged children with autism (Reichow &Volkmar, 2010).Numerous studies have indicated that peer-mediated intervention is an effective, evidence-based intervention that capitalizes on the potential social learning opportunities when children ASD able to watch and interact with their peers. The support of peers helps students with autism to gain social skills however teachers may need to be engaged in interpreting nonverbal languages and explaining which tasks are difficult for a student and how to help (Sara, 2004). Peer -initiated strategies, self-monitoring, and group oriented activities are all instructional strategies that have demonstrated effectiveness in producing positive social behavior changes in the student with autism (Noland, Cason and Lincoln, 2007). Zagona and Mastergeorge (2016)stated in the result of their empirical review, that numerous studies have indicated that PMII is an effective, evidence-based intervention that maximizes the potential social learning opportunities when children with ASD are able to watch and interact with their peers. Hundert, Rowe and Harrison (2014) also indicate that overall, participants in the majority of the reviewed demonstrated an increase in social-communication skills, including initiations, responses, and continuations, when peer training occurred. Further training typically developing peers creates the opportunity for learners with ASD to

engage socially with their peers across a variety of activities and contexts, which is particularly important in inclusive classroom settings.

2.3 Technologies Used in Social Skills Training of Children with Autism

Assistive technology (AT) is a broad term referring a range of materials and products that are used to develop how a person functions. Innovative technologies carry great promise for enhancing and accelerating the pace and effectiveness of autism treatment (Goodwin, 2008). Because of the fact, that the mode of instruction must provide enough motivation to overcome negative competing behaviors and provide the student with immediate gratification. Gresham (2004) as cited in Cumming (2008) recommended that social skills training should be reconfigured to make it more motivating for students so that using technology to teach social skills instruction in the classroom results in more positive social behavior.

AT can be used to teach social interaction skills by modeling appropriate social behavior and to teach social rules and emotional understanding.AT can be a simple home-made visual schedule or a complex virtual reality system. All levels of AT may be appropriate for use with individuals with autism to teach social rules, emotion recognition emotional expression, and pro-social behaviors such as sharing or turn taking, making eye- contact, and conversation skills (Golan, Lacava & Cohen, 2007). Blake (2010) also stated that the use of technology promotes social and language skill of children with ASD as well as it benefits them by decreasing their inattention and stereotypic behavior. Some of the technologies that have shown promise in this area are

video modeling, video self-modeling, and multimedia student-generated projects (Cumming, 2010).

2.3.1 Low- Tech AT

Low-Tech AT devices are usually products that are relatively inexpensive and do not need electricity or battery power to operate. The research demonstrated that educator-created materials such as interactive books paired with music serve as a viable strategy for designing engaging small group learning experiences (Carnahan, Basham & Rao, 2009).

These devices may require some degree of modification and creation by the user or caregivers. Types of visual supports include social-communication devices, schedules, social scripts, and social stories. Visual supports can be created using basic materials. By using materials such as markers, paper, binders, and icon we can make a topic ring or wallet, which can be used by an individual to initiate conversations with others (Cumming, 2010). Back-and forth worksheets are another example of the use of low-tech visual supports to assist with social communication and engagement activities. In schools, teachers can help students with autism complete back- and -forth work sheets can be created in a low-tech manner by having student's complete worksheets with pictures or symbols (Golan et al, 2007).

Manual communication boards can be created in a low-tech manner by using picture symbols on clipboards or in three-ring binders, notebooks, or manila folders, manual communication boards are low-tech, relatively inexpensive, and portable. Symbols are placed onto the boards a prompt to verbalize. Communication boards are personalized to meet the unique needs of the user.

The Picture Exchange Communication System is a well-known and widely used system for those with communication difficulties. The core of this system is an exchange of pictures, symbols, icons, or actual photographs between the individual with autism and a communication partner. The use of a visual cue to represent a word, concept, idea helps the user to communicate when speech-language difficulties are present. Representing words with visual symbols helps to simplify and structure social communication for those with autism (Golan et al, 2007). Several studies specific to students with autism have evaluated the effects of visual supports and pictures the research demonstrated that educator-created materials such as interactive books paired with music serve as effective strategy for designing engaging small group learning experiences (Carnahan et al,2009).

2.3.2 Mid-tech AT

Mid-tech AT is generally more complex than low-tech, coasts more, and is usually battery operated or runs on electricity. There is a wide spectrum augmentative and alternative communication (AAC) devices that can be used as AT to support and teach social skills. Voice output communication aid (VOCA) refers to a number of different portable, battery-powered devices that assist in expressive communication by producing recorded speech. Visual symbols represent words or phrases and when the user presses the symbol, the voice output for the corresponding word or phrase is heard. Devices can range from one simple switch, offering a few choices to complex boards of128 choices with multiple levels (Goldsmith & Leblanc, 2004).

Talking photo albums or picture frames can assist individuals with autism to arrange information in a systematic way by associating visual with nonverbal

information. Generally these photo albums and picture frames allow the user to insert pictures, icons, or other graphics and text and to record short phrases or sentences. The voice output can then be played back when the photo or button is touched.

Videotaped recordings of television shows or movie segments can be used to teach and model appropriate social skills. These methods can provide social skills instruction through modeling of behaviors, including both socially appropriate behaviors and social errors (Golan et al, 2007).

2.3.3 High-tech AT

High- tech AT is typically the most expensive and usually involves micro-computer components, computer systems, and software. The use of computer software for individuals with autism has several advantages in that computerized environment is predictable, consistent, and free from the social demands that individuals with autism may find stressful. Users can work at their own pace and level of understanding. Social lessons can be maintained through individually selected computerized rewards (Goldsmith & Leblanc, 2004). High technologies that can used for social skills training of children with autism are video technology, computer, virtual reality and mind reading.

2.3.3.1 Video Technology

According to Goldsmith & Leblanc (2004) video technology is one of the most readily available technologies for parents, educators, and clinicians. In addition to being economically feasible and portable, many individuals can operate video equipment with very little instruction, making it the technology of choice for many clinicians and researchers. Since children with autism learn best through visual means video technology has proven useful as for modeling appropriate behavior, providing feedback,

and creating discrimination opportunities for the child's own behavior, and as a medium for presenting basic instruction that many children can practice (Ganz et al 2011). As described in Sherer et al, (2001) recent studies indicated that children with autism learned a variety of positive behaviors including conversational speech, expressive labeling, greetings, independent and social play, oral comprehension, and self-help skills more quickly and with better generalization from a video model than from a live model.

2.3.3.2 Computer

Computer-based interventions are the most studied technology-based intervention a promising strategy for delivering direct intervention to children and adults with ASD. Computers have been used to teach a variety of skills, including how to recognize and predict emotions (Goldsmith &Leblanc, 2004; Wainer & Ingersoll, 2010) Children with autism preferred instruction presented by a computer to that presented by a teacher. In addition, children with autism may learn more rapidly when tasks are presented by a computer rather than by a teacher, children performing receptive language tasks. Access to computer activities can be used contingently to increase social and communication skills that is because computer activities can be reinforcing (Stromer, Kimball, Kinney& Taylor, 2006).

2.3.3.3 Mind Reading

Mind Reading is another interactive multimedia program developed to teach about emotions and mental states. Mind Reading uses video, audio and written text to systematically introduce and teach basic and complex emotions. Users were able to explore emotions in the emotion Mind Reading is a promising new tool for teaching emotion recognition to individuals with ASD (Lacava, Golan, Cohen & Myles, 2007).

Mind reading is an interactive guide to emotions and mental states; that is a teaching tool tailored for emotion recognition by learners on the autism spectrum. Using visual, auditory and contextual information, mind reading aims to assist individuals with autism to improve their emotion and mental state recognition skills (Golan et al, 2007).

2.3.3.4 Virtual Reality

Virtual reality technology is a result of advancement of computer science that allows the opportunity to experience a three-dimensional, computer-generated world in which people can behave and encounter responses to their behavior (Goldsmith &Leblanc, 2004; Moore, Cheng, Grath & Powell,2005).

Lacava et al, (2007) based on their findings gave the following suggestions about the use of mind Reading:

- o Mind Reading can be used individually by high-functioning students to learn social skills.

- o Mind Reading can be used by students in multiple settings (e.g., classroom or home setting).

- o Mind Reading can be used by students with ASD and with typically developing peers as a way to foster relationships. For example, students can play the games together or learn about emotions together.

- o Mind Reading can be used by students in individual or group social skills trainings.

- o Mind Reading can be used with counselors and mentors could be specifically to teach the student the given emotion and the range and use of it.

- Mind Reading can be used along with other systems of reinforcement to support students who need more motivation.

- Mind Reading can be used along with other interventions such as Stories and Comic Strip Conversations to help students learn more about other people and what they are thinking and feeling, along with the basic emotion recognition.

- Mind Reading offers diverse choices for games and ways to learn social skills. The software also gives students the opportunity to make choices and give input on how best to learn.

- For students who have difficulty with organization, keeping time, and following a routine, teachers and parents can develop a structured routine around the use of Mind Reading. For example, a schedule could be created to show the student when she may use the computer, and timers can be used to show how much time is left. Furthermore, a visual mini schedule can be used to show the student which parts of the software she or he must use.

2.3.3.5 Qualification of Teachers of Children with ASD

According to Friend, (2010) teachers of children with ASD have to become familiar with rapid changing theories and approaches, they need to clearly understand behavioral techniques, they have to know how to select and use appropriate assistive technology ,and they must have considerable knowledge of language acquisition, use and understand how to foster language development in their students. In addition, they have to be adept at creating needed adaptations in the environment, gathering data, and

working collaboratively with parents' paraprofessionals, and colleagues. There are specific teaching and training techniques that advocated for children with ASD including:

- Discreet Trial Teaching (DDT)

- Treatment & Education of Autistic and Related Communication-handicapped Children (TEACCH)

- Pivotal Response Treatment (PRT)

- Verbal Behavior Intervention (VBI)

- Picture Exchange Communication Systems (PECS)

- Incidental Teaching (IT)

- Social Stories

Thus teachers have to be trained in a way to use these techniques and to give effective social skill training (Morrier, Hess & Heflin, 2011; Loiacono & Allen, 2008).

Despite the expectation of teachers' qualification, the real situation is the opposite; there is shortage of teachers and problems in qualification. According to Whitby, Oglvie and Mancil, (2012) many existing teacher preparatory programs fail to provide pre-service professionals with the attitudes, knowledge, and confidence required. For instance today's educators rarely receive education about ASD itself. Most teachers lacked basic theoretical understanding of autism, and many had outdated beliefs about the disorder. According to Scheuermann, Webber, Boutot and Goodwin, (2003) one problem with personnel preparation in the field of autism is the lack of accepted professional standards in autism; as they explained The Council for Exceptional Children, the main professional organization for special education teachers has standards

for teachers in all major disability areas except autism. Therefore, those autism teacher preparation programs do not have uniform standard in the content of training. However, despite the lack of accepted standards, there is general agreement as to the content and skills that need to be addressed.

According to Scheuermann et al, (2003) even if a teacher meets standards of special needs education certification but has no coursework in or experience with autism, that teacher could not be highly qualified to teach students with autism because as Whitby et al, (2012) even special education teachers of students with ASD receive little training in how to work effectively with these individuals. in addition to this a certified teacher who has taken a few workshops in autism also cannot be considered as highly qualified because as stated in Morrier, (2011)Pre-service and in-service teachers need to be trained in the use of evidence-based practices specific to students with ASD. But according to Scheuermann et al ,(2003)there is doubt about no categorical certification programs include either extensive coverage of the specialized skills needed by teachers of students with ASD or supervised pre-service experience working with students with autism. Thus, even though teachers are fully certified, unless they have attended a categorical autism certification program or other autism-focused training, they cannot master the necessary skills to teach students with autism. However, even specialist training is not without problems.

According to the National Research Council (2001), autism specialists may come from different backgrounds such as education, speech pathology, or psychology. Training at the specialist level may address some of the concerns about lack of knowledge and skills associated with most pre-service training. However, problems also

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arise in specialist training, specifically, problems associated with timing of the training, scope and depth of program content, and rigidity in program philosophy. As cited in Loiacono &Allen (2008) the National Research Council (2001) has reported that most teachers graduate from colleges or universities receiving minimum to no training in evidence-based practices for students diagnosed with autism. Thus shortage and inadequate qualification of teachers is one of the challenges in the education and training of children with autism (Friend, 2010).

2.3.3.6 Involvement of parents in the social skill training

The involvement of parents of children with ASD has a vital role for the effectiveness of the training. As National Research Council, (2001) cited in Rogers et al, (2012) parents should be involved in the intervention of their children as well as in setting goals and priorities and should be thought how to implement the intervention strategies at home. The Ontario ministry of education (2007) as cited in Sara, (2014) states that involvement of parents will improve program planning and help in the planning of educational goals, methods, and motivational techniques that is most suitable and effective for a student. It also explained that, the learning process for a student with ASD is enhanced when the same skills and concepts are reinforced in both the home and school environments. The parents' involvement has positive effect on developing social skills too. Whitby et al, (20120) also acknowledged that, Parents play a vital role in the education and maintenance of social skills; parents are the best resources for gathering relevant and valuable information regarding the abilities and interests of their children.

To get better result in social skill of children with ASD, training centers as well as schools need to work collaboratively with parents. To involve parents in the training process, one of the methods is training the parents in specific procedures to work directly with their children. The training enables them to teach their children specific skills, reduce problem behaviors, pivotal response training, and improve non-verbal verbal communication skills. Training parents also includes teaching them to advocate for their children and to provide information and support to other parents (Daniel, 2014).

Parents also have to carry out their roles. Whitby et al, (2012) recommended that whenever possible, the same interventions for social skills used at home should be used in the school environment to promote faster acquisition and generalization of new skills. Because students with ASD are sensitive to changes in routine, parents and teachers need to work together to prepare the student for changes that occur in the daily routine and prepare the teacher for any home issues which may affect performance at school.

Sperry and Mesibov, (2007) have recommended that practical actions that can parents perform at home for their child's social skill development.

- Teaching their children how to engage in social relationships outside of the family
- Teaching the family how to structure their home environment
- Teaching their children how to manage their own stress
- Helping the family understand why a problem behavior occurs
- Teaching their children how to use meaningful communication systems and make choices

CHAPTER THREE
RESEARCH METHODS

In this section the researcher described all the methods that have used in the research such as, design of the research, study setting, population of the study, the sampling technique, participants of the research and data collection tools.

3.1 Research Design

The research design that the researcher used was qualitative descriptive. From different types of qualitative research the researcher has preferred to use qualitative descriptive because the goal of qualitative descriptive studies is a comprehensive summarization, in everyday terms of specific events experienced by individuals or groups of individuals (Lambert & Lambert, 2012; Kim, Sefcik & Bradway, 2016). The purpose of this study is also to investigate and describe the overall actions and practices of Joy center in giving social skill training for children with autism.

3.2 Study Setting

The study was conducted at Nia foundation Joy center for children with autism and other related developmental disorders. The center is located in the capital city of Ethiopia, Addis Ababa, Nifas silk lafto sub city around the area commonly called *sar bet*. As the largest project under the Nia Foundation, an indigenous, non-profit organization, the Joy Center for Autism and Other Related Developmental Disorders was the very first institution in Ethiopia to work with children who have developmental disorders. It was established because children with developmental disorders had no access to academic and skill training that were tailored to their needs, and parents had no support while navigating life with a special-needs child Joy incorporates several forms

of therapy to enable children with autism to develop cognitive and communication skills and enhance their quality of life within and outside of an academic setting. The center was established in May 2002 by Zemi Yenus, a mother of a son with autism, who pioneered the movement to change society's awareness and treatment of children with autism and other developmental disorders and their families in Ethiopia (*niafoundations.org*).

Since the purpose of the study was to investigate the social skill training of children with autism; the center was considered the appropriate place to conduct the research. Even if there were other two autism centers, as Joy center was pioneer it was considered as more experienced.

3.3 Sampling Technique and Participants of the Study

In Nia foundation Joy Center for children with Autism there were 4 administrative and 14 supportive staffs. There were 34 females and 1 male teacher who give service for the children as well as 60 males and 20 female totally 80 children and youth with autism who receive service. The children's and youth's age range 3 to 25.

The population of the study was teachers, administrative staffs and parents; the total number was 133. The participant administrators and teachers were selected with purposive sampling. That was because purposive sampling enables researchers to select individuals and sites intentionally to learn or understand the central phenomenon (Creswell, 2012). From 4 administrators 2 were selected because of their relevance with the needed information; they were the program manager and the administrative manager of the center. From 35 teachers 10 were selected based on their longer time experience in the center; they have 4 years and more experience of teaching in the center; So that

they considered having enough information about the training process in the center. Because of lack of willingness among parents of children with autism, the researcher used availability sampling to select participant parents. From 80 parents 5 were selected based on their willingness to participate in the study. The total number of participants' was17.

3.4 Data collection tools

Since the study is qualitative, the researcher has used different types of tools to collect the needed data. The tools used in the study were interview and observation.

3.4.1 Interview

The researcher used semi-structured interview to get in depth information about the social skill training in Joy Autism Center. Interview guide was prepared in a way that addresses the specific objectives of the study. Semi-structured interviews contain of open-ended questions that provide qualitative data. Qualitative interviews are depth interviews because they can be used to obtain in-depth information about participant's thoughts, beliefs, knowledge, reasoning, motivations and feelings about a topic (Johnson & Christensen, 2012). The interview was employed through Amharic because it was suitable for me as well as for the participants. It was tape recorded with permission of the participants. The interview helped the researcher to get detail information from participants of the study.

3.4.2 Observation

The researcher has used observation as a supplementary tool to collect further data from the process of social skills training given in the center. One of the advantages of observation is to record information as it occurs in a setting and to study actual

behavior (Creswell, 2012). The researcher has collected data by observing the training process based on the points on the observation guide that prepared before the observation.

3.5 Data collecting procedures

The researcher requested the center to collect data. First, the participants were selected and the schedule for the interview was decided by mutual agreement of the researcher and the participants. The first interview was employed with teachers. The next interview was employed with the administrators and then the last interview was with parents. All interviews were employed in the compound of the center in separated class; with individual participants turn by turn. The interviews were employed by the researcher.

The other data collecting method was observation. First the researcher asked the social skill training schedule of the center. The center has been given social skill training one day in a week in the compound of the center, another day in a week in the village around the center; one day in two weeks by going to parks and different places, The researcher first observed the training given in the compound of center and then she observed the training activities performed out of the compound of the center by going with the teachers and children. As it is qualitative study the data was gathered by the researcher herself.

3.6 Method of data analysis

According to Cresswell (2007) data analysis strategies in qualitative research consists of preparing and organizing the data for analysis then reducing the data into theme through the process of coding and presenting the data. The researcher started

analyzing the data during the data gathering and transcribed the data from interview and read it repeatedly and interpreted it. The researcher read the notes that she wrote during observation. Finally she gave codes and analyzed the data theme by theme. The major themes identified were types of social skills training, technologies used in the training, the relevance of the training, qualification of the teachers and involvement of parents in their children's training.

3.7 Ethical Considerations

Before collecting data measures have been taken to establish rapport and to ensure confidentiality. The center's administration was requested permission with legal letter taken from AAU the department of SNE. To conduct interviews all participants were asked their willingness as well as the objectives of the interviews were well explained for them. Introducing their names was not mandatory for participants during the interview. The interviews were recorded with their recognition and permission. The setting of the interview was in the center compound in separated class turn by turn with individual participants to keep their privacy. Fictitious names were also used while presenting the findings of the study in order to keep privacy of the participants.

CHAPTER FOUR

FINDINGS

In this chapter the researcher presents first the demographic characteristics of participants and then the major findings of the research. The major themes identified were types of social skills training, technologies used in the training, the relevance of the training, qualification of the teachers and involvement of teachers.

Participants of the study were ten teachers, two administrators and five parents, the teachers were all females, the administrators were a female and a male and the parents were four mothers and a father. Demographic characteristics of participants are presented in table 1 and 2. Pseudonyms were used to present the information given by the respondents.

Table 1: Demographic characteristics of administrators and teachers

Types of participants	Name	Sex	Field of study	Educational background	Year of service at the center	Job position
Administrators	Abebe	M	Public health professionalism	MA	7 years	Program manager
	Mekdes	F	management	certificate	15 years	Administrative manager
Teachers	Almaz	F	nursing	diploma	4 years	
	Abebech	F	management	degree	15 years	
	Sara	F	nursing	diploma	4 years	
	Chaltu	F	teaching	certificate	10 years	
	Mare	F	nursing	diploma	4 years	
	Fantu	F	social work	degree	12 years	
	Worke	F	TVET	10+3	5 years	
	Wude	F	--	grade 8	4 years	
	Hareg	F	nursing	diploma	4 years	
	Ribka	F	nursing	diploma	4 years	

Table 2: Demographic characteristics of parents

Name	Sex	Educational Background	Sex of the child	Age of the child	Year of stay of the child in the center
Zewditu	F	grade 10	M	6	3
Seble	F	Basic education	F	9	4
Tsehay	F	Grade 12	M	12	2
Markose	M	TVET diploma	M	20	13
Konjit	F	Basic education	M	12	2

4.1. Types of social skills training

The researcher has got data about the types of social skills trainings that were given for children with autism in the center from the interviews of teachers and administrators. The teachers have given their own responses regarding the types of social skills training, from where they have got the training methods, whether the methods are scientific or not as well as their view about the effectiveness of the training.

One of the teachers, Almaz has said as she helps the children to establish friendship by giving them trainings in the compound of the center as well as out of the compound. As she explained she trained the children in the compound to establish friendship by making them to eat and to play together and also out of the compound they

try to help them to introduce with the community. As she said she starts the training from the nearest shops because she gives the training step by step first she teaches them how to approach people, how to buy things and how to use money. After the children master these skills they go to learn how to use cafe, how to establish friendship and then how to use restaurant after they complete this training they take them to weeding and birth days.

The other teacher Abebech expressed that there is schedule for training so that based on the schedule, she gives the trainings by taking the children to parks and different recreation places by dividing them in groups.

The Two teachers Almaz and Abebech said that they have got the social skill training types from the founder of the center and when they use the methods they got good results so that as they explained they believe that the methods are scientific.

Sara explained that she gives the training based on the children's need and level of skill. She takes them to shopping and parks. When they go to parks they introduce with different people, establish friendship and play together. She said also that:

> As it is known, many things have not yet known about autism so that we use that the methods we have.

Sara added about the effectiveness of the social skill training as she strongly believe that the training is effective because she is doing for a long time and there are children who have been sent to regular school. As her explanation, if the training was not effective the center couldn't get this result; still there are some children who are being preparing to be sent to regular schools. As she said, regarding social skill also she has seen good results. The children were live in their own world but after the training they

have being included with the society and they celebrate birth days with other children they go to weeding, they work in group, they eat and play together.

Chaltu said as she gives to the children group works and help them to communicate each other and establish friendship to help each other; the methods are not scientific but we talk and agreed on together. About the effectiveness of the training she said:

The methods are effective, if a child has got training and can respond

for greetings, I can say it is effective.

Mare explained as the teachers take the children to walk around the village and help them to meet different people in the village. She said that:

I strongly believe that the methods are scientific we use the standardized

method ABA (applied behavioral analysis) so that we use purely scientific

methods. Experience is useful; science also comes from experience.

AS Mare explained there is no doubt about the effectiveness of the training; they know its effectiveness more from the parents' satisfaction.

Fantu has explained about the effectiveness of the training from her experience:

I have seen some children who seem very difficult; after times they have

been changed and they can talk; stop to hurt themselves and they follow

instructions.

The researcher also has got data from the administrators about the social skills training being given in the center. The program manager Ato Abebe said that the training being given in the center includes the skills that are important in the children's social life. Some of these skills are establishing friendship, respecting and following rules, behaving

appropriately in different public areas. The methods that the teachers use are shopping exercise, preparing play therapies, in this therapy we prepare pair and group activities and games as well as we help them to learn supporting each other turn taking and respecting each other. The other method that they use is to take them to different recreational places like parks. When they go to these areas they get their peers without disorders and they interact with these peers.

As Ato Abebe said they make them also to attend different events like sport competitions, Bicycle competitions different athletics programs. There are also different programs prepared by educational bureau and health bureau. At these programs they prepare different opportunities to introduce with others, demonstrate their talents and establish friendship.

Ato Abebe responded to the question whether the types of social skills training that the center being use are scientific or not:

The center considers international experiences and adapts them to local environment. We have also teaching methods that prepared locally by ourselves. But still they are scientific because the methods are already used in different places for example we implement ABA, it is common in every country but when we use the international method ABA, we use the local knowledge and resources. We reward children to show the desired behaviors and we punished them to avoid undesired behaviors we use the same method for the social skill training. The general arrangement of the center, as well and the class rooms arrangement and the program design all are taken from other countries which advanced on autism. In fact since our country is developing country, there are many challenges that

affect the quality of the trainings but as much as possible we use international and scientific methods.

Explaining his view about the effectiveness of the social skill training in the center Ato Abebe said:

We know the effectiveness from the parents' feedback more over the children have daily journal that recorded the children strength and weakness on it; So that the children are responding well. When the children come to the center for the first time, they show self-withdrawal and hyper activeness but after the training they show a good progress in social skill. They know about play, they know about the rules *in the center, they receive instructions from their teachers. They sit in class rooms when they go to out of the compound they are manageable.*

The other participant was the administrative manager of the center; regarding the social skill training in the center she said:

The center gives social skill training based on the individual needs of the child. We train the children how to greet people by demonstrating for them and by giving correction when they show inappropriate behaviors. We teach also to not touch others properties and reward them for their appropriate response.

The administrative manager explained also about the sources of the social skill training methods:

We have got the methods from our experience because there were no local studies about autism so that we use locally available methods. I am not sure if they are scientific but we get them from here and we get good results by using them.

She explained her view about the effectiveness of the methods she believed the methods are effective because the children have changes from their early behavior as she said, the children who could not talk, after the training they can talk and express their feelings.

The participant parents also were asked about their children's social skill before and after the children joined the center as well as their views about the effectiveness of the social skills training given in the center.

One of the parents said:

The center's training is excellent; it did for me special. The center's present status is good because my child brings a great change.

The parent continued to express her child's progress after he joined the center. As she said her child joined the center 3 years ago, before that he has display negative social behaviors such as loneliness playing alone, inattentiveness aggressiveness difficulty to talk and destroying materials. As she said after the child joined the center, he brings many changes in his social skills, he starts to talk; he listens when he called and he expresses his feelings.

Regarding the social interaction of the child at home the parent expresses as the interaction with her is very good. He has a special interaction with her; his interacts with her like a mother, like a friend, he plays with her and tells her everything. He plays with his peers; he interacts with all family members. He does not have siblings but since the family members are many so that he has the opportunity to interact with them at home. The other parent also said as before joining the center her child had many problems she was lonely she did not want to be with others, she destroyed materials she did not protect

herself in general she did not know herself. As the mother said after the child joined the center she becomes better and starts to care herself.

The parent explained her child's social behavior at home as: the child plays with her cousin; the other children hit her so that the mother does not allow to go out of home she goes to center and she comes to home she does not give her the opportunities to interact with other children. She has hope to the future she becomes better and better. In the center she plays with other children and the children interact well with her.

The other parent also said as after her child joined the center he starts to talk, he calls letters he sings and count numbers 0 up to 10,as she said his condition is well gradually he becomes to understand the evil and good; he uses toilet by himself he eats and drinks when he need. He identifies theirs and other's properties he interacts appropriately with his teachers and he respects and follows rules.

About the effectiveness of the training of the center she said as the children are always on training. The center is good for her child, he has changed. At earlier time he didn't know the mother herself but now, he knows her, her brother, her sisters and his older brother. Before times he didn't identify their house from others he entered to every house but now he identifies and he enter to his house. He doesn't go outside the compound. The other children in the village do not want to interact with him because they afraid of him because of his disorder. He wants to play with the children and he observes when they play but the children do not give the opportunity. He plays with his brother and he listens when talks to him. Earlier when she bought a ball for him he didn't see the ball he saw to sky but now, he kick and plays with the ball on taxi he doesn't touch any one he sits with her. When he travels with bus he sits with young boys and he

hugs and kisses them. After he joined the center he is interested to play with other children; even if other children do not want to play with him. He can stay with other people; He plays his own game. He calls people saying "mama" and "papa"; he follows my instructions he is very close with me he does not have siblings he want to play with other children he plays by seeing and imitating them.

The other parent Ato Markos has different idea from the other parents. He said that

My child was better before he join the center; the disorder becomes worse and the child does not have any progress in his skills.

The researcher has got data from observation also regarding the social skill trainings in the center. The center has been given social skill training one day in a week in the compound of the center, another day in a week in the village around the center; one day in two weeks by going to parks and different places. The researcher first observed the training given in the compound of center and then she observed the training activities performed out of the compound of the center by going with the teachers and children First the researcher has observed the social skill training that being given in the center's compound One of the activities was music and dance program. During this program some teachers have showed how to dance to the children by dancing with them. And also they encouraged them to dance to together. The students' response for the training was different from one to the other. Some were dancing, some did not want to dance and the others were in different other activities.

The other program was breakfast time. During this time teachers encourage the children to talk. Some children ask their teachers to give them spoon. They eat breakfast together.

After breakfast the teachers ask the children to clean the tables and the children did. The other program in the center compound is food preparation program. This activity was done by some teachers who guide the program and some students who have better skill to prepare easy and fast foods. The activity was included chopping fruits and making fruit punch, teachers ask the name of different fruits that they are chopping and the students told them. The students receive instructions and implement. After the food has been prepared the teachers told to children to serve the food for the staff members. All the people were talking with the children by asking them different questions and by giving thanks to them when receiving the food. The children were doing integrally when a child gives the fruit punch the other gives spoon and the other adds *Vimto* on the fruit punch.

The other observation was out of the center's compound. The activity was walking in the village and buying something from shops. The activity was performed by two teachers and a group of students. The students walk with teachers and buy some things on the way with the support of teachers. The teachers asked names of objects that they are buying and the students told the names of objects.

The teachers tell to the students to not touch others property. When the students do inappropriate actions and say wrong words the teachers give corrections. The students

also apologize for their mistakes. The children ask teachers to hug them as well as they touch and smile each other.

4.2. Technologies used to social skills training

Regarding using technologies to give social skills training the teachers explained their ideas. Almaz Said as there are materials that prepared by the organization to give different trainings but most of the time social skill training is given outside the center. There are some materials that they use but they cannot be called technology.

The other teacher Abebech explained about technology as they use music therapy and TV. Moreover when the children prepare food in group, they use different materials so that as she said they use different materials in different activities. She said also:

The trainings are interrelated for example during meal time I can

teach them social skill. The children are special so that we teach them in

special way for example eating together is one of the social skills so that,

social skill training methods are different. Thus there is no a specific material

to teach social skill.

Sara said as by giving materials that they like, she can make the child to do the target activity for example by giving a mobile phone and allowing him to play game with it we can ask the child to buy something from a shop.

Chaltu said as most of the time she train the children by talking to them and expect responses from them. There are materials for example their lunch box she tells him/her repeatedly to know their lunch box after he/she identified the object she says bring your lunch box after he/she identified the object she says bring your lunch box.

There are computers, TVs, tapes and chairs so that she uses the materials to teach them to identify names of the objects.

One of the administrators Abebe said as there is no any special technology that the center is using in social skill training. They adapt the methods they get from developed countries with locally available resources and the needs of the children. He said that:

There is no need of using advanced and complicated technologies. To give social skills training, it needs social exposure, intensity, frequency, and guidance. In term of material there is no any material that we use in the training but we use locally available resources such as play materials, different papers and written materials. Most of the time, the social skill training is given out of the compound; so that there is no need of technology except transportation.

The other administrator Mekdes said:

We use Abogida Phonetics for expressing themselves, we use pictures for communication we use computers for children who can give attention and recognize it.

To get further data regarding using technology in social skill training observation was employed. The observation was held in the compound of the center as well as out of the compound. There were different activities. The children prepared food and serve by using different materials; The center used music /tape to entertain and motivate the children; there are different play materials in the compound of the center that the children

play with them; but there was no any observed material or technology that specifically and purposely prepared and used for social skill training.

4.3 Qualification of Teachers

The teachers have explained about their educational level, the type of education that they learned; their work experience in the center and the training opportunity that they have got after joined the center.

The researcher has interviewed ten teachers; from those; there are two degree holders one in management the other is in social work. 5 teachers have nursing diploma ,there is a teacher with TVET diploma the other one also has teaching certificate and one of the teachers is grade 8.The teachers have 4 years to 15 years teaching experience in the center.

As the researcher have got from the interview of teachers and administrators the teachers have got trainings related with teaching children with autism after they have employed at the center. The trainings were given by the founder of the center, w/ro Zemi in the center. Some training was given by foreigners by who came to support voluntarily.

About the training that the teachers have got after they have employed   Almaz said as most of the training given by the center is about how to give occupational therapy, speech therapy, academic teaching, how and when to teach and what for whom to teach. Only play therapy was given by a woman from Germany out of the center for 20 days.

The other participant teacher Abebech explained about the in-service training she has got:

I have taken different trainings Ato Henok gave us training in SNE, w/ro Zemi also gives training at different times, there are also people who come from outside of the country and give training so I have got trainings from them even the center gives training for the government teachers so that there is no lack of training. The training is about autism about how to care and how to train them.

Sara also said as she has taken different trainings relating with autism for example how to train the children self-help skills. As she said she has got the training in the center by w/ro Zemi about twice in a year.

Chaltu said:

I was trained in Joy center about autism, how to enhance the social skill of the children and about their individual difference the training was given by w/ro Zemi.

Mare said that:

After I joined the center, I have taken different trainings, such as speech therapy, occupational therapy and social skill training. The training given by different professionals and the training is beneficial.''

Hareg and Fantu also said as there have yearly trainings that given for teachers that help them to do their work effectively. The training is given by w/ro Zemi at the center.

Worke said as she has got much training from local as well as foreigner trainers. The experience is also more than trainings. The trainings include speech therapy, how to teach children with autism.

Wude explained about the training she has taken:

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When I started my work I have taken training about autism and about the children's behavior; the training was given by w/ro Zemi in the center. Moreover since I am a nurse, I can understand the children's need psychologically and I read also about autism.

Regarding the qualification of the teachers one of the administrators Abebe explained as the teachers have different educational backgrounds. There are social workers, psychologists, public health professionals, teaching professionals and nurses. The center does not have special needs education experts; because from experience most of the time these experts cannot address the needs of children with autism. They want to do more of office based paper works and also they want expensive payment that the center cannot pay. He explained also about the in service training of teachers: the trainings are more aimed to enable the teachers to address the challenges of children with autism.

AS Ato Abebe said, the trainings include behavioral modification, speech therapy, social skill training, sensory integration therapy, occupational therapy, self-help Skill trainings and others. In addition to this the administrators facilitate senior teachers to assist junior teachers. As he said until now all the training opportunities that they have got are local. Only the founder of the center gets different training opportunities out of the country. She has got the training opportunities from recognized international institutions at different times in areas of ABA, autism assessment and diagnosis, general methods of teaching children with autism. She is a head teacher who guides the teaching.

Ato Abebe continued to explain the problem to get qualified teachers; he said that:

> *Still there is problem to get teachers who have competency, the readiness and commitment in this area. The problem is at national level; there are no competent and ready professionals in this area. There are SNE professionals but our educational system does not make them competent and skillful to teach children with autism. Even universities tell us this fact. There are around ten universities in Ethiopia which train SNE professionals at degree level. Most of them have annually experience sharing program with our center. The educational system still cannot train the professionals in a way to address the needs of the overlooked disorders such as intellectual disability and autism. The system, the instructors are not ready; there are not practice sessions. Thus it is a great gap as national level. More over these SNE professionals want high payment and also they do not have the interest to do practical jobs that the autism training requires. There are works that seen as least; such as toilet training. Thus we prefer to employ the people who have lower than first degree and who have readiness and commitment for the job. There are also evaluation sessions and we make teachers to support each other.*

The other administrator Mekdes said as there is training for teachers everybody who come to the center do not teach without training. As she said, the training given

twice in every year and the training is given for one to two weeks. The teachers train about autism and how to use ABA so they are competent enough.

4.4 The involvement of parents in the social skill training of children with autism

Regarding the parents' involvement in their children's social skill training the researcher has got data from the interviews. The teachers explained about the centers efforts and programs to involve parents of children with autism in their children's social skill training.

Almaz said as there are trainings for parents and they have monthly meeting with them so that the teachers have the opportunity to talk about the children difficulty and progress and also they tell to parents to help their children to enhance their social skill there is also communication book that can help to exchange ideas about the children's daily condition with their parents. For example to take their children with autism to birth days and other ceremonies equally with other children to take them to different play areas to do different activities based on their children's age level. As she said the teachers are doing with parents.

Abebech also said as there is monthly meeting with parents during the meeting the founder of the center w/ro Zemi gives guidance for parents how to train their child. The parents response is different some involve and carried out their responsibility and the others do not so that the result is not the same.

Sara said

There are trainings prepared for only parents. Some parents come and spend their time in the center being with their child. There is also monthly meeting with parents.

Regarding the parents' involvement in the training of children, Chaltu and Mare said as there is communication book to inform the parents about their children and there is monthly meeting. During the meeting there is discussion among the school community and parents there is also training for parents. Further Chaltu said as parents have also great change in their attitude.

Fantu said when parents know how to care and train their children the training will be more effective. There is regular monthly meeting with parents and they take trainings. Most of the parents implement the trainings that they took and they are benefiting their children and their life is also changing.

Hareg said *We have monthly meeting with parents at the meeting we share many things with them and we give training for them and they told us what they know so that we share experiences. Any ways parents are involving in the training.*

Worke said that:

If the teachers only give the training, there may not much change so that we explained the training methods for the parents to train their children at home.

Wude said:

I believe that unity is necessary to be effective so that parents have monthly meeting with us and as the organization schedule parents take trainings. Every parent can spend his/her time in the center with his/ her

child and observe the activities and take experiences. Parents also come to the center and spend about 2 hours with their children.

Ribka said:

> *The parents response is different some parents do not read their children's communication book and we talk them during meetings to correct their mistakes.*

Regarding the parents involvement in their children's social skills training parents also have said different ideas.

One of the parents Zewuditu said:

> *My involvement is great; everywhere and every time I am with my child*

As she said beginning from earlier when he shows aggressiveness, she explains the reason for people. She did her best to include him in every activity. Her family members also understand and accept him. As the parent said he interacts with his peers, in the evening she takes him outside home then he plays with his friends, he rides bicycle and he borrows and gives materials with them.

The other parent Seble explained her involvement as at weekends she takes him to holly water; she tells him to pray and enter then he will do so. As she said he follows all her instructions; she tries to make him to play with other children by preparing different play materials. He like children and kisses them. He doesn't hit anyone when she goes to meetings and other social events she takes him. Earlier he did not sit and he disturbed but now he sits quietly and finishes the ceremony.

The other parent Tsehay said:

> *My involvement is limited because I work a lot to fulfill basic needs. I am lonely there is no body to support him at home. Thus the child's change is totally because of the training of the center.*

The other parent Ato Markos said:

> *His mother has taken training from the center; she and I do to fulfill his needs but the child has no any progress he doesn't respond for anything.*

The administrators also explained about the centers efforts to involve parents in their children's training process. The program manager Ato Abebe said as the center's training style is not center based rather it is community based. The children come, get the training services and late afternoon go to the society and live together we engaged parents in different ways there is daily communication book through this the center reports new gained skills new developments deficiencies and others for parents to know and to do on these areas. The parents also write feedback there are also individual counseling sessions for parents with teachers, with the psychologist and with the head teacher. There is also parents' support group which have monthly meeting. They discuss and share experiences each other.

Ato Abebe continued to explain about the parents' involvement there are some parents who do not want to involve in the activities. But through time they know the result is not good the center encourages and motivates them to involve. Most of the parents involve well. They have positive feedback because their children changed in their social interaction. Their children try to express themselves they establish friendship; they understand social norms and react for them. Parents can go with their children to different social events confidently and comfortably.

The other administrator Mekdes said as they have monthly meeting with parents and they make discussions about their children parents get trainings and also there is communication book to exchange daily information with them. Sometimes parents allow to their children to do what they want contrary to the center's training. They know the parents involvement from the children's behavioral change. If there is no enough progress they discuss with parents about the problem.

CHAPTER FIVE

DISCUSSION

The objectives of the study were to identify the types of social skills trainings being given to children and youth with autism in Joy center, identify the technologies that the teachers use to give social skill training for the children in the center, investigate qualification of teachers who teach the children the center and investigate the center's effort to make parents to involve in their children's social skill training. Regarding the objectives of the study major findings were obtained in this chapter these findings will be discussed in relation to the literatures in the area.

5.1. Types of social skill trainings

The findings reveal that the center uses different methods to improve the social skill of children with autism. As participants explain and the researcher observed the students do different activities in the compound of the center as well as out of the compound in different places by walking in the village, by going to shops, cafes and parks.

Literatures show that there are different scientific and effective social skill training methods that designed for children with autism. Such as video modeling; according to Radley et al,(2015) video modeling interventions are particularly effective for promoting competence, producing generalization of target skills across settings following intervention, but the center does not use video modeling to give social skill training.

The other method is using social stories. According to Bozkurt and vuran, (2014) researches show that social stories are effective intervention for teaching social skills for individuals with autism. In addition, as Saad (2016) social stories used to improve many types of behaviors including positive social behavior, social communication, conversational skills, acceptable verbal greeting initiations and overall social skills among children with autism but in the case of Joy autism center, social stories does not used as social skill training method, the findings show that the center uses its own methods to train the children.

As Aggarwal and prusty (2015) social stories are useful for identifying relevant social cues introducing new routines and rules, and positively defining desired social skills further they said social stories prepare children with autism to adapt the change calmly in any environment whether in home, school or community settings.

5.2 Using technologies in social skills training

The findings of the study show that using technologies in the social skill training of children with autism has not given attention by the staff of the center. The participant teachers explained that as they use different materials in different activities. Since the skills and the trainings given are interrelated the materials that the teachers used in different other skill trainings may have also contribution for social skills but there are no specific aiding materials and technologies that prepared for social skills training. The findings show that the administrators of the center also do not concern about the use of technologies in the social skill training one of the administrators said in terms of material there is no any material that we use in the training but we use locally available resources such as play materials, different papers and written materials. Most of the time, the social

skill training is given out of the compound; so that there is no need of technology except transportation. The finding from the observation also show that there is no any technology used for directly and specifically for social skill training.

Literatures show that using different levels of technologies for the social skill training is advantageous. As Golan et al, (2007) All levels of AT may be appropriate for use with individuals with autism to teach social rules, emotion recognition, emotional expression, and pro-social behaviors such as sharing or turn taking, making eye- contact, and conversation skills. Blake (2010) also stated that the use of technology promotes social and language skill of children with ASD.

There are high level technologies such as video technology and computer. According to Ganz et al (2011) since children with autism learn best through visual means video technology has proven useful as for modeling appropriate behavior, providing feedback, and creating discrimination opportunities for the child's own behavior, and as a medium for presenting basic instruction that many children can practice.

As Stromer et al, (2006) Access to computer activities can be used contingently to increase social and communication skills that is because computer activities can be reinforcing.

There are also medium level technologies such as Videotaped recordings of television shows or movie segments can be used to teach and model appropriate social skills. These methods can provide social skills instruction through modeling of behaviors, including both socially appropriate behaviors and social errors (Golan et al, 2007).

Low-Tech AT devices are usually products that are relatively inexpensive and do not need electricity or battery power to operate (Carnahan et al, 2009). According to Cumming, 2010 by using materials such as markers, paper, binders, and icon we can make a topic ring or wallet, which can be used by an individual to initiate conversations with others.

Therefore the center could use at least low technology devices for social skill training but it has not used any level of technologies.

5.3 Qualification of teachers

There is shortage of teachers and problems in qualification in the area of autism education. According to Scheuermann, Webber, Boutot and Goodwin, (2003) one problem with personnel preparation in the field of autism is the lack of accepted professional standards in autism so that with the absence of professional standards it is difficult to prepare qualified teachers. In the case of Joy Autism Center also there is problem of qualification among the teachers.

As the participants explained the teachers have different educational back ground; nursing diploma, TVET training, teaching and others. According to the National Research Council (2001), autism specialists may come from different backgrounds such as education, speech pathology, or psychology. As Morrier et al, (2011) there are specific and practical teaching and training techniques that advocated for children with ASD such as Picture Exchange Communication Systems and Social Stories. Thus teachers have to be trained in a way to use these techniques and to give effective social skill training. As participants expressed the teachers have got in-service training. As one of the administrators said, the teachers train twice in every year for one

to two weeks. According to Scheuermann et al, (2003) these certified teachers who have taken a few workshops in autism also cannot be considered as highly qualified because as stated in Morrier, (2011) Pre-service and in-service teachers need to be trained in the use of evidence-based practices specific to students with ASD. But according to Scheuermann et al, (2003) there is doubt about no categorical certification programs include either extensive coverage of the specialized skills needed by teachers of students with ASD or supervised pre-service experience working with students with autism. Thus, even though teachers in the center have got some training in related with autism it is difficult to say the teachers are enough qualified to teach the necessary skills for students with autism. One of the administrators also raises this issue as one of the barriers in the social skill training of children with autism in the center. He believes that still there is problem with qualification of the teachers; he explained that it is difficult to get qualified, committed and teachers in this area at national level. He also stated that they have some reasons to not employ SNE experts these are lack of skill and lack of commitment among the experts as well as the centers' financial problem to employ degree holder SNE experts. According to Whitby et al, (2012) many existing teacher preparatory programs fail to provide pre-service professionals with the attitudes, knowledge, and confidence required. Thus as studies show the problem of teachers qualification in the education of children with ASD is at international level. The other fact is teaching in the area of autism requires detail knowledge in the area and many practical skills to address the children's needs (Friend, 2010); thus because of the training approach the SNE educators cannot do this. According to Scheuermann et al, (2003) even if a teacher meets standards of special needs education certification but has

no coursework in or experience with autism, that teacher could not be highly qualified to teach students with autism

5.4 The involvement of parents in the social skill training of children with autism

As the findings show the center has good efforts to involve parents in the training of their children. As the teachers and administrators explained each child has communication book with that teachers exchange ideas with parents about the child and also the staff has regular meeting program with parents. As National Research Council, (2001) cited in Rogers et al, (2012) parents should be involved in the intervention of their children as well as in setting goals and priorities and should be thought how to implement the intervention strategies at home. This enhances the effectiveness of the center's training. According to the Ontario Ministry of Education (2007) cited in Sara, (2014) involvement of parents will improve program planning and help in the planning of educational goals, methods, and motivational techniques that is most suitable and effective for a student. As it explains that the learning process for a student with ASD is enhanced when the same skills and concepts are reinforced in both the home and school environments. Thus the center is doing to involve parents in the training process.

The other practice of the center is giving training for parents; according to Daniel, (2014) training parents as therapists, increases the amount of support for children who require intensive, individualized intervention. He further added, it also provides a cost effective model of service delivery and contributes to the children's rate of progress. He added importance of parent education which also includes verbal

communication skills, increase appropriate play skills and also includes teaching parents to advocate for their children and to provide information and support to other parents.

As the findings show the parents level of involvement is different one to other. There are parents who involved in the training process by doing their best. However, some parents even do not read the communication book; the others do not implement the intervention strategies at home. According to .Whitby et al, (2012) Parents play a vital role in the education and maintenance of social skills; parents are the best resources for gathering relevant and valuable information regarding the abilities and interests of their children; so that if parents do not carry out their role it is difficult to make the training effective. Some parents overprotect their children by preventing them to not play with other children in the home environment by afraid of negative attitudes and practices of others. According to Sperry and Mesibov, (2007) Teaching their children how to engage in social relationships outside of the family is one way of developing the children's social skills. So that the training centers and parents should do collaboratively to develop the children's social skill.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND

RECOMMENDATIONS

The main objective of this study was to investigate the practice of social skills training for children and youth with autism in Joy center.

The study was employed at Nia foundation -Joy center for autism around Vatican Embassy Addis Ababa. The participants were ten female teachers, five parents (four females and one male) and two administrators. The qualitative data was gathered through unstructured interview and observation. From this data, the following summaries were obtained.

As the findings show the center has limitation in using specific types of scientific social skill training methods. In addition to this the center has also limitation in using technologies to make the social skills training more attractive and effective. Regarding the qualification of the teachers, the teachers came from different irrelevant educational backgrounds; the in-service trainings are not enough to make them qualified. Thus the social skill training in the center cannot be relevant and effective. The center used different activities and strategies to work collaboratively with parents and the parents' involvement in the training is at different level.

6.2. Conclusions

By aiming to improve and advance the training service of any center or school, based on the findings regarding the social skill training for children and youth in Joy autism center the following conclusions are drawn for each basic question.

- The center has limitation in using variety of scientific social skill training methods. The types of social skills training that being given in the center was more of routine based.

- The center has limitation in preparing and using different level of technologies specifically in the social skill training of children and youth with ASD.

- The teachers came from different educational backgrounds that are irrelevant with education of children with autism and the in-service trainings are not enough to make them qualified.

- The center has used different strategies to enhance the involvement of parents in their children's training. However the parents' response is at different level.

6.3. Recommendations

The access and quality of education of children with autism in Ethiopia is very limited. To extend the access and to enhance the quality all stakeholders should carry out their role.

Joy center should improve the social skill training by using variety of scientific methods as well as by using available and cost effective technologies.

1. Joy center should work to enhance more the teachers' qualification by trained them intensively for longer time.

2. The parents of children and youth with autism have to work hard to improve their children's social skill by collaborating with the center's community.

3. The government should work to expand inclusive education that can appropriately address the needs of children with autism.

4.   Future interested researchers are recommended to conduct their study on

different features of autism training and education to advance the area.

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Appendix

Interview Guide for Administrators

Part one: Background Information

Name of interviewee……………………..

Date of interview …………………. Place of interview ………………….

Duration of interview…………………………

Educational level ……………… Field of study …………..

Position: ………………………

Part two: Interview Questions

1. What types of social skill trainings are being given for the children?

2. By whom is given the social skill training for the children?

3. What technologies do the trainers use to give social skill training for the children?

4. From where do you get these types of trainings and technologies that you are using?

5. How is qualification of the teachers who are giving social skill trainings for the children?

6. What looks like the involvement of parents in the social skill training of the children?

7. What looks like the effectiveness of the social skill trainings that being given for the children?

8. What are the challenges that you faced in the training process?

Interview Guide for Teachers

Part one: back ground Information

Name of interviewee…………………….. Sex………….. Age………………..

Date of interview …………………. Place of interview ………………….

Duration of interview…………………………

Educational level ………………

Experience on teaching children with Autism ………………….

Part two: Interview questions

1. What types of social skill trainings are being given for the children?

2. What types of technologies do you use to give social skill trainings for the children?

3. In what settings do you give the social skill training?

4. What types of trainings have you taken in relation to your job?

5. Are the types of social skill trainings scientific?

6. How is the effectiveness of the social skill training that is being given for the children?

7. What challenges did you face that hinder the training process and its effect?

Interview Guide for Parents

Part one: Background information

Name of interviewee…………………….. Sex………………………..

Date of interview …………………. Place of interview ………………….

Duration of interview…………………………

Educational level ………………

Part two: Interview questions

1. How long has been your child joined the center?

2. What difficulties had the child with his social behavior before he/she joined

    the center?

3. What types of trainings are being given at the center?

4. Do you think he/she is improving his/her social skills after joined this center?

5. How is his/her interaction with you, with siblings and peers?

6. How do you evaluate the center in relation to the social skill trainings it gives?

Observation Guides

Date of observation…………….

Place of observation……………………

- Types of social skills training that being given for the children

- The technologies that the trainers used to give the social skill training

- The setting where the training being employed

- The students' reaction during the training

- The duration of the social skill training

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የት/ት ደረጃ------------- በማዕከሉ ያለው የስራ ቆይታ---------

የሥራ መደብ ----------------

1. በዚህ ማዕከል የማህበራዊ ክህሎት ስልጠና ይሰጣል?

2. ምን አይነት የማህበራዊ ክህሎት ስልጠናዎች ይሰጣሉ?

3. የማህበራዊ ክህሎት ስልጠናው በማን እየተሰጠ ይገኛል?

4. የማህበራዊ ክህሎት ስልጠና ስትሰጡ ምን ምን አይነት ቴክኖሎጂዎችን ትጠቀማላችሁ?

5. ስልጠናውን የሚሰጡት መምህራን ብቃት ሁኔታ ምን ይመስላል?

6. ከስልጠናው ጋር በተያያዘ ወላጆችን ለማሳተፍ ምን ታደርጋላችሁ?

7. የማህበራዊ ክህሎት ስልጠናው ውጤታማነት ምን ይመስላል?

8. ከስልጠናው ጋር በተያያዘ ያጋጠሙ ችግሮች አሉ?

9. ስልጠናው የበለጠ ውጤታማ እንዲሆን መደረግ አለባቸው የሚሉአቸው ነገሮች ካሉ?

ለመምህራን የተዘጋጀ ቃለ መጠይቅ

የተጠያቂው የግል ሁኔታ

ስም--------------------

የተማረው የት/ት አይነት------------

የት/ት ደረጃ-------------

በማዕከሉ ያለው የስራ ቆይታ------

የሥራ መደብ ---------------

ለቃለ መጠይቅ የተዘጋጁ ጥያቄዎች

1. በዚህ ማዕከል ምን አይነት የማህበራዊ ክህሎት ስልጠና እየተሰጠ ይገኛል?

2. ስልጠናውን በምን አይነት ሁኔታና ቦታዎች ትሰጣለህ/ሽ?

3. ለስልጠናው ምን አይነት ቴክኖሎጂዎችን ትጠቀማላችሁ?

4. ከስራው ጋር በተያያዘ ምን አይነት ስልጠ ወስደሃል/ሻል?

5. የምትጠቀሙባቸው የማህበራዊ ክህሎት ስልጠና ዘዴዎች ሳይንሳዊ ናቸው?

6. ስልጠናው ውጤታማ ይመስልሃል/ሻል?

7. በስልጠናው የወላጆች ሚና ምን ይመስላል?

8. የስልጠናውን ሂደትና ውጤታማነት ሊያደናቅፉ የሚችሉ ምን ችግሮች አጋጥመውሃል/ሻል?

9. ስልጠናውን የበለጠ ውጤታማ ለማድረግ ምን መደረግ አለበት?

ለወላጆች የተዘጋጀ ቃለ መጠይቅ

የተጠያቂው የግል ሁኔታ

ስም------------------------ ጾታ---------

የልጁ ጾታ---------------የልጁ እድሜ------------

የት/ት ደረጃ-------------

ልጁ በማዕከሉ ያለው ቆይታ------

ለቃለ መጠይቅ የተዘጋጁ ጥያቄዎች

1. ልጅዎ ወደ ማዕከሉ ከገባ ምን ያህል ጊዜ ሆነው?

2. ልጅዎ ወደ ማዕከሉ ከመግባቱ በፊት ምን አይነት የማህበራዊ ክህሎት ችግሮች ነበሩበት?

3. በማዕከሉ ምን አይነት ስልጠናዎች ይሰጣሉ?

4. ልጅዎ ወደ ማዕከሉ ከገባ በኋላ የማህበራዊ ክህሎቱ መሻሻል አምጥቷል?

5. ልጅዎ ከእርስዎ ከወንድምና እህቶቹ እንዲሁም ከእኩዮቹ ጋር ያለው ግንኙነት

6. ምን ይመስላል?

7. ማዕከሉ ከሚሰጠው የማህበራዊ ክህሎት ስልጠና አንጻር እንዴት ይገመግሙታል?

8. ከማህበራዊ ክህሎት ስልጠናው ጋር በተያያዘ የእርስዎ ድርሻ ምን ይመስላል?

በማህበራዊ ስልጠና ሂደቱ ላይ ምልከታ ለማካሄድ የተዘጋጀ

የምልከታ መመሪያ

ቀን ----------------

ቦታ--------------------

1. በኦቲዝም ማዕከሉ የሚሰጡ የማህበራዊ ክህሎት ስልጠና አይነቶች

2. ስልጠናውን ለመስጠት የሚጠቀሙባቸው የቴክኖሎጂ ውጤቶች

3. ስልጠናው በሚሰጥበት ወቅት ልጆቹ የሚሰጡት ምላሽ

4. የማህበራዊ ክህሎት ስልጠናው ቆይታ