

Behaviour Support Training for Parents of Children with Autism Spectrum Disorder

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Abstract

Al Jalila Foundation (AJF) is a philanthropic organization based in Dubai. The organization sponsored a training programme in 2013 to support parents of children with various disabilities to cope with the behavioural and emotional challenges that are related to the child's disability. The course lasts for 6 weeks and is delivered across the United Arab Emirates (UAE). This paper aims to measure the impact of one of the parental behaviour support programmes on the attitudes and responsiveness of participants to the needs of their children with Autism Spectrum Disorder (ASD). A mixed method approach was chosen to determine this impact. Participants were interviewed on an interval basis and also requested to complete pre-, mid- and post-course questionnaires. The script of the group interview was analyzed and the main themes mentioned by parents were examined for consistency in the light of the findings extracted from the questionnaires. When comparing the findings of both the interview and questionnaire, it was found that the programme had a great impact on participants and this impact was clearly noticed in the positive change of the parents' attitude towards their children. Participants' recommendations, collected from their returned questionnaires and from the sponsor's evaluation, show that there is a desperate need for more parental support programmes. The paper ends with recommendations for future practice.

Keywords: Autism Spectrum Disorder (ASD), parental support, challenging behaviour

1. Introduction

When a person is diagnosed with Autism, this means that she has a developmental problem that affects her social contact with others (Siegel, 1996). The stereotype problem behaviours that inhibit the person with Autism are a repetitive behaviour, inability to make eye contact and aggression (Neitzel, 2010). Parents of such a child need a lot of support and guidance especially on the different services and intervention programmes available for their child.

Although it has been recognized in other parts of the world that parents should receive training to support their children with Autism Spectrum Disorder (ASD) (Bearss, 2015; Preece, 2014; Bernard-Optiz & Kok, 1992), it has never been implemented in the United Arab Emirates.

To redress this need, the Al Jalila Foundation (AJF-philanthropic organization) approached the British University in Dubai to provide parents of children with ASD with training courses on how to manage the challenging behaviours of their children and equip those parents with life-changing skills. This training programme was the first initiative under Ta'alouf, which means harmony in Arabic.

The training programme, sponsored by AJF and delivered by the British University in Dubai, started in October 2013 and was expected to continue for four years. This project proved a success in its first year based on the evaluation process of the sponsor; however, that success was not documented/published or shared in a professional forum in the first year. Therefore, it was decided to closely examine, using research, the extent to which the programme is achieving its aims in arming parents with whatever they need to predict, manage and evaluate the challenging behaviour that is associated with the disability of their children. Parents' expectations were sought at the beginning of the related course, and feedback at the end of the training course (Preece, 2014;

Judith et al., n.d.). Interviewing was used to support findings from questionnaires which were completed in order to measure the impact of the training sessions on their attitude towards their children.

At the end of the 6-week training programme, participants receive an attainment certificate. To be eligible to qualify for this certificate, participants have to attend six 5-hour training sessions. These training sessions take place on Saturdays. Additionally, a portfolio, including six assignments and a final report, has to be submitted. The training programme for this group started on 20th December 2014 and finished on 31st January 2015.

During the first year of the project, parents of children with special needs were accepted on the programme regardless of the severity of the disability of their children. However, based on the recommendations of graduates from previous batches, parents of children with specific disability were clustered in one group to maximize the benefit of the training. This gives parents the opportunity to share the common challenges they face. In order to serve this categorization, the content of the workshops was modified to support and provide those parents with specific skills that would help them understand and manage the challenging behaviour of their children. The first specialized group consisted of parents of children with Down Syndrome and the second one included parents of children with Autism Spectrum Disorder (ASD). This second group is the subject of this study.

Thirty-three parents/care givers, from different Emirates (cities) and with different educational backgrounds, were interviewed and requested to complete three questionnaires (pre, mid and post). “The participants were given pseudonyms to maintain anonymity” (Gaad, 2015, p. 59).

The two main questions, that this study is trying to answer, are:

- 1) How far does this course help parents to have better control over the challenging behaviour of their children (the impact of the course)?
- 2) What are the significant recommendations made by parents that would help improve this course in future?

To answer these two questions, the researchers adopted a mixed method approach that is based on qualitative and quantitative data collection. This method was used for three reasons. First, it “provides a more complete understanding of a research problem than either approach alone [qualitative and quantitative]” (Creswell, 2014, p. 4). Second, using both qualitative and quantitative approaches help to bridge the gap in each approach (Creswell, 2008). Third, qualitative analysis suits the nature of the interview while quantitative analysis suits the nature of numeric data collected from questionnaires.

1.1 Current State of Education Support in the UAE

Including people with special needs has always been one of the main priorities of the UAE government which was one of the first governments in the region that signed “the UN Convention on the Rights of Persons with Disabilities in March 2010” (Gaad, 2015, p. 58). This was preceded by the issuance of some laws that regulated the inclusion of special needs in mainstream school such as the Federal Law No. 14/2009 which stipulated that students with disabilities have the full right to be educated with their peers in the public and private schools (Ministry of Education, n.d.). This law also defined a person with special needs as any person who has a permanent or temporary challenge that prevents him/her from performing the ordinary activities executed by their peer without special needs (Abu Dhabi e-government, 2015). According to the “School For All” initiative (Ministry of Education, n.d.), there should be one special education teacher in every school in the United Arab Emirates whose main responsibilities are to coordinate with the school personnel to provide customized learning to students with special needs. He/she also coordinates with the parent to involve them in the Individual Educational Plan and to raise awareness among them about the special education services and categories.

According to Abu Dhabi Education Council (ADEC) (2015), it is expected that students with special needs in governmental schools would be provided with a special education programme that matches their needs and if a more appropriate programme is needed, such students would be referred to special centres/schools other than the one being attended. ADEC follows a model that consists of three stages:

Stage 1: It is mandatory for all schools to provide the learning programme that matches the different levels of students. The ‘Learning Support Teams’ would recommend a more specialized programme for a certain number of students.

Stage 2: If it is found that a student has a special educational need, he/she is sent to the ‘Resource Room’ for part of the day. Meanwhile, an Individual Education Plan (IEP) is developed.

Stage 3: A student may be sent to a special class, which includes students with similar special needs.

Stages 4: If it is found that, a student has a multi special educational needs that cannot be met in the regular governmental school, he/she is referred to special centres.

Unfortunately, the number of special needs centres are not big enough to satisfy the needs of the increasing number of children diagnosed with Autism. Parents may not be able to enrol their child in one of these centres due to either the limited seats available or due to the high cost of education. For example, the Dubai Autism Centre (DAC) has 46 students enrolled and 200 on its waiting list (Pathak, 2012). However, when the new premises opens, the DAC will accommodate 150 students (Pathak, 2012).

One of the challenges that meets any scholar doing research on special needs is the absence of official statistics on the percentage of each category of these needs (Bradshaw, Tennant, & Lydiatt, 2004). In addition, even though there is a plethora of laws regulating the work pertaining to these needs, none of these laws states clearly the role that could be played by the parents. Furthermore, support to parents is confined to some support groups that meet either face to face or virtually through social media. The first and premier support group for people with Down Syndrome was formed in Dubai in 2004 (Gaad, 2006). Similarly, a mother who has a son with ASD created another support group in Abu Dhabi, for parents of children with ASD (Bell, 2013). This group aims to help parents share experience and provide support to the new parents joining the group.

1.2 Interventional Technique

The training course explored different types of intervention that could be used by parents to modify the challenging behaviour of their child with ASD. One of these types was the 'Positive Behavioural Support' (PBS). This model owes its origin to the 'Applied Behaviour Analysis' (ABA) (Johnston et al., 2006; Preece, 2014). In this model, parents are taught certain strategies that would either prevent the occurrence of an inappropriate behaviour or decrease its impact if it already occurred (Neitzel, 2010; Johnston et al., 2006; Allen, Hawkins, & Cooper, 2006). According to Johnston et al. (2006), the PBS was mainly developed to replace the unpleasant consequences happened when using other intervention strategies to modify behaviours. During the training, parents were shown videos that explained how to prevent the occurrence of an inappropriate behaviour by avoiding its antecedent (what triggers this behaviour) and how to react using the appropriate consequence such as positive reinforcement, time out, response cost and extinction.

2. Methodology

2.1 The Trainer

The training was provided by Professor Eman Gaad, the dean of the faculty of education at the British University in Dubai. Professor Gaad is one of the most prominent figures in the field of special education. She is also a UNESCO consultant and works as an advisor for many governments in the region. In addition, she a cofounder of some NGOs and participated in designing some of the inclusive regulations in the United Arab Emirates (Gaad, 2015).

2.2 Participants

Thirty-three parent participants/care givers (Bernard-Optiz & Kok, 1992), whose educational background ranged from postgraduate to preparatory school graduate, joined the training (See Table 1 below). This variety of the educational backgrounds would have been a challenge unless the trainer had been of high caliber and with extensive knowledge of training people with different educational levels. One of the strategies adopted by the trainer, to reach everybody, was pitching down the most complicated terminologies, such as form and function of behaviour, and relating them to the trainees' daily life activities. When parent participants were asked if they had received any training on behaviour analysis, 98% of them answered no and even the little percentage, that reported receiving training, judged this training as not useful and a waste of time (Wodehouse & McGill, 2009).

Table 1. Participants' educational levels

Qualification	No of parents
Bachelor	22 (one physician, 7 SEN teachers)
Post graduate	4
High school	4
Diploma	2
Preparatory	1

Range of qualifications held by course participants

The variety was not only in the educational levels, but it was also in the gender of the participants as both female and male, whose age ranged from 20 to 50 years with 38 as an average age (SD = 7.2), were included (Judith et al., 1998). The majority of these participants were female (twenty-two) (See Table 2 below).

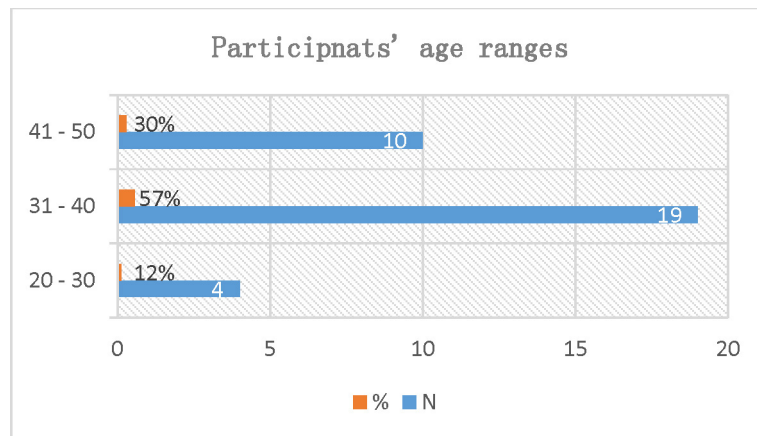


Figure 1. Participants' age ranges

Table 2. Age

Age	N	%
20 - 30	4	12%
31 - 40	19	57%
41 - 50	10	30%

Participants' age ranges

On the other hand, the children's age ranged from 3 to 23 years with an average of 7.4 and SD = 4 (Judith et al., 1998). 76% of those children were between 3 to 8 years old. Moreover, the number of females was much bigger than the number of males as the former represents 70% and the later represents only 30% of the total number of children that the participants have. It is worth mentioning here that some parents, who attended this course, have more than one child with ASD, for example, an Emirati national participant has five children with ASD.

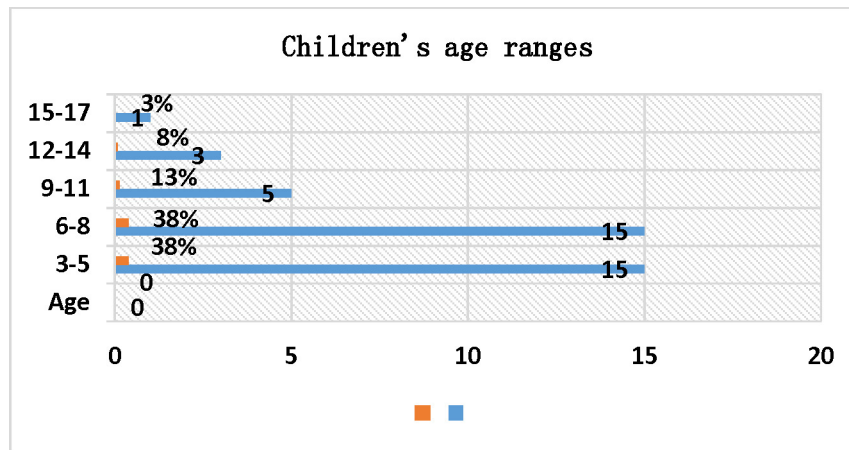


Figure 2. Children's age ranges

Table 3. Age ranges

Age	N	%
3-5	15	38%
6-8	15	38%
9-11	5	13%
12-14	3	8%
15-17	1	3%
21-23	1	3%

Children's age ranges

The United Arab Emirates hosts a big number of expatriates from different countries and when it comes to healthcare and special needs services, there is no discrimination between Emirati nationals and expatriates. This idea was represented in the variety of nationalities permitted to join this training programme (See Table 4). Approximately 64% of the participants were expatriates and the other 36% were Emirati nationals. All the seven Emirates of the country were represented (three from Abu Dhabi, two from Ajman, five from Al Ain, one from Al Fujairah, thirteen from Dubai, two from Ras Al Khaimah, three from Sharjah and one from Um Al Quwain).

Table 4. Country of origin

Country	Number of parents	Percentage
Ethiopia	1	3%
USA	1	3%
Lebanon	1	3%
KSA	2	6%
Somalia	2	6%
Yemen	2	6%
Egypt	3	9%
Syria	4	12%
Jordan	5	15%
UAE	12	36%

Participants' country of origin

2.3 Course Content and Structure

The course comprises six modules and all are mandatory:

- 1) Introduction and analysis of child's behaviour for children with ASD
- 2) Acquiring practical intervention for children with ASD
- 3) Inclusive education and behaviour managementWhat happens to my child at school? For children with ASD
- 4) Communication strategies and identifying challenging behaviours for children with ASD
- 5) Individualization of intervention for children with ASD
- 6) Abuse related behaviour for children with ASD + Course wrap up (kahoot quiz) + Completing the sponsor's evaluation form + Completing the post-course questionnaire

In the first workshop (introduction and analysis of child's behaviour), parents were taught how to analyse behaviour and identify its form and function using ABC model (Bearss et al., 2015; Bernard-Optiz & Kok, 1992). According to Siegel (1996), one of the factors that helps in determining that a person is diagnosed with Autism is understanding the form and function of behaviour. In the second workshop, (acquiring practical intervention) parents were introduced to the different methods of intervention such as how to reinforce positive behaviour and ignore disruptive/negative one (Bearss et al., 2015). In the following workshops, parents were taught how to communicate with children properly, participate in the Individual Education Plan and finally how to protect their children from sexual harassment.

2.4 Procedure

2.4.1 Qualitative Data

Interviews, using open-ended questions, were carried out at the end of the 6-week course to measure the impact of this training course on parents and whether they have better control over their children's behaviour. To satisfy the research ethics, not only were the participants given the choice whether to be interviewed, but the researchers also obtained a verbal consent from them before recording their words. All interviews were conducted at the Academic Medical Centre, Dubai Healthcare City, Dubai, United Arab Emirates. The interviews were transcribed and then the whole script was analysed using content analysis. This method has been described by Robson (2002, p. 459) as "giving codes to the initial set of material obtained from interviews". The number of frequency of each theme was counted. According to Kumar (2011), the first step in content analysis is to detect the main themes mentioned by participants in their answers to questions (descriptive text). Once these themes have been identified, the text analyzer can code and quantify them. The researchers decided to analyze the content of the interview using this technique, as it will enable them to integrate the verbatim words of participants (Halcomb & Davidson, 2006) into their report and quantify themes at the same time.

To collect the required data, participants were asked the following questions:

- 1) What did you learn from this course?
- 2) What are your recommendations and suggestions?
- 3) Do you have better control over your child's behaviour?
- 4) What is the difference between form and function of behaviour?
- 5) Did you transfer any of the learnt lessons to someone you know?
- 6) Did you apply any of the learnt tips? And what was the result?
- 7) What wrong perceptions did you have before joining this course?

2.4.2 Quantitative Data

Participants were requested to evaluate the course by completing three questionnaires (Wright & Williams, 2007; Preece, 2014). The first one, pre-course questionnaire, was completed before the course started to find what those participants knew about the topics that would be discussed over the 6 weeks. The second one was completed in the middle of the course (end of week 3). The third one, post-course questionnaire, was completed at the end of the course (in week 6). The questionnaire included seven statements covering the themes discussed all through the six lectures (with two statements for the first topic). Participants were asked to evaluate each statement using a Likert scale in which they chose a certain level of agreement or disagreement. The format of a Likert scale was "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree".

Statements included in the questionnaire

S 1. I am able to control my child's behaviour in a procedural way.

S 2. I am able to modify my child's behaviour.

S 3. I am able to distinguish between the form and function of behaviour.

S 4. I am aware of the inclusion laws and regulations in the UAE.

S 5. I am aware of the basic communicative skills.

S 6. I am aware of my role in the IEP (Individual Education Plan).

S 7. I am able to protect my child from sexual harassment.

3. Findings*3.1 Summary of Quantitative Data Findings*

3.1.1 Questionnaires

Table 5. Responses in percentages

SN	Strongly agree			Agree			Neutral			Disagree			Strongly disagree		
	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post
S1	15%	6%	18%	33%	70%	73%	33%	24%	9%	12%	3%	0%	6%	0%	0%
S2	21%	9%	21%	42%	58%	61%	24%	36%	9%	12%	0%	0%	0%	0%	0%
S3	0%	27%	58%	48%	58%	36%	27%	15%	3%	18%	0%	0%	6%	6%	0%
S4	3%	6%	36%	12%	39%	55%	36%	45%	6%	30%	9%	0%	12%	0%	0%
S5	3%	18%	21%	39%	70%	76%	42%	3%	6%	15%	0%	0%	0%	0%	0%
S6	12%	24%	33%	27%	64%	67%	45%	0%	0%	12%	0%	0%	3%	3%	0%
S7	12%	9%	21%	42%	42%	70%	27%	30%	6%	12%	15%	0%	3%	6%	0%

The percentages of participants' responses to the seven statements in the questionnaire

Table 6. Responses in numbers

SN	Strongly agree			Agree			Neutral			Disagree			Strongly disagree		
	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post
S1	5	2	6	11	23	24	11	8	3	4	1	0	2	0	0
S2	7	3	7	14	19	20	8	12	3	4	0	0	0	0	0
S3	0	9	19	16	19	12	9	5	1	6	0	0	2	2	0
S4	1	2	12	4	13	18	12	15	2	10	3	0	4	0	0
S5	1	6	7	13	23	25	14	1	2	5	0	0	0	0	0
S6	4	8	11	9	21	22	15	0	0	4	0	0	1	1	0
S7	4	3	7	14	14	23	9	10	2	4	5	0	1	2	0
Total	22	33	69	81	132	144	78	51	13	37	9	0	10	5	0

The number of participants' responses to the seven statements in the questionnaire

Example of analysis of one of the qualitative statements

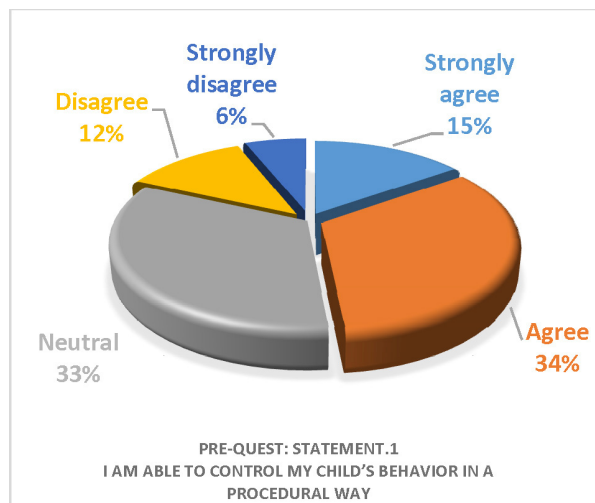


Figure 3. Pre-course questionnaire, statement no. 1

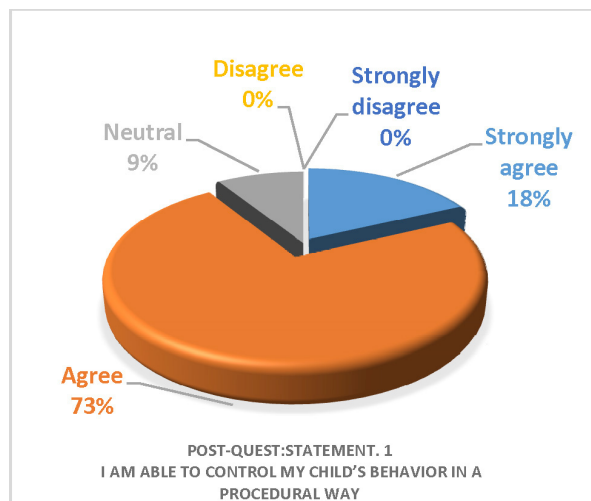


Figure 4. Post-course questionnaire, statement no. 1

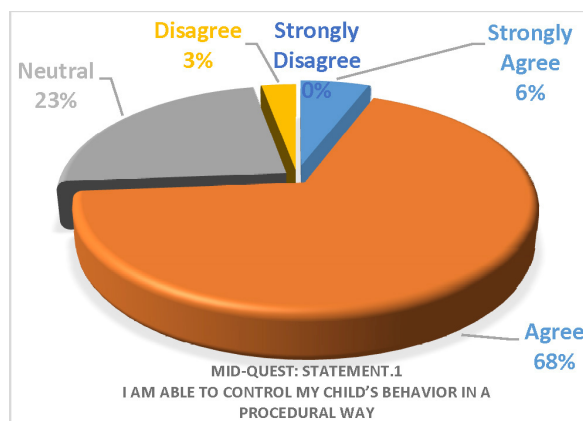


Figure 5. Mid-course questionnaire, statement no. 1

The three pie charts above show the percentage of participants, who strongly agreed, agreed, were neutral, disagreed and strongly disagreed when responding to statement number 1. It is clear from the information in the

Pre-course questionnaire chart (Figure 3) that 34% of parents agreed that they were able to control their children's behaviour while in the post-course questionnaire chart (Figure 4), this percentage rose by almost the double (73%). Another remarkable feature is the percentage of parents who neither agreed nor disagreed (neutral). In the pre-course questionnaire chart (Figure 3), their percentage was 33, which means that they were not confident about their ability to control their children's behaviour. However, when asked to rate the same statement after attending the course, their hesitation and lack of confidence dropped to 9% (Figure 4).

Figure 5 represents the responses of participants when asked to complete the mid-course questionnaire. It is clear that the number of respondents who agreed that they were able to control their children's behaviour increased gradually. Their percentages were 34, 70 and 74 in the pre-, mid- and post-course questionnaires respectively. However, the percentages of parents, who disagreed, decreased from 12 in the pre questionnaire to three in the mid-course questionnaire and zero in the post-course questionnaire.

Combining close responses (SA & A, SD & D)

In order to simplify the data and increase its readability, close responses such "Strongly Agree" and "Agree" have been combined.

Table 7. Responses in percentages

SN	Strongly Agree & Agree			Neutral			Strongly Disagree & Disagree		
	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post
S1	48%	76%	91%	33%	24%	9%	18%	3%	0%
S2	63%	67%	82%	24%	36%	9%	12%	0%	0%
S3	48%	85%	94%	27%	15%	3%	24%	6%	0%
S4	15%	45%	91%	36%	45%	6%	42%	9%	0%
S5	42%	88%	97%	42%	3%	6%	15%	0%	0%
S6	39%	88%	100%	45%	0%	0%	15%	3%	0%
S7	54%	51%	91%	27%	30%	6%	15%	21%	0%

Combined responses in percentages

Table 8. Responses in numbers

SN	Strongly Agree & Agree			Neutral			Strongly Disagree & Disagree		
	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post
S1	16	25	30	11	8	3	6	1	0
S2	21	22	27	8	12	3	4	0	0
S3	16	28	31	9	5	1	8	2	0
S4	5	15	30	12	15	2	14	3	0
S5	14	29	32	14	1	2	5	0	0
S6	13	29	33	15	0	0	5	1	0
S7	18	17	30	9	10	2	5	7	0
Total	103	165	213	78	51	13	47	14	0

Combined responses in numbers

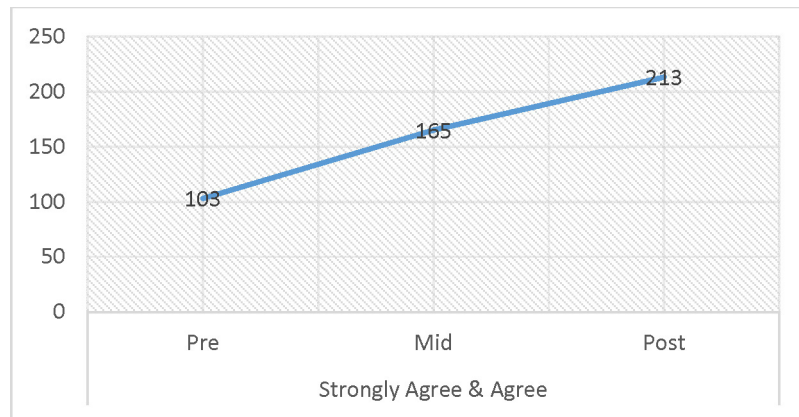


Figure 6. Strongly agree & agree responses

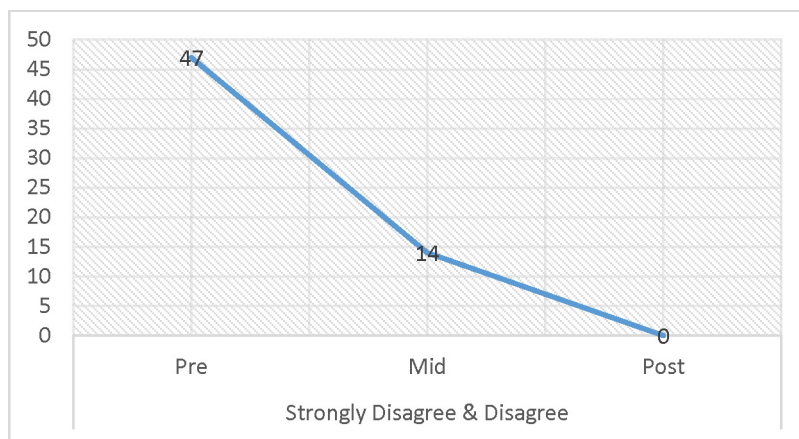


Figure 7. Strongly disagree & disagree responses

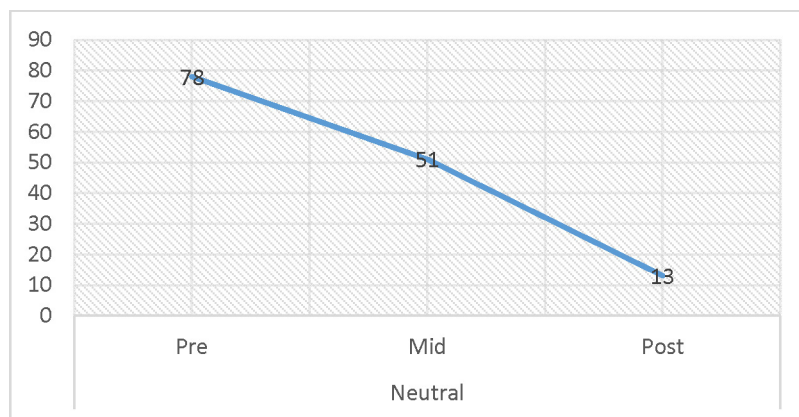


Figure 8. Neutral responses

The information in Figure 6 shows that the level of agreement rises from one hundred and three in the pre-course questionnaire to two hundred and thirteen in the post-course questionnaire, while the level of disagreement decreases from forty-seven in the pre-course questionnaire to Zero in the post-course questionnaire. Similarly, for Neutral response, in the pre-course questionnaire, most participants were hesitant, but later, when they went deeper into the course and received more knowledge, the number of neutral responses decreased to thirteen only.

3.1.2 Kahoot Quiz

In order to recap the topics discussed all through the six weeks of the course and determine whether participants still remember the information given to them, the researchers prepared an online quiz using game-based software called Kahoot (<https://getkahoot.com/>). This quiz consisted of 14 multiple-choice questions. Parents were requested to bring an electronic device that could be used to access the internet. On the last day, parents were shown how to participate in the game: they were instructed to answer the questions that were displayed on the board by clicking on the shape that represented the correct answer using their devices (getkahoot, n.d.). According to Wang (n.d.), this software helps to improve teacher-student communication and increase students' motivation. The result of this quiz showed that parents understood most of the behaviour modification principles. Each question was followed by a long discussion and feedback from the trainer on the participants' answer. As it can be discerned, from Table 9 below, that 75% of the participants gave correct answers to the questions. This is a random sample of the questions and their choices (Beneath Table 9).

Table 9. Questions and percentages of answers

Questions	% of participants who answered the questions in a correct way
1	83.33%
2	53.13%
3	93.75%
4	48.48%
5	71.88%
6	83.33%
7	90.63%
8	67.74%
9	82.35%
10	68.75%
11	67.74%
12	97.06%
13	61.76%
14	78.79%
Average	75%

Percentage of participants gave correct answers

- Q1. Behaviour can be measured by.....
- A) interviewing parents of the respective person
 - B) direct observation of the targeted behaviour
 - C) interviewing the respective/concerned person
 - D) interviewing teacher of the respective person
- Q2. The message, that the child sends to us when he/she does unpleasant behaviour, is
- A) the effect of the behaviour on others
 - B) the shape of the behaviour
 - C) the function of the behaviour
 - D) all choices are correct
- Q3. To protect my children from Sexual Harassment, I should know
- A) whom my child is with
 - B) where my child is

- C) what my child is doing
 - D) all choices are correct
- Q4. Autism is considered one of the.....
- A) developmental disabilities
 - B) behavioural disabilities
 - C) communicative disabilities
 - D) all choices are correct

3.2 Summary of Qualitative Data Findings

3.2.1 Theme Categorization and Frequency

The script of the interviews were analyzed to determine the most important benefits highlighted by participants. These benefits were categorized into themes as follows:

Table 10. Frequency and frequency distribution of themes

SN	Themes (learnt lessons)	Frequency	Frequency distribution
Theme 1	Able to analyze the behaviour and control the antecedent and consequence (ABC)	2	4%
Theme 2	Communication strategies	3	6%
Theme 3	Able to differentiate between form and function	5	10%
Theme 4	Full control of my child behaviour	5	10%
Theme 5	Miscellaneous	6	12%
Theme 6	I benefited from the course	6	12%
Theme 7	What triggers behaviour	9	17%
Theme 8	Practising what is learnt	16	31%

Frequency and frequency distribution of themes

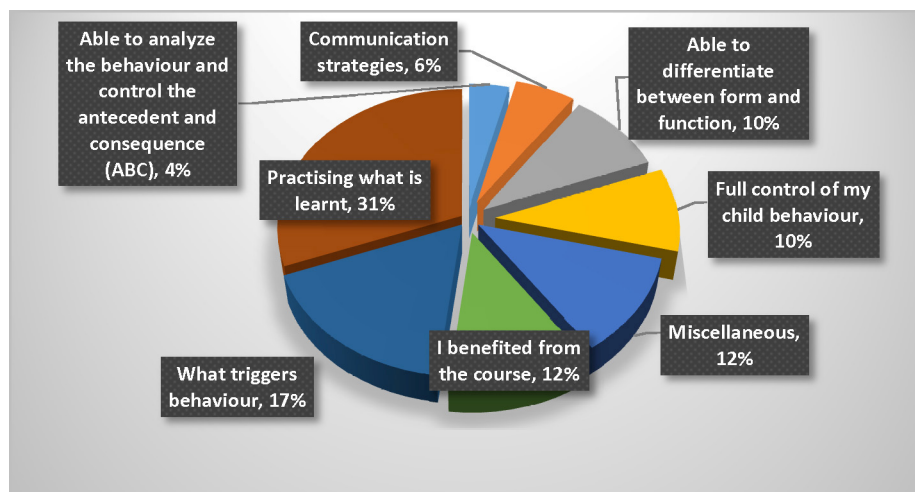


Figure 9. Frequency and frequency distribution of themes

Theme 1—ABC model

ABC model and behaviour analysis were two main topics discussed in the first week. Participants found it very beneficial to intervene by controlling the antecedent in order to avoid the consequence.

Om Ghaya, Ghaya's mother, whose daughter was 14 years at the time of the interview, stated, "Now, I can analyze the behaviour and control the antecedent and consequence".

Om Esssa also stated, "I applied ABC model on my children to control their behaviour".

Theme 2—Communication strategies

Children with ASD find it difficult to communicate. Participants knew this fact and were anxious to learn how to develop more communication strategies so that their children can make eye contact with them.

Khalid, whose son is 5 years old, said, "This course should receive a lot of appreciation from us as parents. We learnt a lot of behaviour principles, way of treatment and methods of communication between children and their parents inside the house".

Abu Salim said, "I learnt what behaviour and communication meant".

Mohamed said, "Communication board was very helpful".

Theme 3—Behaviour form and function

When this topic was discussed, participants found it difficult to differentiate between form and function, but later, when they were trained well, they started to differentiate between them properly.

A. Ahmed said, "I am able now to differentiate between the form and function of behaviour".

Abu Salim said, "I also learnt the difference between the function and form".

S. Alshami: "We were advised to find out the function of the child's behaviour".

Huda stated, "So far I have learnt how to differentiate between the form and function of behaviour".

Sawsan said, "We were aware of the difference between form and function of behaviour, but we did not know that this is called form and that is called function. In other words, we lacked these terminologies".

Theme 4—Control of my child's behaviour

When participants were asked how far they could control their children's behaviour, their answers were as follows:

Um Essa said, "I am in full control of my child's behaviour now".

Soad said, "I have much better control".

Om Mohamed said, "I have much better control over my child's behaviour".

Om Ghya said, "I have better control over your child's behaviour".

Om Abdullah said, "I have better control over my child's behaviour".

Theme 5—Miscellaneous

These are general topics raised by participants when asked about what they learned. Their feedback showed they regretted the wrong reactions they had when their children behaved in an unpleasant manner.

A.Ahmed said, "The most important tip that I got is that parents of Autistic [sic] child are the only people who can modify and adjust their child's behaviour".

Sheikha said, "We learnt a lot of behaviour principles, way of treatment and methods of communication between the children and their parents inside the house".

Om Mohamed said, "The wrong actions I used to make: I used to punish a lot, but after joining the course I learnt that there are better techniques that could be used to modify behaviour such as reinforcement".

Abdo, "I learnt many new terminologies that I did not either hear of or know. For example, I learnt what behaviour and communication mean".

Zeina said, "I learnt I should ignore negatives and accentuate positives".

Mouza said, "I learnt 5-1 rule".

Theme 6—Benefited from the course

When participants were asked whether the course was beneficial, their answers came as follows:

A.Ahmed said, "We benefited from the course".

Abdo said, "We benefited a lot from this course particularly behaviour".

Khalid said, “We extremely benefited from this course”.

Suaad said, “The result was completely satisfying”.

Om Abdullah said, “We learnt a lot of information that we were not aware of before”.

S. Shami said, “We would like to thank you for this invaluable course. We learnt a lot particularly, the first class on behaviour modification and function”.

Theme 7—What triggers behaviour

Finding the reason that triggers an unpleasant behaviour was one of the most interesting topics for participants. As this tip helped them to avoid the occurrence of an unpleasant behaviour and solve the problem before it began.

Um Essa said, “I started to measure the behaviour by observing what my child is doing and trying to find out why he is behaving in this way. I can now understand that there are some matters that irritate him, but now I react quietly and try to understand the reason behind his tantrum. I learnt that there should be a reason that makes him run away from the class”.

Suaad said, “I have much better control because I have started to find the reason behind the challenging behaviour of my child. I was always nervous, but I feel quieter because I learnt how to solve the problem before it began. For example I tried to avoid reasons that made my child go on tantrum”.

S. Shami said, “But now after joining the course, I was advised to search for the reason that made him cry and I learnt that I should find the cause that triggered that behaviour”.

Theme 8—Practising what is learnt

Most of the participants said that they implemented the learned lessons immediately after going home and the result was very satisfying as they started to have more control over their children’s behaviour. They also decided to spread the word by advising or guiding people who have special needs children. This shows that they found the learned lessons very beneficial otherwise they would not wish to transfer them to people they know.

Abdo said, “Started applying what we learnt”.

Om Essa said, “I applied ABC model on my children to control their behaviour. I am in full control of my child’s behaviour after applying what we have learnt”.

Um Essa said, “Whenever I find anyone [parent] reacting in a wrong way, I tell him [sic] about the correct way of reacting in this situation. I told my friends that they should modify their children’s behaviour in a procedural way by using certain techniques such as reinforcement”.

Suaad said, “I went to the classroom and observed both my child and his teacher and I found that the teacher was ignoring him and this ignorance made him run away”.

Abdo stated, “I started applying the learnt lessons to his brothers. I explained to them how to deal with their special needs brother in a proper way. For example, I told them not to say ‘NO’ to him nor to get angry at him. I conveyed the same information to a friend of mine who has an Autistic [sic] child”.

Om Omar stated, “I applied some of the learnt techniques and there was a lot of improvement”.

Om Mohamed stated, “But I passed on the information to brothers and sisters of my Autistic [sic] child”.

Om Ghya said, “I applied some of the learnt lessons and got positive results. I passed the information on to her brothers and sisters”.

Om Abdullah said, “We followed this tip and it worked well with him. I passed the information on to my friend and now we have created a group on ‘What’s’ app to exchange the information and benefit each other”.

S. Shami said, “I applied the learnt lessons to all my children, the special need and normal [sic] one. For example, every time I dress my son, he used to take his clothes off. When I discussed this matter with Prof Eman, she told me that Autistic [sic] child has a sensitive skin, so based on this information, I started using soft clothes and massaging his skin before dressing him. I told many of my friends that all children have challenging behaviour and the techniques we have learnt can be used for all children whether they have special needs or not”.

3.3 Findings from Sponsor’s Own Evaluation

As mentioned earlier, AJF evaluated the programme at the end of the training to measure its effectiveness. Two main questions were asked: what the advantages/benefits of the programme are; what they would recommend to help improve the programme.

3.3.1 Benefits and Learnt Lessons

The following advantages and learnt lessons were extracted from this evaluation literally.

Communication between the trainer and participants

“The intensive care, communication with parents, the easily accessed venue and online game-based quiz were amazing”.

“The excellent communication between the lecturer and trainees allowed parents to attain the utmost benefits and also talk openly about the different topics”.

“Honesty and giving everybody the opportunity to ask. Providing participants with handouts and books which contain valuable information”.

“The convenience of the workshops’ time; the topics discussed were important; the lecturer’s method of conveying the information was outstanding; Professor Eman and Mr. Rawy were so cooperative”.

“The lecturer has had an attractive way of introducing the information. I liked her patience. She replied to all questions raised by parents. I also liked her educational level [depth of knowledge]”.

The quality of knowledge provided

“The level of information and its presentation were of high caliber”.

“The course was distinguished and wish you all the best [sic]”.

“The lecturer had a vast knowledge in the special needs field”.

“I liked the lecturer and videos that were based on real stories. It is very important to learn, listen and then apply what we have learned”.

“Lecturers answered all our inquires”.

“The lecturer is very good in dealing with the participants. This lecturer did a great job in passing the information on parents and helping them to implement it”.

“This course benefited me a lot as it enriched my knowledge profoundly”.

“The course opened the door for more investigation and deep search into knowledge”.

“This course broke the silence in dealing with special needs cases. It also provided practical life exercises”.

“Learning new things”.

Convenience of the course

“The course was intensive and I learned some fundamentals of how to deal with my child. What I also liked, the most, was the freeness and convenience of the course”.

“The time of the course was convenient and lecturers were of extensive knowledge”.

“The course was free and it was conducted during the weekend. It also opened a lot of doors for parents to identify their children’s behaviour”.

“The convenient time and place”.

“The course was free and on Saturdays”.

“As this course was free, everybody could join it. Sometime the cost of the training courses is considered a hindrance in our way to join them”.

Homework and textbooks

“We learned many experiences. Doing homework reinforced the information taken. The textbooks were beneficial”.

“Getting knowledge from specialists who were of high caliber”.

“Homework was a kind of revision and helped to reinforce the information taken in class”.

Miscellaneous (Analyzing behaviour, inclusion, communication, IEP & harassment)

“Participants were trained well on how to measure behavior; to differentiate between form and function of behaviour; the importance of communication; they became more aware of inclusion and the IEP”.

“How to deal with the behaviour of my autistic [sic] child. I also learned about communication and inclusion”.

“Now I am more aware and acknowledged about Autism. Now I know what is happening with my child and how to analyze his behaviour and solve any problem related to this behaviour”.

“Learning how to take care of my child; how to modify his/her unpleasant behavior; how to protect him/her from dangers and how to prepare him/her for the developed community”.

“Learning how to analyze behaviour enabled me to identify my child’s desires which he cannot express clearly due to his poor communication ability”.

“The information was new and important for me. This new information helped me modify and understand my child’s behaviour. I also became aware of the inclusion regulation pertaining to my special needs child”.

“Helping parents modify their children’s behaviour and set plans for them”.

“Raising awareness of the appropriate way of dealing with children and supervising him/her. In addition to raising the awareness of the importance of making follow-up with the centre where the child is enrolled and contributing to the learning process”.

“Now I have an idea about the following: analyzing behaviour and how to modify it; how to include my child in my mainstream schools; appropriate ways of communication and IEP; harassment”.

“Learning how to measure my child’s behaviour and how to improve it”.

“This course enhanced my knowledge and experience related to how to deal with my child and how to modify his/her behaviour”.

“Learning the ideal ways of dealing with my child and how to protect him from harassment”.

Exchanging experience with other parents

“Exchanging experiences with the other parents. There was an appreciative feeling towards the Al Jalila for the full support provided to parents with Autistic [sic] children”.

“Getting many experiences through the workshops; exchanging experiences with the other trainees; my ability to analyze behavior and helping my child”.

“I liked the practical part and the ability to communicate with the others. Benefiting from the experiences of both the lecturer and other trainees”.

“Learning new experiences; getting textbooks and handouts; getting to know new people”.

“Communicating with parents who share the same sufferings”.

“Building relationships with the other participants who experienced the same circumstances. I benefited a lot from their experiences”.

3.3.2 Satisfaction Rate Details

Participants were requested to rate their satisfaction on ‘Likert scale’ as follows:

- Strongly agree (5 marks)
- Agree (4 marks)
- Agree slightly (3 marks)
- Disagree slightly (2 marks)
- Disagree (1 marks)
- Strongly disagree (0 marks)

Table 11. Sponsor's run evaluation

	The trainer	Satisfaction percentage
1	The trainer was highly qualified and had practical experience in dealing with children with special needs	% 100
2	The trainer organized the workshops in a way that ensured that I received the maximum benefit within the training time	% 100
3	The trainer effectively used multimedia tools (i.e. PowerPoint, videos....etc. throughout the workshops)	% 89.74
4	The presentation of the training material was clear and well structured	% 97.22
5	The level of information was suitable for me	% 97.22
6	In general, the knowledge I gained from this training was significant, deep and new to me; it considerably improved my skills in communicating with special needs children	% 97.22
7	The training included sufficient number and types of examples and practical exercise related to dealing with special needs children. It greatly helped me understand the behaviour of my child	% 97.22
8	I benefited greatly from the written training materials and homework given to me during the training workshops	% 100
9	The hospitality and facilities, offered throughout the programme, were of high quality and organization	% 97.22
10	The skills and knowledge I gained through this training enabled me to positively impact the behaviour and development of my special needs child	% 97.06
11	I am satisfied with the learning I received through this training	% 97.14

Participants evaluating the quality of training, hospitality.etc.

4. Recommendations

Participants' recommendations from both AJF and researchers' evaluation focused on the necessity of offering more training courses, following up with participants, conducting more communication-focused courses and offering a course with a higher level of information than the current one, for example, an ABA course. These recommendations from both evaluations were organized into themes as follows:

Convenience of the training venue

"Workshops venue should be closer to the places where participants live" (Sponsor's evaluation).

"The course should be closer to Sharjah" (Sponsor's evaluation).

"The next courses should be delivered in different emirates" (Sponsor's evaluation).

Lengthening the training course

"More time should allocated for training parents on how to help their children speak and develop their languages" (Sponsor's evaluation).

"The training course should be longer than this. There should another programme for parents of children with disability [sic]" (Sponsor's evaluation).

"The course should be longer than this to allow parents go deeper into knowledge. Part of the course should be allocated for presenting children's problems and how to deal with them" (Sponsor's evaluation).

"Lecture time should be longer than this" (Sponsor's evaluation).

"The course should be longer and more focused on disabilities (Autism). The following should be widely explored; case studies, how to treat and modify Autistic [sic] child's behaviour. There should be another course focusing on inclusion" (Sponsor's evaluation).

"The venue of workshops should be closer to participants and the interval between the workshops should be longer" (Sponsor's evaluation).

"The workshops time should be longer" (Sponsor's evaluation).

More courses covering different topics

“Offering more training programme for parents of Autistic [sic] children”.

“I wish you would offer a communication-focused training course”.

“As for the session about communication, there should have been more focus on this topic. As you know Autism is mainly a communicative and behavioral problem”.

“We wish next courses could be at higher level than this one. For example, next courses could discuss a topic like ABA. In other words, next courses should be directed to specialized people like therapists”.

“There should be a training programme based on ABA [Applied behaviour analysis]” (Sponsor’s evaluation).

“There should be training courses covering ABA” (Sponsor’s evaluation).

“There should be training courses covering analyzing verbal behaviour ABA/VB” (Sponsor’s evaluation).

“SLP [Speech-language pathology] should be covered” (Sponsor’s evaluation).

“Occupational therapy should not be overlooked and it would be better if one session offered to cover this topic” (Sponsor’s evaluation).

“Occupational therapy should be covered” (Sponsor’s evaluation).

“Another course on communication (specialized)” (Sponsor’s evaluation).

“A course in occupational therapy (general knowledge)” (Sponsor’s evaluation).

“Offering more courses that focus on including children in the mainstream schools” (Sponsor’s evaluation).

Repeating the course

“I wish I could attend the same course again to gain more benefits”.

“The course covers many fields and pathways, but it should be repeated and should also be deeper in its contents” (Sponsor’s evaluation).

“Offering another course in AL Fujairah and Khor Fakan [cities in the UAE]” (Sponsor’s evaluation).

“Increasing the number of sessions and organizing another course later” (Sponsor’s evaluation).

“The course should be longer and a sequence of courses should be offered with deeper contents. I wish the Al Jalila Foundation would offer more courses in the future” (Sponsor’s evaluation).

After-course guidance

“I wish you could keep in touch with us so that we can discuss any future problems with you”.

“Giving parents the opportunity to gain more knowledge by offering them study scholarships”.

“I wish I would be alerted of any workshop related to my child disability”.

“Supporting parents by offering them post-graduate scholarships to study master degree at the British University in Dubai or any other university” (Sponsor’s evaluation).

“Guiding/directing parents to specialized consultants after finishing the course. Connecting parents with experienced people and the rehabilitation centers” (Sponsor’s evaluation).

“We wish we would be nominated for more courses” (Sponsor’s evaluation).

“Updating parents on the places that diagnose children with special needs” (Sponsor’s evaluation).

“Increasing the number of workshops. Going deeper into the topics. Organizing follow-up workshops to track the performance of parents and to find out how beneficial the course was with more focus on parents’ performance when their children are included in mainstream schools” (Sponsor’s evaluation).

“Forming a committee consisting of members from all ministries, parents, teachers and doctors to follow up and develop services provided to special needs” (Sponsor’s evaluation).

“Rehabilitation and special need centres should be aware of the topics discussed in this course” (Sponsor’s evaluation).

IT Skill training

“It would be better if you provided parents with a training session on how to do and submit homework properly” (Sponsor’s evaluation).

“One session on how to do and send the homework should be provided” (Sponsor’s evaluation).

Other

“I suggest giving an opportunity to one participant to talk about the topic discussed in the previous session” (Sponsor’s evaluation).

“I think the course was perfect/complete” (Sponsor’s evaluation).

5. Discussion and Conclusion

The findings from both qualitative and quantitative data show that parents have become more capable and confident in dealing with the challenging behaviours of their children with ASD (Preece, 2014). It is thought that understanding basic facts on behaviour like the form and function of behaviour helped parents with the analysis of the behaviour of the child, examining the root cause of the manifested behaviour, and therefore better manage the outcomes. The prediction of tantrums was also something that parents appreciated. The improvement in the quality of their life, after attending the course, was also observed in their feedback given during the interviews. This improvement was appreciated not only by parents but also by the seven teachers who attended the same course on their quest for dealing with a challenging behaviour. Those teachers confirmed that although they were aware of the topics discussed in the sessions, their understanding of some terminologies became better. This training course served more than one purpose at the same time. Firstly, it showed parents how to better manage the challenging behaviour of their children. This was reported by one of the participants whose pseudonym is Om Omar who said, “*I applied some of the learnt techniques and there was a lot of improvement*”. If families cannot succeed in managing the challenging behaviour of their special needs child at home; this could lead to some disastrous results such as reducing the probability of including this child in mainstream schools (McGill, Papachristoforou, & Cooper, 2005; Broomhead, 2013). Secondly, this training course provided an excellent opportunity for parents and teachers to mingle and discuss many of the common problems that usually happen between SEN teachers and parents of children with ASD at schools and rehabilitation centres.

Although this study proposes that, the training course was helpful, its findings cannot be generalised due to the size of the participants and it would be better if more studies were conducted in the future to either support or refute the findings of this current study (Preece, 2014). In addition, a longitude study could be done to follow the impact of the programme in the long run.

Finally, the trainer tried on more than one occasion to encourage participants not to use some of the improper/no longer used words like “Autistic” and “Disabled” which “contribute to the process of stigmatization” of the special needs (Longmore 1985, p. 419). However, it is clear, from their verbatim words given during the interviews and when completed the sponsor’s evaluation form, that they need more training and advice on this matter.

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