



HAWASSA UNIVERSITY

GRADUATE PROGRAM STUDIES

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTMENT OF SPECIAL NEEDS AND INCLUSIVE EDUCATION

**PRACTICES AND CHALLENGES AND OPPORTUNITIES OF PROVIDING SOCIAL
SKILLS TRAINING FOR CHILDREN WITH AUTISM IN BRIGHT CENTER
HAWASSA CITY ADMINISTRATION**

BY: - SARA DENEKE

JUNE, 2024

HAWASSA, ETHIOPIA

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CENTER HAWASSA CITY ADMINISTRATION**

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES FOR THE
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Appendix- 7

Examiner's APPROVAL SHEET-I

SCHOOL OF GRADUATE STUDIES

HAWASSA UNIVERSITY EXAMINERS' APPROVAL SHEET-1

(Submission Sheet-2)

We, the undersigned, members of the Board of Examiners of the final open defense by by Sara Deneke have read and evaluated his/her thesis entitled Practices, Challenges and Opportunities of Providing Social Skills Training For Children with Autism In Bright Center Hawassa City Administration and examined the candidate. This is, therefore, to certify that the thesis has been accepted in partial fulfillment of the requirements for the degree.

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INTERNAL EXAMINER APPROVALSHEET-2

(SUBMISSION SHEET-3)

I, the undersigned, as internal examiner read and evaluated thesis prepared by under the title Practices, Challenges And Opportunities Of Providing Social Skills Training For Children with Autism In Bright Center Hawassa City Administration and thesis edited after defense that it can be accepted as fulfilling the thesis requirement for the degree of master with the specialization in school of education graduate program of the department of special needs and inclusive education.

Name of Internal Examiner

Signature

Date

Name of Department Head

Signature

Date

DECLARATION

I, Sara Deneke, declare that this MA thesis entitled: “as practices, challenges and opportunities of providing social skills training for children with autism in Bright Center Hawassa City Administration” is my original work. I have undertaken the research work independently with the guidance and support of the research supervisor. This study has not been submitted for any degree program in this or any other university and I have cited and referenced all sources used in this document.

Sara Deneke

Name of Student

Signature

Date

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Abbreviations and Acronyms

WHO	World Health Organization
ASD	Autism spectrum disorder
FDRE	Federal Democratic Republic of Ethiopia
ILO	International Labor Organization
IEP	Individual Education Plan
ABA	Applied Behavior Analysis
ADHD	Attention Deficit Hyper Activity Disorder
DSM	Diagnostic and Statistical Manual for Mental Disorders
PDD	Pervasive Developmental Disorder

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Abstract

The main purpose of this study was to investigate the Practices, Challenges and Opportunities of Providing Social Skills Training for Children with Autism in Bright Center Hawassa town Administration. The study followed A qualitative approach and case study design for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The study involved administrators, program coordinator, teachers and parents as participants by using purposive sampling techniques. The data was collected through interviews, observation and document analysis. The finding of the study indicates that even though it faces many challenges, the practice of social skill training is on good way in Bright Center. The center provided various types of social skill training. However, several pitfalls hinder the intended social training for autistic children, such as poor awareness of parents about social skill training for finding a diagnosis and managing the behaviors of their autistic child, lack of trained personnel to improve the planned level of social skill, the restlessness of autistic children in the center and lack of adequate and constant resources of budget that may have triple impacts required resources, instruments and are counted as challenges of effective social skill training for children with autism in Hawassa bright autism. Deficits in social skills may negatively impact several essential domains including, academic achievement, interpersonal relationships, behavior, mental health, and adult life outcomehencethe study forwarded a recommendation to the town administration to recognize the provision of education in autism center and allocation of adequate budget for effectiveness autistic children, especially in social skill training. Administrative bodies in the centersshould make the link with a different governmental and non-governmental organization sto widen the level of services in the city as required. The program coordinator should also create awareness for the parents as they play central roles in social skill training at home and follow upon the parents' role as well as the teachers. In doing so, they could monitor and see various gaps which should be corrected in time and take remedial actions.

Keywords practices, opportunities, challenges, social skill training, Autism

CHAPTER ONE

1.1. Background of the study

Autism spectrum disorder (ASD) is a complex neurodevelopment condition characterized by difficulties in social interaction and communication, as well as restricted and repetitive behaviors (American Psychiatric Association, 2013). Disability is a part of the human condition that has existed since human beings evolved on the planet. So, disability is a complex, dynamic, multidimensional and contrasted issue. Disability/disorder is classified into fourteen (Autism, hearing impairment, deaf, speech and language impairment, visual impairment, Intellectual disability, Emotional disturbance, deaf-blindness (WHO, 2011). Therefore, autism is one category of disability and social interaction 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. People with autism often have repetitive behaviors and restricted interests, and they may be resistant to changes in routines. The main causes of autism are not yet fully understood, but a combination of genetic and environmental factors is believed to play a great role; there is no known cure for autism, but early intervention and various therapies can help individuals with autism improve their social interaction, communication skill and quality (Psychiatrist Association, 2013). One of the main characteristics of children with autism is difficulty in social interaction (Carbone & Farley, 2010). According to Ainsworth (2014), the most prevalent social skills deficiencies among people with ASD include starting and maintaining conversations, taking turns, sticking with subjects or activities, recognizing and interpreting emotions, and considering other people's points of view. "social skills training" describes the focused intervention and techniques used to help children with autism become more adept communicators.

Although the problem is serious, children with autism can improve their skills through effective early intervention and intensive educational programs (Klin et al., 2007).

It is believed that inclusive education can bring improvement in the social skill of children with autism (Williams et al., 2006). According to Stedman (2019), Effective Social skills and adaptive interaction for autistic can be successful by relating the training activities to one's daily functioning in many domains. Another aspect of social skill training practice is cooperation, which involves sharing, helping others and being interdependent. It is practiced in realistic contexts, and valued and actively pursued.

As Whitcomb (2018) stated, the practice of effective social skill training includes facilitating autistic children to meet new people and make a friend, initiating them to join , showing feelings, doing things or activities together and helping others. Social skill training for autistic children also includes asking others for help, being able to stand for something and reacting to the actions of others; on the other hand, necessary skills for independent and responsible behavior which is appropriate in the community at a given context (keogel ,2006).

The practice of social skill training paves many opportunities for children with autism in the current and future lives of children. Concerning this Howlin stated that Early, intensive, and continuous social skill training by competent practitioners are important when focusing on teaching children with autism (Howlin ,2009). A study by Jones et al., (2015) revealed that five-year-old children who displayed positive social skills, such as listening, sharing, cooperation and following rules, were more likely to attend higher education and obtain a full-time job in early adulthood.

Social skills training enables autistic children to make friends, collaborate, cooperate, and learn. Adequate social skills successfully meet their needs in appropriate ways. Well-developed and well-practiced social skills help establish harmonious relationships with others around and expand social networks by relying on social skills (Szumski, 2019). Using social skills programs provides a means to effectively address the social skills deficits of individuals with autism. Hence, targeting social skills interventions for children with social deficits is critical for their success in many life domains. Social skills are critical for developing positive peer relationships, which satisfy the need to belong, protect against victimization, and promote cognitive and social development.

However, poor practice of social skill training at home and in the community aggravated low condition socialization of autistic children. 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 verbal and nonverbal social cues, inappropriate emotional response, and lack of empathy for others “ distress (Rao et al., 2008). Social skill interventions for this population should address the unique learning considerations of individuals severely affected in both cognitive and language domains (Stedman et al., 2019).

Little is known about autism in Africa. Most autism research studies have been conducted in Western, high-income countries (Durkin et al., 2015). A recent report of an autism meeting attended by 47 delegates from 14 African countries highlighted the lack of available autism services and the need to raise awareness and develop autism screening, training and service strategies on the continent (Ruparelia et al., 2016).

Similar to other African countries, Ethiopia has limited autism service provision. The detection of and care for children with autism in Ethiopia is further impeded by the stigma surrounding them, viewed as a curse and often hidden from society (Shibre et al., 2006). In addition to the lack of special services, their isolation often leads to their lack of social skills, poor health and misconceptions about the causes of developmental and mental illness (Alem et al., 1999; Abers et al., 2015). Additionally, Ethiopia might have as many as 500,000 children on the autism spectrum. Meeting their many needs is a huge challenge.

National studies on autism reveal that children with autism do not receive the proper instruction and assistance needed to grow in social situations. As evidence shows, 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). Many experts in the medical, educational, and vocational training industries have poor concepts of how these disorders affect people and also lack knowledge about how to provide social skill training for people with autism. Additionally, there are very few facilities that focus on autism. The majority of the kids have been confined to their homes. Some attend special education programs for kids with intellectual disabilities or other

types of educational environments, but they do not receive the necessary assistance or skill development (Olani., 2014).

Children with autism often face different challenges in understanding social cues, engaging in meaningful social interaction and developing relationships. As we know, those social skills play a great role in various aspects of life, including peer relationships, for academic success and overall well-being, so it is very important to address the challenges of children with autism and promote effective social skill training methods.

However, there are so few centers, and the practice of training autistic children is not up to the standard; there is no homegrown tool to identify, assess and intervention children with ASD in the country; in most circumstances, autism manifests simultaneously with other types of mental disorders (Tekola et al., 2016).

It has been drawn in a multipronged attack on the lack of awareness in the country regarding this neurodevelopmental condition (unfortunately even among health professionals), the stigma surrounding it, the enormous rate of underdiagnosis, the lack of specialists who can recommend appropriate treatment, support, and care (e.g., speech therapy, support with social interactions and communication, support with behavior and learning (Burton, 2016). Hence, autism needs much attention in Ethiopia, particularly in Hawssa. Because there is just one center in Hawssa, and it is insufficient to meet the needs of children with autism and the entire community. By promoting social development and equipping autistic children to successfully integrate into the community, this study aims to assess practice opportunities and challenges of providing social skill training in the bright autism center of Hawassa City administration.

1.2 Statement of the Problem

This research focused on social skill training of autistic children with special emphasis on Bright Center for children with autism. Autism is a lifelong disability that affects how people interact and communicate with the world (WHO, 2011).

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, including initiating and maintaining eye contact conversations and reciprocal behavior. Because of this, social skills are targeted on individualized education plans (IEPs) and other school-based intervention plans. It is important to note that autism is varied, and individuals with autism can vary widely in their abilities, strengths and challenges.

The FDRE Constitution (FDRE, 1995) recognizes education as one of the fundamental rights of citizens. For instance, Article 41 (3 & 4) further entitles Ethiopian nationals to access publicly funded social services equally. In line with this, the International Labor Organization (ILO) showed that persons with disability, among others, have the right to gain access to capacity-building services, counseling, skills training, business development services and income-generating activities.

To support children with disabilities in developing social skills and engaging fully in society, the Ethiopian Education Development Roadmap (2018–2030) policy recognizes the significance of providing the necessary resources and support, recognizing the need to address discrimination and stigma against children with disabilities, the policy. The policy lays a noble objective, but according to global quality standards, there are still gaps in the country's implementation of fair, scientifically supported social skills programming.

Various studies have been carried out in Ethiopia regarding related issues with children. From the family perspective, the difficulties of raising children with autism spectrum disorder (ASD) are an impeding factor. According to Senait, the experience of parents with autistic children have less attention devoted to providing social skills training for children with autism. As we know, social skills training plays a great role in various aspects of life for autistic children and can assist in filling the gap in this area (Senait 2012).

Hence, among the rationales for conducting this study is that a large number of children and youth with autism are tomorrow skillful workforce citizen who effectively contributes to the well-being of the nation if their untapped potentials are cultivated through community education and training by addressing the three domain of learning, i.e., affective, cognitive and psychomotor domain in the center. Despite its potential for changing lives, balanced community

education and training are not readily accessible to many children and young pupils with autism. It is characterized by a lack of teachers/trainers/teaching /training materials, and other necessary imputes in the center. Further, the supervision and support from respective education offices, social affairs and Regional Bureau of Education were not given due attention, indicating a lack of coordination among concerned stakeholders for the center. This has its share of propagating and perpetuating illiteracy, lack of vocational skills, and lack of interpersonal and other soft skills (Abadi,2018).

However, social training should build social capital and improve the well-being of people with autism equal to that of regular Education in a formal setting in the center to provide opportunities for individuals to find and invest their gifts, unlock their untapped potential and gain employment, as well as to be an asset to their communities and society (Steven Klein ,2004). Therefore, widening opportunities for autistic children and youth to obtain knowledge and skills can assist them in successfully integrating into society.

It is a fact that creating social skill development programs that work for children with autism faces some difficulties and gaps. These are communication barriers and problems, limited social motivation, lack of natural desire for social skill training, resistance to change and new social skill training strategies. To meet the needs and interests of all potential autistic in the center, there must be broad and balanced social skill training. Additionally, the title is not yet researched very well especially in hawassa bright autism center, and currently the issue about autism is serious as a result, I want to go through it final solutions for the problems.

Moreover, informal discussions with the administrative body and an investigator observed in the setting, among additional motivating factors and aggravated to investigate of the issue in Hawasa City administration autism center to narrow the gap mentioned above by finding a way to improve the lives of individuals with autism, helping them to build meaningful social skill, by enhancing the social interactive skill of their life in the community. Therefore, the following basic research questions are developed Based on this issue.

1.3. Basic Research Questions

This study has the following research questions.

1. How is social skill training practiced for children with autism at Bright Center?
2. What challenges impede providing social skill training to children with autism?
3. What are opportunities for improving social skill training for children with autism in the center?
4. What are the experiences of parents and teachers in providing social skill training to autistic children?

1.4. Objectives of the Study

This study has general and specific objectives.

1.4.1. General Objective

The study's general objective is to investigate practices, challenges and opportunities of providing social skill training for children with autism in Bright Hawassa town regional state.

1.4.2. Specific Objectives

The specific objectives of the study would be:-

- To investigate practices of social skill interaction training at Bright Center.
- To identify challenges that impede effective social skill training for children with autism in the study area.
- To describe the existing opportunities for social skill training for children with autism.
- To explore parents and teachers experiences in providing social skill training for autistic children.

1.5. Significance of the study

The study focused on practices, challenges and opportunities providing social skill training for autistic children in case of Bright Center in Hawassa City. Therefore, it creates awareness for parents of autistic children to carry out their role by supporting their children's social skill training. It will also give relevant information about the situation for the principal parent of autistic children in the center. It also provides information for centers and schools training children with autism about the appropriate ways of social skills training. It further serves as a basis for the source of information for other investigators on the area of autism, and the study additionally gives information to the city administration and non-governmental bodies to support the training of children with autism. Additionally, regarding Ethiopia's education plans and commitments, this case study may offer insightful information and suggestions that will aid the Hawssa city administration.

1.6. Delimitation of the Study

The issue of autism spectrum disorder is a very broad subject. To make this study manageable conceptually, this research is limited to the practices, challenges, and opportunities of providing social skills for autistic children. Methodologically, the study is limited to a qualitative case study design approach. Geographically, this study is delimited to Bright Centre Hawassa City Administration, Sidama Region.

1.7 Limitations of the study

In every activity, there is a limitation that hinders ongoing activities.Overlap of my appointment with a center administrator because of their different programs.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.

1.8. Operational Definition of Terms

Autism – is a disability identified in early childhood development demonstrating triangulation of neurological disorders characterized by restrictive, repetitive behavior patterns, as well as deficits in social abilities and communication skills (American Psychiatric Association, 2013).

Challenges – refers to difficulties or barriers that people with autism spectrum disorders may face when learning and using social skills (White et al., 2007).

Practices – refers to the practice of particular social behaviors and techniques to improve social interaction and relationship-building skills in people with autism spectrum disorders (Bellini, 2006).

Opportunities – refers to favorable conditions or situations that enable people with autism spectrum disorder to develop and improve their social skills (Laugeson et al., 2009).

Social Skill Training - describes the focused intervention and techniques used to help children with autism become more adept communicators, social workers, and adapters (Lauderdale et al., 2014).

1.9 Organization of the Study

The research paper was organized into five chapters. The first section deals with the present study's research background, the problem statement, the study's objectives, the study's significance, and the study scope of the study including delimitations of the study. The second chapter contains a review of related literature; the third chapter, Methodology, describes the description of the study area, the research design, Sample and Sampling technique, data collecting procedures, data collecting instruments and data analysis procedure; the fourth chapter contains the results of the study, discussion of the study. Chapter five includes a summary, conclusion and recommendations of the study.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

Introduction

This section deals with a review of related literature. This chapter addresses the main topic and sub-topics based on a basic research question. The chapter also comes with empirical studies and theoretical framework on social skill training for children with autism.

2.1 Conceptual Literature

2.2 Definition and History of Autism

The Swiss psychoanalyst Eugen Bleuler first used the term "autism" in 1911. He perceived it as the common behavior of kids withdrawing into their worlds, which appeared to be a rejection of interaction. It was believed that autism disorder was a schizophrenic symptom. Childhood autism was a strange early-life condition first identified by American physician Leo Kanner in 1943. Psychiatrist Hans Asperger of Austria later published a description of children exhibiting "autistic psychopathy" in 1944. According to Achkova and Manolova (2014), Kanner and Asperger noted joint withdrawal, fixed movements and operations, resistance to change, and particular desires.

In 1943, Leo Kanner published a paper outlining the characteristics of eleven children who shared his initial definition of autism. Hans Asperger wrote about a group of older children with behavioral problems in Germany the following year. Despite never meeting, both men described the disorder using the same terminology (Willis, 2011).

Since the 1940s, research has increased dramatically regarding autism. Today, scientists and researchers define autism still using a triad of characteristics; however classify autism as impairments of 1) social interaction, 2) social communication, and 3) restrictive repetitive behavior (Rutter, 2013; Volkmar&McPartland, 2014). Impairments of social interaction can include eye contact, physical exchanges of social and emotional contact, building friendships,

and a preference for aloneness (Kanner, 1943; Lai et al., 2013). Impairments of social communication can include the use of speech or lack thereof and the inability to carry on a conversation (Hedges et al., 2014; Kanner, 1943). Restrictive, repetitive behaviors include the lack of inflexibility of routines, the requirement of structure in processes, preoccupation with objects, or repetitive physical movements (Rutter, 2013).

According to the research of Fung & Hardan (2015), a child is not born with autism. Initial development of the child begins normally including primary language development and social engagement (Verhoeff, 2013).

Autism has become one of the most prevalent childhood afflictions of our generation, the second most common developmental disability, next to intellectual disability, affecting an estimated 1 in 68 children (CDC, 2014). The prevalence of autism across the globe exhibits significant variations, presenting as a complex mosaic influenced by diverse factors such as geography, culture, and socio-economic conditions. These differences underscore the need for an understanding of ASD's occurrence to develop strategies that resonate with the distinct needs of various populations and communities. Various studies and epidemiological research worldwide offer a panoramic view on an international scale. Statistics often highlight this diversity, with the World Health Organization (WHO) estimating that approximately 1 in 100 children globally are diagnosed with autism. Acknowledging ASD's global diversity not only addresses prevalence rates but also bridges the gaps in understanding, awareness, and support for autistic people, irrespective of their backgrounds.

Prevalence of autism in Ethiopia, determining the exact rate or even an estimate poses a significant challenge primarily due to various factors that obscure accurate data collection and assessment. Recent research published in 2022 estimated that approximately 600,000 individuals in Ethiopia are living with autism (Biruke et al., 2020). The severity of the situation has been illuminated by professionals at Nehemiah Autism Center recounting instances where as many as 17 children were diagnosed with autism in two weeks. This underscores the urgent need for more comprehensive studies and improved data collection methods to accurately assess the prevalence of autism in Ethiopia. The scarcity of reliable data hampers the ability to develop effective

policies, allocate resources, and establish appropriate support structures for people and families affected by ASD. The limited understanding of the actual prevalence of autism within Ethiopia impedes the creation of targeted interventions and support mechanisms tailored to the specific needs of the autism community. (AWiB is a membership-driven organization that unleashes potential through networking platforms that support the personal & professional development of sound women leaders of Ethiopia).

Autism is a lifetime neurobiological disorder and is not curable. There is no consensus about the cause of ASD. Theories range from better diagnosis of the disability to environmental means, genetics, or a combination of both (CDC, 2012).

2.3 Different Definitions, Characteristics of Autism Spectrum Disorder (ASD)

2.3.1 Definitions of Autism

Autism is a disorder characterized by persistent difficulties in social interaction and communication along with restricted and repetitive behavior, interest or activities (WHO ,2018). Reynolds and Malow (2011), explain ASD as a complex disorder that has to do with the functioning of the brain, and that is categorized by dysfunction in shared contact and communication, as well as the presence of limited interests or tiresome behaviors. Children with ASD have communication deficits that make it challenging to respond appropriately to other people, find it challenging to understand nonverbal interactions and experience difficulty in making friends.

2.3.2 Characteristics of Autism

Autism is characterized by a range of specific characteristics that manifest in individuals with Autism spectrum disorder, and these characteristics vary from person to person. Individuals with autism often experience difficulties in social interaction and communication, such as understanding social cues, eye contact, and forming and maintaining relationships (American Psychiatric Association, 2013). According to WHO (2018), children with autism have difficulties in verbal and non-verbal communication, may struggle with expressing their needs,

understanding and using gestures and engaging in reciprocal conversations, and some cannot develop speech at all. Also, individuals with a disability may exhibit a typical response to sensory input. These can include seeking sensory input (e.g., spinning, jumping, covering ears, avoiding bright lights). Additionally, children with autism may show slow or absent response to people trying to gain their attention, not engaging in “pretend” play, intense interest in certain subjects, difficulty following and engaging in conversation (Kendra, 2022)

2.4 Major Types of Autism Spectrum Disorder

Pervasive developmental delay, or PDD, is the broad category into which DSM IV-TR places autism-related disorders. As they essentially mean the same thing, the terms ASD and pervasive developmental delay are occasionally used interchangeably in contemporary literature. ASD is classified into the following categories: Autistic disorder (classic autism), Pervasive developmental disorder not otherwise specified (PDD-NOS), Asperger’s disorder (Asperger’s syndrome), and Pathological demand avoidance syndrome (PDA).

2.4.1 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. It includes Difficulty with social interaction, communication, and imagination (National Institute of Mental Health, 2011).

2.4.2 Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

When a child is diagnosed with autism, even though their characteristics do not match those of other autistic children, they are classified using this classification. Of all the classifications used for autism, this one is the most ambiguous and perplexing for families and professionals; however, it allows a child with some, but not all, of the characteristics of the disorder to be classified as having autism so that he can receive the services he needs (Willis, 2011). This diagnosis is also used when the disorder begins after age three.

2.4.3 Asperger's Syndrome

When they are young, children with Asperger's syndrome typically behave similarly to those with other forms of autism in that they may struggle with social interaction and communication. But as they get older—to the point of middle school or adolescence, for example—they frequently pick up more socially acceptable ways to interact with people and communicate. Due to their average or above-average intelligence, the majority of Asperger's children pick up new skills just as quickly as, or sometimes even faster than, their classmates without autism. These kids have reportedly shown signs of depression in response to change, difficulty with coordination, monotone speech, and a propensity for ritualistic actions. Furthermore, children diagnosed with Asperger's syndrome may experience severe obsessions with particular items or activities. The only exception is that these kids with ASD typically develop normally in the areas of self-help and adaptive behaviors; social skills, on the other hand, are frequently delayed (Ozonoff et al., 2000).

2.4.4 Pathological Demand Avoidance Syndrome

This is a newly identified ASD. Because they experience severe anxiety when they are not in control, children with PDA avoid demands made by others. According to Willis (2011), autism is frequently diagnosed in conjunction with other disorders like dyslexia and learning disabilities, and this condition is a recently recognized ASD. Children with PDA avoid demands made by others because of intense feelings of anxiety when they are not in control. Autism is very often diagnosed alongside other conditions, such as learning difficulties (Willis, 2011).

Recognizing Autism

Fung & Hardan's (2015) research indicates that autism is not a birth defect. The child's early development, including the acquisition of primary language and social interaction, starts normally (Verhoeff, 2013). But by the time they turn two, kids with autism start to exhibit traits like decreased social interaction and a greater interest in sounds in their surroundings (McMahon & Solomon, 2015; Verhoeff, 2013). Delays in diagnosis often arise from inconsistent diagnostic procedures, which are a direct consequence of the absence of specific causation of the disability. The first line of defense in the identification of developmental problems is parental observation. Parents are the first to integrate treatments and are trustworthy reporters, according to research

(Begeer et al., 2013; Lauderdale & Howell, 2013; McMahon & Solomon, 2015). Although advancements in the field of diagnosis are relevant, there are often long waiting periods for clinical assessments and diagnosis (Wong & Kwan, 2010).

From the first concerns noted by parents to the actual clinical diagnosis, average time span to obtain clinical diagnosis is 1.7 years (Steiner, Goldsmith, Snow, & Chawarska, 2012). This is in part of limited availability of specialized diagnosis for toddlers under the age of three (Steiner et al., 2012).

2.5 Social Skills Training of Children with Autism

The social and personal competencies that enable a person to solve issues recognize social cues, and expertly interact with others are known as social skills. Autism spectrum children face difficulties, one of which is impaired social interaction.

Children with autism can practice and generalize social skills in structured. Supportive groups are called social skill groups. Turn-taking, sharing, perspective-taking, and cooperation are just a few of the skills that are taught in these groups (Lauderdale et al., 2014). 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 & Whalon, 2011).

They learn social skills through memorization, independently practicing, and finally integrating all the steps. Direct and intentional instruction between a trainer and a trainee is used to achieve this. Four elements can be included in a social training program to help people build a solid foundation of social skills, improve their comprehension of social dynamics, and boost their self-assurance in their capacity to successfully navigate social interaction. Effective social skills training programs contain the following four components: Direct teaching, Modeling Practice and Programming for generalization.

2.6 Evidence-Based Interventions in Social Skill Training

Evidence-based interventions for special education services are mandated by federal regulations (Callahan et al., 2017). Evidence-based instruction and intervention strategies provide valid justification for advancing learning and abilities for individuals with disabilities (CEC, 2015).

Investigating evidence-based strategies engaging social skill development patterns revealed the incorporation of behavior focus, modeling, participant practice, and feedback (Ng et al., 2016).

Evidence-based social communication interventions teach kids how to gradually initiate functional communication. Since autism falls within the spectrum, lesson planning must consider each student's needs (Hart & Whalon, 2011). Each child's needs should be evaluated, and customized practical interventions should be created. These interventions should aim to teach social interaction skills at every level, starting with simple responses like eye contact and name recognition and working up to more complex ones like starting and carrying on a conversation (Myles et al., 2012). According to Simpson et al. (2012), practitioners have limited options when it comes to evidence-based social enhancement and support programs that are suitable for students with autism.

2.7. 1 Applied Behavior Analysis (ABA)

Applied behavior analysis is a widely used approach that focuses on teaching specific social skills through systematic instruction reinforcement, and behavior modification techniques. Several benefits are noted such as improved social skill development, IQ levels, and effectiveness of skill development and long-term skill preservation (Fani-Panagiota, 2015; Keenan et al., 2015). In addition, ABA improves primary-age individuals' language communication and intelligence when demonstrated verbally (Shochet et al., 2014).

Discrete trial training: - A sub-set of ABA is discrete trial training (Peters et al., 2016). It is an evidence-based intervention that improves social skills for students with autism (Peters et al., 2016; Ryan et al., 2014). Original challenges addressed the design and adaptation of interventions to achieve development for students with autism, assimilating the age of the participants (Schreibman et al., 2015). Eventually, using a relationship-based model, toddlers aged two to six engaged in play with parent(s) while a therapist observed (Ryan et al., 2014; Schreibman et al., 2015). Evidence identifies increased cognitive, language, adaptive, and compliance skills (Ryan et al., 2014). Short teaching cycles in a basic, predictable format provided the opportunity for repetitiveness of instruction until mastery of skill was accomplished by the participant (McKinney & Vasquez, 2014; Ryan et al., 2014).

Teaching interaction procedure: - Consistently demonstrates improved performance in targeted social skills and advancement of social competence for boys and girls with autism of varying levels and abilities (Leaf et al., 2015; Peters et al., 2016). As with most social skills interventions, the teaching interaction procedure is implemented clinically and has been for over 20 years (Leaf et al., 2015; Ryan et al., 2014).

2.7.2 Social Stories, Written Text Cues and Video Feedback

Social Stories are short, simple stories that provide information about a social situation and the appropriate behaviors needed. The use of Social Stories among special education professionals has increased to address social skill acquisition (Pane et al., 2015). It is 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 18 undesirable behaviors, acceptable verbal greeting initiations, self-regulation, and overall social skills among children and adolescents with autism (Saad, 2016).

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 and reactions. It boosts relating to people, adaption to change, visual response, listening response and verbal communication. In addition, Sara (2014) stated that Social stories are used to increase the child's consciousness of the environment, social cues and social instructions. In particular, teachers, parents, and other care providers should use this method to develop the social skills of children with ASD.

2.7.3 Video Modeling

Video modeling is a method of education where a target behavior is observed and learned through demonstration through a video clip. Video modeling can be used to train self-help, social, academic, and incidental and basic skills (Ross,2007). This type of teaching aims to have the child observe a model of the desired behavior that is as realistic as possible. Children with ASD have a greater chance of learning a desired skill or target response when taught realistic scenarios similar to the natural environment (Besler& Kurt,2016).

2.7.4 Peer Training

Peer-initiated instructional strategies include self-monitoring, group-oriented activities, and strategies. Peer support facilitates the development of social skills in students with autism; nonetheless, teachers might need to explain and interpret nonverbal cues. Which tasks are difficult for a student and how to help (Sara, 2004). That has successfully changed positive social behavior in autistic students (Noland and Cason). When peer training took place, participants in the majority of the reviewed studies showed an improvement in their social-communication abilities, including initiations, responses, and continuations. More instruction for peers who are typically developing gives students with ASD a chance to interact socially with their peers in a range of settings and activities is crucial in the inclusive classroom.

2.8 Parents' practice in providing social skill training to children with autism

Diagnosis with autism Parents pass through challenging moments and react in various ways when discovering that their child has autism. The stressful period that parents go through can lead them to blame themselves for giving birth to a child affected by autism. Lutz, Patterson, and Klein (2012) conducted their study in the United States, focusing on mothers' responses to their child's diagnosis of autism. They interviewed 16 mothers, 10 of which were mothers of children with autism and 6 were mothers of adult children with autism. According to their findings, the reactions of mothers to their child's diagnosis of autism were grouped into four major groups: grief & anger, disease and relationship, guilt and doubt, and disappointment and sacrifice (Lutz et al., 2012). The most common initial reaction of mothers at the time of diagnosis is a feeling of sadness and anger highlighted by self-blaming. Mothers also experienced psychological problems such as fear and anxiety during the initial stages of learning about their child's situation. Some parents reported the reaction of denial as their first reaction to their child's diagnosis with autism, while others reported experiencing feelings of shame.

2.9 Challenges of Providing Social skill Training for autistic children

One of the core challenges faced by individuals with autism is the development of social skills. They may find it challenging to navigate social situations and understand the nuances of social interactions. Some common social skills challenges in autism include:

Social Communication Difficulties: Individuals with autism may struggle with verbal and nonverbal communication. They may have a limited vocabulary, struggle with understanding sarcasm or humor, and struggle initiating and maintaining conversations.

Social Interaction Challenges: Building and maintaining relationships can be challenging for individuals with autism. They may struggle to make friends, interpret social cues, and understand social rules and expectations.

Theory of Mind Deficits: The theory of mind refers to the ability to understand and attribute mental states, such as beliefs, intentions, and desires, to oneself and others. Individuals with

autism often have difficulty understanding the perspectives, emotions, and intentions of others (Ralph, 2023).

2.10 Opportunity to provide social skill training

2.10.1 Early Intervention

Early clinical diagnosis benefits children in long-term outcomes through the establishment of early interventions, yet the average diagnosis for ASD is 53 months of age (Baio, 2014). Researchers differ on the consensus of the appropriate age of diagnosis and appropriate screening, checklists, and assessments. Functionality features vary with age groups (Castro & Pinto, 2013). The developmental stages of toddlers and the continuous changes in their development increase the rigor for researchers to develop efficient assessments that provide accurate or valid data. Some researchers suggest checklists such as the Checklist for Autism in Toddlers (CHAT) and the Modified Checklist for Autism in Toddlers (MCHAT) (Harrop, 2014; Sunita&Bilszta, 2013). Without an exact biological marker identified as the cause of autism, researchers must complete a process of elimination through multiple screenings for various ages of onset (Sunita&Bilszta, 2013). Validity is often burdened in assessing toddlers 16-18 months of age as results often produce elevated false-positives (Harrop, 2014; Sunita&Bilszta, 2013). Often, research identifies normal development in the first 12 months of a child's life then between 24 and 30 months, identification of autism is recognized (Camarata, 2014; Verhoeff, 2013).

This regression is another issue that plagues assessments of toddlers younger than 24 months, as regression often occurs between 15-24 months (Sunita&Bilszta, 2013). At the age of two years, the triad of features is easier to identify as the child's communication skills or lack thereof can be assessed, social skills and social preferences can be observed, and establishments of restrictive, repetitive behaviors are often identifiable. Researchers have suggested checklists, universal screenings, observational scales, inventories and various other assessments to accomplish early identification (Steiner et al., 2012; Sunita&Bilszta, 2013).

Some assessments are structured while others are not, just as some inform diagnostic assessments while others are diagnoses (Steiner et al., 2012). Without a standardized assessment,

each clinic or specialist team relies on diagnostic instruments appropriate for their area (Baio, 2014). To assess an autism child, assessments must comprehensively address the triad of symptomatic features defining the disability.

2.11 The Role of Parents and Caregivers

Parents and caregivers are vital in supporting autistic individuals' social skills development. Collaborating with professionals, providing reinforcement and support at home, and facilitating generalization and maintenance of skills are essential aspects of their role.

2.11.1 Collaborating with Professionals

For people with autism to benefit from social skills training (SST), professionals and parents/caregivers must work together. Experts in their fields, like educators and therapists, can offer invaluable advice. Based on the particular requirements and objectives of the autistic person, they can create customized intervention plans. To fully engage in the planning process, parents and caregivers should share their observations and insights regarding their child's areas of strength, areas for growth, and particular social challenges (Ralph ,(2023).

Parents, caregivers, and professionals must regularly inform each other about their progress. This partnership guarantees that strategies and interventions are applied consistently in various contexts. Together, professionals, parents/caregivers, and individuals with autism can offer a comprehensive support system for those who need it.

2.11.2 Reinforcement and support at home

Parents and other caregivers must support and reinforce the skills taught in SST sessions at home. They have the power to establish a welcoming atmosphere that promotes the use of social skills in regular interactions.

When it comes to teaching social skills at home, consistency is crucial. During SST sessions, professionals can introduce strategies and techniques that parents/caregivers can use. For instance, they can offer congratulations and encouraging words when the autistic person exhibits suitable social behaviors. They can also provide social interactions with peers, family, and

friends, giving the person a comfortable and encouraging environment to practice their newly learned abilities (Krasny et al.,)

2.11.3 Generalization and maintenance of skills

The ability to use acquired social skills in various contexts, environments, and people is known as the generalization of social skills. The involvement of parents and other caregivers greatly aids the development of social skills outside of the controlled SST sessions.

Parental and caregiver support can help children develop generalization by encouraging them to practice social skills in various real-life scenarios. For example, parents can encourage their children to talk to other students, neighbors, or community members. Parents and caregivers can facilitate the transfer of skills learned in SST sessions to real-world interactions by exposing the autistic individual to various social contexts (Autism Speaks, 2021).

Maintenance of social skills is equally important. The person's parents or caregivers should keep giving them chances to hone and strengthen their social skills. Participating in clubs or social groups, continuing social activities, and regular contact with professionals to discuss any issues or potential areas for development. Parents and caregivers play a critical role as partners in the social skills development process of individuals with autism by actively working with professionals, offering reinforcement and support at home, and facilitating the generalization and maintenance of skills. Their participation creates an all-encompassing and encouraging atmosphere that encourages the development and use of social skills outside of the scheduled SST sessions (Ralph, 2023).

2.12 Empirical studies

The study conducted by Dekker et al., (2019) on Social skills group training in children with autism spectrum disorder: a randomized controlled trial in the Netherlands revealed that in smaller samples and wider age ranges, indicating small but statistically significant effects of social skill training in daily life for high-functioning pre-adolescent children with ASD. Parental and teacher involvement intensified the treatment for therapists, parents and teachers, yet did not yield the expected additional effect relative to SST for children only as reported by parents.

Bohlander et al., (2012), the research that was done in the USA on Social Skills Training for Children with Autism, implicated that emerging for the effectiveness of social skills training for youth with ASD, with treatment options including social skills groups at school or in the community, peer training or mentoring, social stories, and video modeling. They recommend that social skills training should be included as a part of any comprehensive intervention program for youth with ASD.

In the study conducted by Musaraj&Muskaaj (2022) on technology as a learning tool, children with e-learning revealed difficulty in accessing technology, limited time of online learning offered by the teacher, difficulty in concentrating children with elements of autism as well as ascertainment by parents of lack of consideration when drafting the plan by the responsible educational institutions.

The research done by Rev Autism Dis Disorder (2014) on Social Skill Group Interventions for Adolescents with Autism Spectrum Disorders found that there is significant evidence for the usefulness of social skills groups as an intervention for adolescents with autism, and the evidence base is rapidly growing.

The study conducted by Ashori et al., (2019) on the Effectiveness of Video Modeling on the Social Skills of Children with Autism Spectrum Disorder in Iran showed that video modeling training had a positive and significant effect on the social skills of children with ASD in the experimental group. Okore&Ntarangwe (2021) Conducted a study in Kenya on the Effect of Social Skills Training on the concept of Teenage Mothers. The qualitative study revealed that teenage mothers go through psychological and emotional challenges at the hands of their parents, and social skills training has improved the self-concept of teenage mothers in Kibera.

The research that was done by Biruke et al., (2020) on the reaction of parents to the diagnosis of autism in Ethiopia revealed that initially, parents had no or little knowledge about autism and reacted with feelings of relief, shock, denial, loss of grief and sadness and frustration. Parents are also overwhelmed with the concern over the future life and career of their children with autism upon the detection of their child's autism.

The investigation that was carried out by Tekola (2016) on challenges and opportunities to improve autism services in low-income countries in Ethiopia revealed that existing diagnostic and educational services for children with autism are scarce and largely confined to Ethiopia's capital city, with little provision in rural areas. Families of children with autism experience practical and psychosocial challenges, including severe stigma and lack of awareness. Informants further raised the lack of culturally and contextually appropriate autism instruments as an important problem to be addressed.

2.13 The Theoretical Frame work

Bronfenbrenner's (1979, 1986) ecological theory model recognizes that children operate within and across multiple related environments. The ecological model assumes that children exist as a part of a complex social system wherein development occurs as a "mutual accommodation" between the individual child and the multiple environments in which they operate (Bronfenbrenner, 1986). Bronfenbrenner's ecological approach to understanding human behavior and development assumes that children are affected by at least five interrelated systems: the microsystem, the meso system, the exo system, the macro system, and the Chrono system.

The microecological model would probably be the most suitable valid model for a study conducted in a single center. The individual child and their immediate surroundings, such as their family, friends, and teachers, are the main subjects of this model. With the help of the microecological model, you could evaluate each child's unique social skills and needs and determine any areas in which they might require more guidance or instruction. Using this model would also enable you to look at how the child interacts with their immediate surroundings, such as their home, school, and community, and to recognize any obstacles to their social engagement.

The micro ecological model can be used to create a thorough intervention plan that meets the child's needs in social skills and is customized for their particular social and cultural setting.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the study area, research design, data source, population, sample size and sampling techniques, data collection instruments, data analysis and ethical considerations.

3.2 Description of the Study Area

This study was conducted at Bright Autism Center, Hawassa Town Administration, Sidama Region SNNPR State, Ethiopia. Hawassa Town Administration is located in Sidama National Regional State. It is a Town with a great rift valley in central Ethiopia. It lies at the eastern edge of large Lake Hawassa, with its resident hippos and 275km south of Addis Ababa. Based on the 2007 census conducted by the Central Statistical Agency of Ethiopia, this city has a total population of 258,808 of whom 133,123 are Men and 125,685 women. This study was conducted in Bright Autism Center, Hawassa City Sidama Region. Bright Autism Center was established in 2008. The area is commonly called near to the new stadium. The founder and manager of this center is Mrs. Tigist. The center's main objective is to help autistic children cope with daily living activities to help their families and give educational training.

It is the only autistic center in Hawassa city and the fourth in the overall country. Due to the limited resources and finances, the center cannot reach more autistic children. In addition to institutional care and home visits, it is doing awareness creation activities so that people can understand the situation and give more care to autistic children and support their families.

3.3 Research Design

The research approach that was employed in this study was a qualitative research approach with a case study. The qualitative research method explores and understands the meaning individuals or groups ascribe to a social or human problem. The research process involves emerging questions and procedures, data typically collected in the participants setting, data analysis

inductively building from particulars to general themes, and the researcher interpreting the meaning of the data (Creswell, 2009).

The research design was a qualitative case study that provides an in-depth description of a single unit (Merriam 1998). The unit can be an individual, group, policy, program, process, institution, or community. It is a single occurrence that the researcher is interested in examining. Case studies can answer descriptive questions about what happened or attempt to explain why something happened by looking at a process. The researcher believed that something could be learned in this specific case. The greatest advantage of a case study is the possibility of depth it seeks to understand the whole case in the totality of the environment. The present actions of an individual and their past environment, emotions and thoughts can be probed. The weaknesses although, it can have depth but inevitably lacks breadth (Donald & al. 2010).

3.4 Source of Data

To get valid and reliable information, appropriate data sources were vital. For this research, primary and secondary data sources were obtained.

3.4.1. Primary and Secondary Source of Data

The primary data source was interviews and observations from the teachers, parents, and administrativestaff. Whereas secondary sources of data were obtained from document Analysis (portfolio), journals, reports, articles and the internet.

3.5. Population, Sample Size and Sampling Techniques

In Bright Center for Children with Autism, there were 2 administratorsstaff, 14 teachers, and there are 46 children with autism who receive services in the center. The children's ages range from 3 to 10. And also 46 parents were included.

The population of the study was administrators staff, teachers and parents. The total number was 62. The participantparents were selected with convince sampling andadministrators staff andteachers were selected with purposive sampling Technique, because purposive sampling enables researchers to select individuals and sites intentionally to learn or understand the central phenomenon (Creswell, 2012).). From 2 administrators staff 2 were selected because of their

relevance with the needed information; they were the program coordinator and the administrative manager of the center. From 14 teachers, 6 were selected based on their longer time experience in the center; they have 3 years or more experience teaching there. So, they considered having enough information about the training process in the center. From 46 parents 8 were selected based on their willingness to participate in the study. The total number of participants were 16.

Table1. Population, sample size and sampling techniques

No	Types of respondents	Population	Sample size	Method of selection
1	Administer	1	1	Purposive sampling
2	Parents	46	8	convenience Sampling
3	Teachers	14	6	Purposive sampling
4	Program Coordinator	1	1	Purposive sampling
	Total number	62	16	

3.6 Data Collection Instruments

Interviews, observations were used as data collection instruments to gather information for this study's purpose.

3.6.1 Interview

An interview was one of the major data collection instruments in this study. The study employed semi-structured interviews to gather data. According to Cresswell (2012), an interview is typically a face-to-face conversation between a participant and a researcher during which the participant provides the interviewer with information. Based on these, follow-up and probing interview questions were created so that each participant could share their thoughts on procedures and the difficulties involved in offering social skill training. Interviews, which are conducted mainly through qualitative research and involve asking general, open-ended questions of one or more participants and recording their responses, provide evidence in support of these claims. Audiotapes are frequently used to enable more reliable transcription (Cresswell, 2012).

There were personal interviews with 6 teachers, 8 parents, program coordinator and Adiminster. The informants were selected using a purposive sampling based on their experience and the parents were chosen via convenience sampling. All interviews were conducted informally to capture participants' most intimate thoughts and opinions in the location chosen by the informants. The interview guidelines focused on the main objective of the research. The researcher was prepared the interview first in English and translate it into the respondent's appropriate local language i.e. Amharic. The data is only collected with the consent of the participants and their personal data is treated confidentially. With the consent of informed participants, each interview was digitally recorded.

3.6. 2. Observation

The second data-gathering tool was observation. Gay et al., (2011) defined an observation as “a way of obtaining data whereby a researcher watches the participants to understand the natural environment lived by participants, without altering or manipulating it”. Observation is a technique or method that relies on what is seen and recorded through observing rather than on the subject (Creswell, 2009). The observation checklist consisted of items that focus on the adequacy of buildings with equipped holistic learning centers like corridors, handcraft materials, pictorial classrooms, toilets, attractive school compounds and related social skill training facilities that may have triple roles for the required enhancement of pupils with autistic. Hence, the researcher will be focused on observation, which deals with social skill training. Hence, observation occurred during outdoor and indoor social skill training through participant and non-participant (overt and covert) participation and children's portfolio of social skill improvement from time to time in the center and physical setting.

3.7. Data collection Procedures

Before gathering data, the study was revised with related literature and developed a data collection instrument. Then, the advisor commented on the instrument, revised it, re-edited it, and finally distributed it to concerned informants by explaining the study's overall purpose.

Then, the researcher got permission from administrative bodies of the center, and the collected data was organized, analyzed, presented and finally discussed.

3.8. Methods of Data Analysis

There are many different types of qualitative data analysis. This method depends on the research topic, research questions, researcher's personal preferences, and the time, equipment and finances available. Based on the research question, objective and research approach, a qualitative data analysis will be employed by identifying patterns and relationships among categories to make meanings and writing a descriptive narrative followed by an interpretation of findings(Yin, 2009). Accordingly, the data generated from in-depth interviews and observations will be divided into different categories/themes, then analyzing the common themes of the most salient aspects of the narrative with the practices, challenges, and opportunities of providing social skills training for children with autism in the study area. The study followed the following paths in analyzing qualitative data. The path was adapted from Dendena (2018).

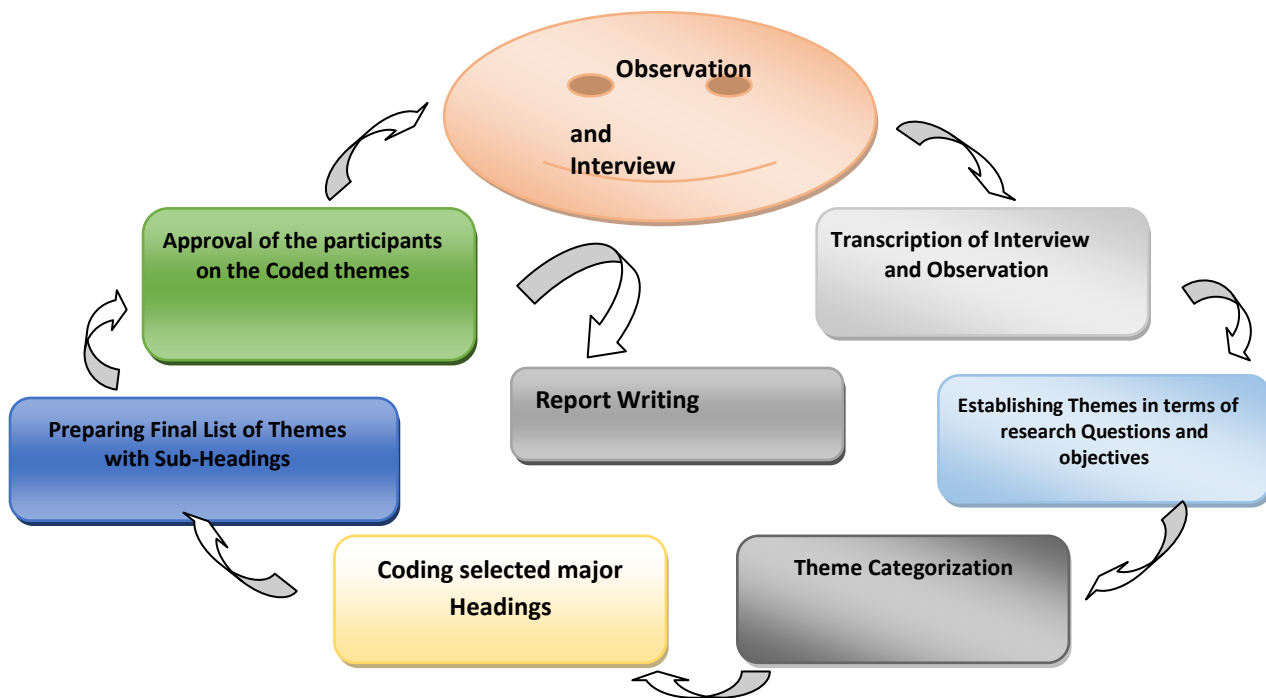


Figure 3.1 Procedure for qualitative data analysis adapted from Dendena, (2018).

3.9 Trustworthiness

Trustworthiness is an appropriate term for evaluating the quality of studies conducted in the qualitative paradigm. The quality of qualitative research is weighed through its trustworthiness, which is based on credibility, transferability, dependability and conformability (Bless et al., 2013). Anney (2014) mentions the following strategies to ensure study trustworthiness.

3.9.1 Credibility

Credibility is the assurance that can be located in the accuracy of the research results. Researchers can enhance credibility by using multiple data sources, such as interviews, observations, and document analysis, to triangulate the findings and ensure consistency. Member checking, where participants review and validate the findings, can also contribute to credibility (Anney, 2014). This researcher implemented data collection through parent, teacher, administrator, program coordinator interviews as well as observations. Protocols guided the navigation of interviews by outlining specific questions for participants. Observations of center completed the triangulation of data collection. To address transferability, the findings of this study can transfer to similar context resulting from the detailed descriptions of the processes and procedures outlined within this study.

3.9.2 Transferability

Transferability refers to whether the study's outcomes can be transferred to another setting with other respondents. To address transferability, the findings of this study can transfer to similar context resulting from the detailed descriptions of the processes and procedures outlined within this study. According to Korstjens and Moser (2018), it is your responsibility as a researcher to provide a "thick description" of the participants and the study methodology so that the reader can decide whether or not your findings apply to their context. Because the researcher gave a thorough explanation of the research site, participant selection procedure, study boundaries, and data collection protocols, the study showed transferability.

3.9.3 Dependability

Dependability refers to the consistency of findings, interpretation and conclusion about the data. To ensure the study's dependability the raw data collected should verify that the findings are consistent even if repeated over time and needs to be consistent. To ensure the study is trustworthy, the participants can evaluate through research methodology and design, as well as data collection and analysis. For this investigation, verbatim extracts from the participants' interviews were used (Sheton, 2004).

3.9.4 Conformability

Conformability refers to the objectivity and neutrality of the research findings, ensuring that they are not influenced by the researchers' biases or preferences. To ensure the conformability of the study under investigation, the collected data and explanations of the findings reflect the participant's responses. Verbatim extracts are included for conformability (Sheton, 2004). Conformability was addressed in this study by strictly implementing the guidelines for observations and interviews.

3.10 Exclusion/ Inclusion Criteria

Teachers, parents, and administrators are all involved in the study. Based on their willingness to participate and their level of experience obtaining pertinent information, there are 16 participants in total. Because they lack the experience when we compare, the other participants will not be allowed to continue in the study.

3.11. Ethical Considerations

The study was carried out with great attention to numerous ethical concerns. First researcher will show the written letter to the keeper and go directly to the center's principal. After that, the researcher was explained briefly about the purpose of the study to the participants and requested that each of the study's participants consent to participate in the study. Informed consent was secured from all study participants because a common understanding was created after describing the purpose and nature of the study through voluntarily

participation. The consideration of these issues is necessary for ensuring the privacy as well as the security of the participants. Punch (2000) has suggested three important ethical issues for every researcher to address. These include “protection of participants from harm, the ensuring of confidentiality of research data, and the question of deception of subjects”. These issues will be identified in advance to prevent future problems that could have been implemented during the research process.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1. Introduction

This study sought to assess practices, challenges and opportunities of providing social skills training for children with autism based on an empirical investigation in Bright Center of Hawassa city administration. To achieve this purpose, the previous chapter has dealt with methodological issues.

This chapter presents data analyses, findings and discussions. Accordingly, it is subdivided into two major parts: data analysis and discussion. Data analysis includes the presentation of findings based on data collected from participants. It includes topics and subtopics thematically categorized based on interviews and observation data collected from participants in the research settings. The first section of this chapter starts by presenting the practice like identifying autism and its types and characteristics for preparing social skill training for children in the center, delivery, process and types of social skill training, ways of assessment and evaluation system for achieving the targeted objective in the center; as reflected by teachers, the parents and administrators.

The relevance of social skill training in addressing students with autism needs in and out of the center is presented. Then, the second section deals with the challenges of providing social skill training for children or students with autism from different angles such as the center related such as financial, material and skilled human resources, parents, autistic children and teachers related). Then, the last section deals with opportunities for tackling the challenges and widening the opportunities for providing social skill training for children with autism based on the policy guidelines and principles. Education and social affairs are presented by comparing the views of participant teachers, parents and administrators representing the center.

4.1 DATA ANALYSIS

4.2.1 Demographic background of respondents:

The table below states the background of parents, teachers and administrative body of respondents in terms of age, marital status, year of experience, and educational background.

Table 4.2.1 Demographic information of respondent

Parents		
Sex	Male	2
	Female	6
	Total	8
Age	25-35	5
	36-45	3
	Total	8
Marital status	Married	8
	Total	8
Teachers and administrative body		
Sex	Male	1
	Female	7
	Total	8
Marital status	Married	5
	Single	3
	Total	8
Year of experience	3-6	7
	Above six	1
	Total	8
Level of academic qualification	Advanced Diploma	5
	Degree	3
	Total	8

The results in the table indicate that six respondents are female, and the remaining two are male. The data here indicates that the majority of respondents are female than male. When one comes to see the age distribution of respondents, five respondents are under the age of 25-35 years, and three respondents are under the age of 36-45 years. The data from the above table show those, majority of the respondents are under the age of 25-35 years.

When identifying the marital status of parent respondents as indicated in the table, all of the participant parents are married. This indicates that they are potentially responsible to their children and their families.

The table shows the sex of teachers, and the administrative body shows seven respondents are female, whereas one respondent is male. From this, one can understand that most employees in bright autism center are female. As the respondent's marital status indicates in the table above, five respondents are married and the remaining three are unmarried or single. This data helps to understand that most employees in bright autism center are married.

In terms of years of experience, as indicated above, seven participants have three up-to six years of experience, whereas one respondent has above six years of experience. The data of respondents here indicates that most of them have three years of experience; this, in other words, indicates that they are highly accustomed to social skill training in the center.

Regarding the level of academic qualification of teachers and administrative body of the center, as shown in the table above, five respondents hold advanced diplomas, and three respondents have a degree level of educational background. From this, one can understand that most teachers have advanced diplomas, and instructors are advanced diploma holders.

4.3 Portfolios of children with autism in Bright Center

When children with autism come to Bright Center, they start identifying, assessing and developing portfolios based on the level of capacity, types or spectrum of autism. There are

different domains of assessment of children with autism, such as social skill assessment. The second one is speech assessment regarding verbal and nonverbal communication skills. This assessment includes calling their name, answering the words when they asked, responding to their name when their name is called, revealing their feeling and other types of social communication. The other means of assessment include the capacity of using the rooms like toilet use, hand washing, shower, brushing teeth, dressing, etc. After finishing the assessment marking or ticking each child's spectrum, they are labeled into three levels of therapy class based

on the level of assessment and identification. The three therapy class plans are one, plan two and plan three. These therapy levels start from the easy to the moderately difficult level.

There is also an annual plan in the center called the Annual Individual Education Plan (IEP) that aims to develop social development skills, academic skills, self-confidence, participating in group and individual activities and improving decision-making skills. Then, the first level of therapy focuses on enabling a child to be stable in sitting because no therapy is effective unless children with autism are stable in the sitting room. The second level of therapy is free speech therapy, such as cheek massage, handwriting and social skill training in room and room social skill training.

Unlike in a regular school setting, three terms or semesters per year are in the bright center. Social skill training and other types of therapy are given to children with autism from the first September month up to August half month; each child's performance is assessed in deep per month based on their portfolios. Aggregate assessment per term, the result of each child ranked and shown to the parents. They have given homework to support their children on the weekend for half a month until they return to the center in the first month of the New Year. Based on this assessment, a special support mechanism will be made for a child who is categorized under "C".

4.3.1 Practices of Providing Social Skill Training at the Center for Children with Autism

Social development is one of the most critical developmental areas for children with autism. Deficits in social skills may negatively impact several essential domains, including academic achievement, interpersonal relationships, behavior, mental health, etc. Individuals with autism present with core deficits in social skills. Without support and effective interventions to enhance social skills, children with autism often struggle to obtain social competence and may experience challenges in school, home, and community settings (Kamil,2021).

The practice of social skill training starts with identifying the nature of autism in the center. However, the identification process is not easy to determine the types and delivery of social skill training.

How you screen autism from other disorders, is there any assessment tool to identify it?

One of the program coordinator said:*Children's eye contact can identify autism, reciprocal conversation, turn-taking, greetings, speech, understanding symbolic language, and understanding emotions and non-verbal body cues.* The respondent also explained that, *there are neurodevelopmental disorders like Down syndrome, such as the shape of a child's skull curving of the eye and tongue.*

Autism is a neurodevelopmental disorder that typically appears before the age of three years, but there are no scientific evidences that show the specific underlying causes of autism (Corsello, 2005). Children with autism display certain characteristics that are observed as symptoms of autism by parents.

Among the characteristics that are mostly observed are impairments in social interactions and communication skills, repetitive patterns of behavior, interests and activities (Blumberg, 2013). According the publication of National Institute of Mental Health, symptoms of autism may differ from one child to another. However, the generally accepted symptoms can be categorized into social impairment, communication difficulties and repetitive stereotype behaviors (National Institute of Mental Health, 2007).

From the above data, one can understand that the process of identifying autism spectrum is not based on simple observation of children with autism. It can manifest in challenges, social interaction difficulties, and repetitive behaviors.

In line with this, the International Classification of Diseases 11th edition (ICD-II), a guide developed by the World Health Organization in 2018, has described autism as follows: "Autism spectrum disorder is characterized by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behavior, interests or activities that are atypical or excessive for the individual's age and sociocultural context (WHO,2020).

After identifying types of autism, based on the above clarification of autism, social skill training is designed and given in different ways in Bright Center. As the data obtained from the administrative body of the center, the first and the most important starting points of social

training are social interaction, cooperation, and collaboration. Then, creating educational environments that included developmentally appropriate and engaging social learning experiences for children is practiced as a prerequisite for learning for children with autism. According to the data obtained through interviews from participant teacher caregivers, management or administrative bodies and observation, there are two forms of social skill training provision in the center. These are Indoor and outdoor social skill training.

4.3.2.1. Indoor social skill training

Indoor social skill training occurs in an actual school classroom in the center. It encompasses both verbal and non-verbal teaching. Indoor social skill training includes the daily calling of each child's name. At this time, each child starts to know and save the names of one another, asking the entire student about one student's material to whom it belongs to improve understanding and word sound. For example, the teacher calls one student to come up with his bag, exercise book, pen and toothbrush, and then he asks the rest students whose bag and whose pen, exercise book and toothbrush by showing all those materials. Teachers also ask them to bring shoes from whom they should bring. The other means of indoor social skill training are the class's action music or action songs. This is important for typical and non-typical students. For example, in attendance, a name-calling student responds to their name by saying (አ ቢ ት / Yes), and a non-typical student shows signs for their name when the teacher calls. A teacher also shows the way of greeting, eye contact, conversation, imitation, initiating play, asking for help, requesting things and sharing things like exercise books, bags, volleyball and other learning instruments in the class.

4.3.2.2. Outdoor social skill training

As the name indicates, outdoor social skill training occurs outside the class. Outdoor social skill training is one of the most fundamental means of socialization. According to the Administrative staff of bright autism center, outdoor social skill training starts with hugging children with autism after receiving them from their parents and asking them to say their parent's chaw, chaw by waving their hands together with the teacher when their parents leave the center.

Observation indicates that there are different types and forms of outdoor social skill training in bright autism center; these include washing meal service or plates together and washing legs with each other; another type and form of outdoor social skill training is giving activities like letting

children share material for rotating them and letting them transfer volleyball and also playing together them. Apart from these, there is also social skill therapy like singing a song by rotating around the back side of circled children and saying መሃረ ቤን ያ ያ ችሁ ፤ መሃረ ቤን ያ ያ ችሁ? And/or ስ ምሽ ማን ወ?,,,,,. In addition to these, the teacher asks and lets them stand in the center of the children to song the common song like ስ ኒ : ስ ኒ : ስ ኖ ቻን :ኮ ላ ታ: ማሮ ድሽand others commonly known song and music. Teachers also ask and encourage children to develop new songs and train the other children. Teachers also open commonly known music in the sound speakers so that children will listen to the song and develop lyrics. The other type of social therapy is developing communication skills. For example, when they want water to drink, the teacher asks them to ask for water either through a word, sign or symbol as they learned in the previous class, like ወሃ ጠማኝ ፤ ወሃ ስ ጠኝand the image or symbol to it aligned with. Speech therapy was developed by showing action and cheek massage. Doing action includes, for example, when he wants to say stand up, he shows by standing and other actions like eating, touching, greeting etc. From these, one can understand that indoor social training plays a key role for autistic children. Children have good socialization in the class, which may enhance their practice outside the class. Concerning this, Deris stated that with effective first-level interventions, children with autism can learn essential social skills to help mitigate deficits and strengthen social competence. Without support, Children with autism often struggle to obtain social competence and may experience challenges in the school, home, and community settings (Deris, 2013).

4.4 Challenges of Delivering Effective Social Skill Training to Children with Autism

4.4.1. Challenges related to autistic children in the provision of effective social skill training for children with autism

Discrepancies in social skills have been demonstrated to negatively impact interpersonal relationships. With this, respondents asked the following question and replayed as follows.

What are the challenges you experienced and observed in children with autism?

A mother's parents (1) said that children with autism want to be alone; she added, for example, my son tries to hide himself from interaction with others, and he wants to be alone unless he starts to cry for being with others. This is also witnessed by the data obtained through observation by the researcher in the center. As an observer, when children come to the center for the first time, they feel fear and flee to home class.

A participant teacher (A) also revealed his idea on the above question, indicating or explaining that when children come to our center for the first time, they feel fear, boredom and frustration of engagement with others. This is congruent with the research finding conducted by Goldstein, which stated that children with autism have fewer friends and lower quality of friendships than typical peers (Calder, 2013). They tend to experience greater isolation and loneliness than their peers (Goldstein et, 2010).

As a result, many children with autism experience social isolation; this is not always due to a lack of motivation for contact with others but, rather, due to poor experience of social skills at home. On average, students with autism spend 30% of recess time alone, while typical peers spend 9% of recess alone (Locke, 2016). Again, the research finding by Magiati indicates children with autism report higher levels of co-morbid mental health concerns compared to children diagnosed with just anxiety alone; those with comorbid autism and anxiety experience more specific phobias, higher levels of total anxiety and Magiati (2009). Anxiety and depression may be considered a byproduct of the difficulties that children with autism experience with emotional regulation.

As almost all the participant parents stated, children with autism also face greater rejection and maltreatment from others because of the wrong point of view. This is witnessed by teachers and care giver of the center and the parent. Concerning this, one participant teacher stated that others tortured parents and their autistic children because of the wrong assumption that autism is the result of Curs ምርጫ ምኒ፤ የ አ ግዚአብሔር ቁጣ) and the result of sin (የ ኻጥአት ግጥም) and by other natural pestilence. This is assumed to be one hindering factor for the effective provision of social skill training for children with autism.

Another and perhaps the most serious challenge for children with autism and their parents is the restlessness of autistic children at home. As a result, parents leave their children in a vacuum class or with unmovable things at home until they return from the workplace because they fear falling into dangerous situations, even in a fire and water hole. As a result, children with autism have less access to interpersonal relationships or social interaction and improvement than typical children.

Majority of participants in this study witnessed that, there are various forms of challenges in provision of social skill training. Most parents spent years making their own assumptions instead of working towards seeking a proper treatment for their child. Moreover, various spiritual attributions regarding the situation of their child also prohibited them from seeking proper support in social skill training for their child.

Samadi and McConkey (2011) conducted a study in Iran and reviewed the importance of information to parents in helping a child with autism through social skill training. The absence of information can lead parents to grasp unclear concepts about the causes and treatments of autism. The study also indicates that autistic related challenges are other recorded challenges in the provision of social skill training apart from parent perspectives. The data obtained through interview from participant parents indicates that, children with autism want to be alone they try to hide themselves from interaction with others unless they start to cry for being with others. This data is also witnessed from observation by the researcher in the center. That indicates when children come to the center for the first time; they feel fear and flee to home class.

4.4.2. Challenges related to parents in the provision of social skill training for children with autism

The social skill deficits of a child with autism may negatively impact not only the child but parents, guardians and caregivers. An investigator interviewed several mothers of children with autism and indicated that mothers' experience with autism leaves an emotional impact, such as feelings of stress, guilt, worry and anxiety. Carter (2005) found that the severity of their child's autism is related directly to the impact of the child's condition on the family in terms of the parent's financial stress and the parent's ability to maintain employment. Hence, it significantly

increases parental anxiety and depression while simultaneously decreasing financial resources and one's overall quality of life.

Apart from this, parents do not give due attention to social skill training of children with autism except for proper preparation and feeding the food and dressing. This is witnessed by the respondent's mother (2). As a mother participant (2). During the interview, I asked, *“What is your experience training your son for social skills at home?”*

She replayed or answered, “I did nothing for my son to have social skills until I took him to bright autism center.but I care for him in terms of bathing, timely changing of clothes, and preparing his preferred food.

The research finding conducted regarding autism by Tilahun indicates that such a gap is the result of a lack of awareness about autism (Tilahun, 2016).

On the counter, some participant shared their experience in helping their children have effective social skills. To this, two-parent mother (4) and mother (6) respondents shared their experience in helping and training their children to improve in social skills at home. According to a father's response, *my wife and I train our son to voice the word that trains. For example, we encourage him to call my and my wife's names. Even though he didn't call fully, the first letter is an easy word. He also now understands express his feelings fully understandable manner.*

From these, we can assume that parents have remarkable roles in helping/assisting them with social skills. As Fishel reported, parenting style, communicating, learning at home, attending decision making and community connections play key roles in the future life of children (Fishel, 2005). But most parents have little time to assist their pupils because of economic and work place related impeding factors.

One thing must not be forgotten in improving social skills and managing challenges related to the social isolation of children with autism: parent plays a great role if they have awareness. However, the interviewed teachers (D) indicated that when parents bring their children for the first time but who have autistic children do not have information about the existence of an

established autism center in Hawassa city. This is a serious problem in the effective provision of social skill training for children with autism.

4.4.3 Challenges related to the Center in Provision of effective Social skill Training for Children with Autism

The study participants reported various problems related to resources and facilities which directly and indirectly affect the social skill training. The center's teachers and administrative staff reported serious shortages of social skill training.

One of the most impeding factors for the effective provision of social skill training for children with autism is are lack of adequate and constant budget allocation in the bright autism center of Hawassa. Concerning this, the program coordinator explained by saying, ” ***There is nothing that impresses me more than seeing autistic children changed.*** *Even though this center plays a significant role in tackling the problems of autistic children at the city level, it is facing the problems of shortage of facilities, like chairs, desks, learning and or training classrooms and instruments, which build the everyday experience of autistic children.*

Shortage of chairs in the classroom and meal provision room is another challenge reported by both caregivers and teachers. As to the children, since they don't have sufficient chairs in the classrooms, they are forced to use the available chairs which are uncomfortable according to them and their condition. In addition to this, we have no consistent budget source of budget Due to this, sometimes we face problems with paying for water, electricity and the rent of the place compound of the center.

Furthermore, teachers (B) said the challenge and stress of working in the center on children with autism., Teachers and administrators revealed *several differences between working in an autism center and outside. Everything is different in educating and training the center compared to schools outside, and they stressed the inconvenience of working smoothly in the autism center. In this regard, the center's administrators explained that, unlike the others, if one works in an autism center, one must have passion in their heart for whom one works and also learn a lot, which can enable them to work in any context anywhere.* She added, “*Unlike the formal school curriculum, in the regular school, the contents, mechanism and types of social skill therapy are*

selected by the bases of the autism spectrum in the center that was relayed on each autistic children assessment portfolio and its therapy plan.

To effectively train social skills training in such contexts, the teachers should be passionate and committed because various reasons could affect the quality of social skill training for teachers and autistic students. The teachers should be wise in letting students in what to learn and how to train social skills training. Though learners of all age groups enjoy and learn more when engaged, it is more appropriate to let children be engaged in social skill training in indoor and outdoor social skill training in the center.

As the program coordinator indicated, teachers might face difficulty in managing autistic children. As a result, they feel uneasy working in the center. Another teacher (E) reflected similar concerns to the above; she explained *honestly teaching here is not easy to instruct children. When I worked for days and weeks for the first time, I became used to it, and I started to feel that working here is safe but it is not easy to implement what is expected. Generally, managing the teaching-learning process in our center here is much more difficult when compared to schools outside.*

From the above reflections of the teachers, it could be learned that working in an autism center is challenging for them. They don't feel easy working with such autistic children. Although teachers stressed the challenges of teaching in the center, the program manager of bright autism center explained the strong sides of working in such settings by teachers teaching in the center by mentioning significant change records from starting and establishment the center up to now current time. The researcher is a witness to this as an attendant of a time panel discussion held every three months in a year in the center. So, being literate in social skills helps children become self-reliant (Fishel, 2005).

4.5 Opportunities for social skill training for children with autism

4.5.1 Progress of the child and parent & staff satisfaction

Parents and staff discussed various types of changes in children with autism after they joined the bright autism center. These progress are vital sources of strength for parents, mainly the child's

development of self-supporting skills such as eating independently, identifying and asking what they want and making sounds. Most parents highlighted it, and also staff that parents view the child with autism as a major success. For the majority of parents who participated in this study raising a child with autism, teaching skills are found challenging. After their child joins the school, the therapists tolerantly train the children to be capable of self-helping skills such as putting on shoes, eating and washing their hands and legs. As the child was able to relearn such essential skills, parents reported it retained their hope again and made them strive to achieve more progress. For instance, one mother who participated in the interview described seeing his child being trained as a pleasing experience. She explained how encouraged she was. After his eight months of training in bright center, things started to change. My husband and I were frustrated at the time...now we observe he has been well-trained since he joined this center. It is a big step for us.

Koegel stated that social skill training is a comprehensive intervention package for autistic students targeting “pivotal behaviors,” including motivation, initiation, initiation of social interaction, self-management, and understanding and utilizing multiple environmental cues (Koegel, 2006).

how do you evaluate the effectiveness of the social skill training program in the center? As an interviewee participant, the mother (7) answered,

She said that my son has problems with speech and socialization. He often watches Television and hates it when his fellow children approach him, but now I'm pleased by his changes even after a few months of training in Bright Mind Center. She added that her son plays and interacts with other children. He also expresses clearly his feelings more than before although he can't speak.

Similarly, another participant's mother (3) also described how excited she was to see her child's progress. *My child was normal up to one year of birth, but later, he faced speech problems. He suddenly stopped speaking; he also wanted to be alone and spend extensive time watching Television. I was completely hopeless that he would remain like this forever, but later, we took him to daycare for three months, and now he is in Bright Mind Center. Now, he plays with fellow*

friends and can clearly express his feelings and thoughts and identify the relative's neighbors. ...I am very thankful for the center and staff who are so patient to train him, and I am surprised at how they can fix things.

One mother respondent (5) also explained that, *"My son has a communication problem. He never showed signs of communication before I took him to the center. In addition, he also has behavioral and restless problems at home. Later, when I took him to the center, he was given speech therapy, focusing, social skills and behavioral training. After three years of staying at the center, I observed amazing changes in his nonverbal communication. He uses and understands any means of sign and action to express his feelings wants, and responds to what he has requested and asked sign and action.* The staff of the center supports this idea. To this, the staff also explained various trainings for children to improve their social skills.

A similar idea was voiced by a father participant (4) parent who had information about center conditions in the past and witnessed a different condition when he joined his daughter at the center. He mentioned: *...to get such social skill training and educational program in the center is a great opportunity. When I first took my daughter, I was afraid that I was going to be treated like others have been treated in the local. For me, my daughter to be here is more of a reward than at home.*

According to Adminsterstaff, by the time they arrive at the center, most children are difficult to manage, and parents usually feel hopeless about their children. However, the children will usually become manageable and well-trained after training. This is considered an enormous achievement for both parents and the staff.

Another progress raised by most parents was eating independently. Most parents reported that before being trained at the bright autism center, their child was not able to eat without their support. Observing their child trained in such skills was seen as massive progress for parents raising a child with autism. For instance, a mother who participated in the individual interview reported her case as follows:

A father respondent (8) observing his child eating on his own created great expectations in their child's development. He used to throw his plate; even when the mother tried to feed him, he was

unwilling to swallow. Now, there are changes at least he can hold a spoon and eat for himself. From this, one can understand that social skill training for children with autism plays a tremendous role. Based on this, Gresham stated that “Social skills represent a set of competencies that facilitate initiating and maintaining positive social relationships, contribute to peer acceptance and friendship development, result in satisfactory school adjustment, and allow individuals to cope with and adapt to the demands of the social environment” Gresham (2006).

The administrative body also explained that the teacher in our center properly trained the children to open their lunch boxes and eat by themselves and together. Although it is challenging to train children with autism, they revealed their strong commitment to their career as a driving force to work on these children. Additionally they raised the meaningful sound progress by parents and staff effort. For most parents in this study, their child’s inability to speak was one of the first symptoms they observed. Some mentioned they felt their child would never be able to speak again, and this was a stressful situation for parents. After continuous training with speech therapists at the center, parents could see their children making sounds. With extensive training, some children can make words, count numbers and construct sentences. Although teaching the children might take considerable time, parents reported seeing their children making sounds and words provided them with hope.

A participant (3) explained, for the question, *how effective are the children’s social skill training programs?*

I assumed my son would remain mute for the rest of his life, and I was starting to give up...I have no words to explain how thankful I am for the therapists. Now I have seen him making sounds, I expect to see him constructing words and sentences.

One of program coordinator explained that *we train children with autism to make sounds and teach them to construct words and sentences. As a result, we even had eight well-trained students within a few months and joined regular school with other children without autism.*

During the data collection, I was (researcher) invited to attend a panel discussion held per three months and the social skill training in the center. The children presented different skills they have been learning during outdoor and indoor social skill training. I observed some children who

could count numbers and construct words and sentences. I was also invited to attend the ceremony prepared at the semester's end. I witnessed how parents were excited at the ceremony since they were aware of how annoying it is to train children with autism. The staff also explained although the process was uninteresting, the main issue to recognize is the children are trainable.

Similarly, another parent (6) also stated his motive for social skill training for autistic children in terms of developing self-image in the family and the community at large. He said, “You can imagine how the family would be proud of children when they see communicating with others, learning in regular school, writing their and parents' names”.

As can be learned from the point of view of the participants, the motives of social skill training are related to the belief that it enables autistic children to rest full from restless behavior or condition, tolerant, well-developed self-support in terms of eating, dressing, bathing communicating in verbal and nonverbal cues. On the other hand, this adjusts towards helping autistic children to develop positive attitudes towards themselves and the larger society so that to cop against negative attitudes of others in their feature life journey. Hence, social skills are critical for developing positive peer relationships, “which satisfy the need to belong, protect against victimization, and promote cognitive and social development” (Szumski. 2019).

Social skill training for autistic children has relevance in creating awareness among parents, families, and neighbors on the autism spectrum. Concerning this, a couple of teacher participants, i.e., teacher (F) and teacher (C), also stated the provision of social skill training in bright autism center created awareness among parents of children with autism so that they can know how to keep their children clean, stay healthy and doing so their children could have the chance to know how to manage and lead feature life.

According to all the above participants, social skill training for autistic children in the center has a range of importance in easing the feature life of autistic children and families in and outside of the home. They can easily communicate through verbal and non-verbal means of language elsewhere. In addition, they learn life skills that help them to know how to live with others.

Moreover, it has an advantage in developing awareness of parents, neighbors as well as society as a whole to send their children to the center if they may have autistic children. Hence, the above data helps us understand that educating and creating awareness for parents is key to sending their children to the center as they know the value of social skill training for autistic children.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1. SUMMARY

The main purpose of this study was to investigate the Practices, Challenges and Opportunities of Providing Social Skills Training for Children with Autism in Bright Center Hawassa town Administration. The researcher was initiated to conduct this research to contribute theoretically and practically. As the area of social skill training is not well researched in the center, and as it can serve as a basis for further research in the area, this study is intended to develop general statements that guide the practice of social skill training. Another motive behind conducting research in this area was interest. In this regard, this study aims to see if the trend and practice of social skill training in Bright Center is congruent with intended trends. In so doing, it identifies the gaps in the provision of social skill training and makes recommendations to the concerned bodies on the mechanisms to be followed to improve the practice of social skill training. To achieve this purpose, four research questions were posed.

A literature review and empirical investigation were used to answer basic research questions. The study followed a qualitative approach. The qualitative research method explores and understands the meaning individuals or groups ascribe to a social or human problem. Hence, the research design used a case study that provides an in-depth description of a single unit in the center.

The study involved administrator, program coordinator, teachers and parents as participants who were selected with purposive and convenience sampling. The data were collected through interviews and observation (see section 4.6). The research process involves emerging questions and procedures, data analysis inductively building from particulars to general themes and the researcher interprets the meaning of the data (Creswell, J, W, 2009). The major findings and discussion were presented. The current chapter summarizes the findings, conclusions, and recommendations. It begins with a summary of the findings followed by a conclusion based on the major findings. Then, recommendations to improve the practice of social skill training are

made based on the gaps found. Lastly, it provides possible research areas for further investigation to improve the status of social skill training for children with autism in bright autism center. The summary of the research findings is presented below.

5.2. FINDINGS

Bright Autism organization in Hawassa played a key role in serving as a center that trains and provides different therapy types. Among that therapy social skill training is one of the most important for children with autism. The center also provides parents with a central location to discuss and foster support among each other in various ways.

The findings were obtained from the reviewed literature and data from various sources. From the diverse exploration reviewed, it was understood that social skill training is given to autistic children to ease their feature life inside at the family level and outside the societal level. Concerning the beginning of social skill training in the bright center, it is possible to say that it is practiced at a moderated level. Social skill training in its current form was started with the system at the national level regarding the development of children with autism in Ethiopia.

Autistic children are provided various types of social skill training based on their needs, which are geared towards their overall development About portfolio directions in the center.

As the literature reviewed from an international perspective revealed that children with autism, it was learned that while social skill training at the international level has a long history and has been well-researched, the beginning of it at the regional level is a recent phenomenon yet to be investigated.

The finding showed that the use of different social skill training that actively involves autistic children in the center is crucial (see section 4.4). However with regard to its relevance and effectiveness of social skill training, it was found that these issues were compromised as a result of various challenges affecting the relevance and quality of social skill training for children with autism (see section 4.4.1, 4.4.2, 4.4.3) including lack of trained personnel to improve social skill for children with autism, such as lack of adequate and constant resources of the budget that may

have triple impacts required resources, instruments and facilities like water, electricity access and availability.

On the other hand, Moreover, a limited understanding of social skill training delayed parents from finding a diagnosis in terms of social skill training for their child and challenged parents in managing the behaviors of their autistic child. So the sum of the above and the restlessness of autistic children in the center in social skill training for children with autism are counted as challenges to effective social skill training for children with autism in Hawassa bright autism center.

5.3 CONCLUSIONS

The finding showed that the use of different social skill training that actively involves autistic children in the center is crucial. Concerning intended trends in providing social skill training in terms of objectives, activities and delivery mechanisms, it was learned that the center uses and applies different activities of social skill training in enabling children with autism to be improved in social skill. Children with autism are also provided with various contents based on their assessed portfolio and needs which are geared or delivered towards their overall social skill development

However with regard to its relevance and effectiveness of social skill training, it was found that the issues were compromised as a result of various challenges interms of relevance and quality provision of social skill training for children with autism. It characterized by lack of trained personnel to improve social skill for children with autism, lack of adequate and constant resources of the budget ,shortage of required learning resources, instruments and facilities like water, electricity access and availability. One more important lesson learned during the practice of social skill training was that working with children with autism is so challenging. Administrators and teachers view working in autism center is viewed as frustrating by the majority of participants teachers.

While social skill training in the center, children engaged in different activities which show that methods of social skill training preferable to actively involved in the practical training both indoor and outdoor in the center; in the manner of enhancing them to be part of active

socialization. This reveals that social skill training for autistic children is considered as equal and important as training of other citizens outside autistic children. Autistic children are privileged to develop themselves in social skill while in center and to enable them to stay away from being alone and isolation.

The study was focused on exploring opportunities that provides door for effective for social skill training for autistic children. Out of these, deep understanding of parents and communities and accessibility of facilities are the major points that are considered as opportunities for effective delivery of social skill training for autistic children. Although parents are striving to integrate their child with autism into the community, they still struggle from the societal judgment they face. Hence, they tend to deprive themselves from any social life. Therefore, the study confirms that understanding of parents, neighbors and communities about autism is a main opportunities for many aspects of feature life of autistic children because limited and poor understanding about children autism spectrum delayed parents from finding diagnosis to their child in the appropriate time. Deep awareness and understanding about autism with in the society also creates sense of belongingness towards autistic children and contributing to the social inclusion. Apart from these, provision of due attention of government and non-governmental organization through supporting financial, physical and professional development are considered as pivotal for success and effectiveness of social skill training for autistic children.

The severity of this issue aggravates the measurement that bases scientific investigation results. Therefore wide coverage of investigation should be conducted in order to find and identify the needs of children with autism.

Further, the following section suggests mechanisms to improve provisions of effective social skill training for children with autism in bright autism center.

5.4. RECOMMENDATIONS

Under this section, recommendations are forwarded based on the findings. The recommendations are presented logically from the regional to the community level.

5.4.1. Recommendation for City Administration

The town administration should recognize the education provided in the autism centers and allocate an adequate budget and other support for the effectiveness of autistic children, especially in social skill training. The budget allotted can be used to fulfill social skill training and other therapy resources. Moreover, the budget could be used to build more classrooms to accommodate the number of children and enable teachers to provide quality training teaching using facilities as needed. The administrative body should give equal attention to the autism center as a free school in terms of recruiting and professionally developing teachers in the center. They should also improve the support regarding improving teachers' professional quality and competence via capacity-building training and other incentives.

5.4.2. Recommendation for Center

The center should link with different governmental and non-governmental organizations to widen the level of services in the city as required. The program coordinator should also work closely with various sister sectors and parents on the issues so that it concerns all members of society.

Bright autism center should create awareness for the parents as they play central roles in social skill training at home and follow up on the parent's role and the teachers. In doing so, they could monitor and see gaps that should be corrected and take remedial actions. Moreover, the monitoring and evaluation process could also address shortcomings concerning the attractiveness of classrooms, of students and others related to the availability of resources.

5.4.3. Recommendation for the parents

The parents and community should be made aware of the fact that autism is a social phenomenon that anyone can face in life rather than pestilence. They should understand that autistic children will not remain as it is throughout their lives; rather, they could be effective in their behavioral and mental capacity, thereby developing social skills to become active members of society. Moreover, Parents and society should see the autistic center as a learning center where autistic are trained in various therapies.

5.4.4. Recommendation for Teachers and other professional

Teachers should increase and feel sense of responsibilities and mandate for autistic childrens and their training program by exerting efforts to the given expected extent for the only hope for children with autism is social therapy that enhance them to make interaction that enable them to dig their inner untapped potentials. Because it is fact that Children with autism have much to offer for their nation and the outside world if they are provided with a conducive environment specific to their situation.

Teachers should develop the trends of home visit of parents of children with autism and also hunt for other autistic childrens in the city through making social awareness and social mobilization strategies that helps residents to rebuild the thought for support system and enhancement of children with autism.

Lastly, a Deep investigation needs to be made to find and see the very serious condition of autistic children in society so that to take practical action to save them as citizens of the nation.

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APPENDIX 1

Hawassa University

College of Education and Behavioral Science

Department of Special Needs and Inclusive Education

Interview Guide for Administrator

Dear participant, thank you for your willingness to participate in this study. Your genuine information is vital for this study. The researcher assures that all your information must be kept secret and your Actual name will not be mentioned in the paper during data analysis. You have the right to withdraw from participating in the study.

Thanks for your golden time devotion and cooperation!

Background information

Sex Marital status..... year of experience.....

Place of interview duration of interview position

Part Two: Interview Questions

1. How to screen autism from other disorders? Is there an assessment tool to identify?
2. What types of social skills training are being given to the children?
3. Who provides the social skill training for the children?
4. How do you allocate resources and funding for social skill training, and how do you ensure it is accessible to all autistic children?
5. How do you evaluate the effectiveness of the program?
6. What are the teachers' qualifications who provide children with social skills training?
7. What looks like parents' involvement in the children's social skill training?
8. How effective are the children's social skill training programs?
9. What are the challenges that you faced in the training process?
10. What were the outcomes of a social skill training intervention for children?
11. How is a portfolio used?

APPENDIX 2
Hawassa University
College of Education and Behavioral Science
Department of Special Needs and Inclusive Education

Interview Guide for Teachers

Dear participant, thank you for your willingness to participate in this study. Your genuine information is vital for this study. The researcher assures that all your information must be kept secret and your Actual name will not be mentioned in the paper during data analysis. You have the right to withdraw from participating in the study.

Thanks for your golden time devotion and cooperation!

Part one: Background Information

- i. Sex, age, marital status.
- ii. Qualifications.
- iii. Years of experience in teaching children with ASD.

Part Two: Interview Questions

1. How would you define social skills?
2. What types of social skill training are being given to the children?
3. What challenges do students with autism face when they lack social skills?
4. What types of social skill training are being given to the children?
5. What are some challenges in improving social skill development for students with autism?
6. In what settings do you give the social skill training?
7. What types of training have you taken concerning your job?
8. What resources or materials do you find helpful in teaching social skills to children with autism? Are there any specific tools, books or visual supports that you use?
9. How do you manage children with ASD in your class?
10. What success and struggle have you observed in children with autism?
11. How do you incorporate social skill training into daily lesson plans and activities? Can you provide examples of strategies or techniques you use?

APPENDIX 3

Hawassa University

College of Education and Behavioral Science

Department of Special Needs and Inclusive Education

Interview guide for parents

Dear participant, thank you for your willingness to participate in this study. Your genuine information is vital for this study. The researcher assures that all your information must be kept secret and your Actual name will not be mentioned in the paper during data analysis. You have the right to withdraw from participating in the study.

Thanks for your golden time devotion and cooperation!

Part one: Background information

Name Sex..... Date of interview

Place of interview Duration of interview..... Educational level

Part Two: Interview Questions

1. How long has your child been attending the center?
2. What challenges did the child face with social behavior before joining the center?
3. What kind of training is provided at the center?
4. What do you perceive as the greatest challenge for your child?
5. Do you believe their social skills have shown improvement since enrolling in this center?
6. How do they interact with you, their siblings, and their peers?
7. How would you assess the center's social skill training program?
8. What interventions and services have you implemented in non-educational settings?
9. What are the outcomes of a social skill training intervention for children?
10. What steps can be taken if social skill training does not yield the desired results?
11. How is a portfolio used?

APPENDIX 4

Hawassa University

College of Education and Behavioral Science

Department of Special Needs and Inclusive Education

Observation check List (1)

This checklist aims to gather information for practices, challenges and opportunities providing social skill training for children with autism in Hawassa Bright Center. Therefore, the relevancy and adequacy of training equipment, tools, machines and other facilities for social skill training will be checked in this observation to know/identify/ the share of shortage or inadequacy of training material and facilities to learner's poor social interaction and communication.

No	Facilities and services	Adequate	Inadequate
3	Meeting hall		
4	Water supply		
5	Stores		
6	Screening tools		
7	Guidance and counseling service		
8	Recreational centers like		
9	Practice and social skill		

Observation Checklist (2)

Student:

Date:

Observer:

Time Started:

Setting:

Time Ended:

Directions:Carefully read each item. Ask yourself if the child can do what the items say. Check either Yes or No for each item. Check no if you are uncertain or doubt that the child can do what the item says. Check **yes** for those items the child can or is beginning to do.

Yes	No		Items
		1	Makes eye contact with peers close to them for at least 5 seconds
		2	Uses age-appropriate language to talk to peers
		3	Smiles at a familiar person
		4	Calls peers by their names
		5	Ask questions using words such as “who,” “what,” and “where.”
		6	Starts a conversation with their peers
		8	Refers to themselves by name
		9	Responds to other peers verbally, physically, or gestural
		10	Engages in reciprocal conversations with peers
		11	Hands something to or receives something from peers
		12	Invites others to join in activities
		13	Gives compliments to peers
		14	Cooperates with peers without prompting
		15	Joins ongoing activity or group without being told to do so

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ሀዋሳይኒቨርሲቲ

ልዩ ፍላጎትና አካቶ ት/ት ክፍል

ለአስተዳደር ሰራተኞች የተዘጋጀ ቃለመጠይቅ

ውድ ተሳታፊ በዚህ ጥናት ለመሳተፍ ፈቃደኛ ስለሆኑ ክልብ አመሰግናለዎልዎት። የእርስዎ እውነተኛ መረጃ ለዚህ ጥናት በጣም አስፈላጊ ነው ። የሚሰጡኝ መረጃ ደግሞ በሙሉ በምስጥር እንደምያዝ እናም ደግሞ ስምዎትም ደግሞ በወርቀቱ ላይ እንደማይገለፅ ላረጋገጥሎት እወዳለሁ።

ለሰጡኝ ወርቃማ ጊዜ እና ትብብር እጅግ አድርጌ አመሰግናለሁ።

የተሳታፊዎቹ መረጃ

የታ ----- የጋብቻ ሁኔታ ----- ቃለመጠይቅ ቦታ-----

ቃለመጠይቅ የጊዜ ቆይታ ----- የት/ት ደረጃ----- የሥራ መደብ-----

ቃለ መጠይቅ ጥያቄዎች

1. ለልጆቹ ምንምን ዓይነት የማህበራዊ ክህሎት ስልጠናዎች እየተሰጡ ነው?
2. ለልጆቹ ማህበራዊ ክህሎት ስልጠና የሚሰጠው ማን ነው?
3. ለማህበራዊ ክህሎት ስልጠና ምንጮች እና የገንዘብ ድጋፍ አንድነት ነው ምመድቡት እና ለሁሉም የኦትብም ልጆች ተደራሽ መሆኑን እንዴት ማረጋገጥ ይቻላል?
4. የፕሮግራሙን ውጤታማነት እንዴት ትገመግማለህ/ሽ?
5. ለልጆች የማህበራዊ ክህሎት ስልጠና የሚሰጡ የመምህራኑ ብቃት ምንድን ነው?
6. ወላጆች በልጆቻቸው ማህበራዊ ችሎታ ሥልጠና ውስጥ የሚሳተፉት እንዴት ነው?
7. የልጆች ማህበራዊ ክህሎት ስልጠና ፕሮግራሞች ምን ያህል ውጤታማ ናቸው?
8. በሥልጠናው ወቅት ያጋጠሙህ ችግሮች ምንድን ናቸው?
9. ልጆች ማህበራዊ ክህሎት ስልጠና መወሰዳቸው ምን ውጤት አለው?
10. ማህበራዊ ክህሎት ስልጠና ስኬታማ ካልሆነ ምን እርምጃ መውሰድ ያስፈልጋል?
11. ፖርትፎሊዮ ለምን ይጠቅማል?

ሀዋሳ ዩኒቨርሲቲ

ልዩ ፍላጎትና አካቶ ት/ት ክፍል

ለአስተማሪዎች የተዘጋጀ ቃለመጠይቅ

ውድ ተሳታፊ በዚህ ጥናት ለመሳተፍ ፈቃደኛ ስለሆኑ ክልብ አመሰግናለዎልዎልኩ። የእርስዎ እውነተኛ መረጃ ለዚህጥናት በጣም አስፈላጊ ነው ። የሚሰጡኝ መረጃ ደግሞ በሙሉ በምስጥር እንደምያዝ እናም ደግሞ ስምዎትም ደግሞ በወርቀቱ ላይ እንደማይገለፅ ላረጋገጥሎት እወዳለሁ።

ለሰጡኝ ወርቃማ ጊዜ እና ትብብር እጅግ አድርጌ አመሰግናለሁ።

የተሳታፊዎቹ መረጃ

ይታ ----- የት/ት ደረጃ----- የሥራ-መደብ-----የማስተማር ልምድ -----

ቃለመጠይቅ ጥያቄዎች

1. ኦቲዝምን ከሌሎች የጤና እክሎች እንዴት መለየት ይቻላል? ለመለየት የምያስችል ግምገማ መሣሪያ አለወይ?
2. ስኬትን ለማረጋገጥ የምያስችሉ ፖርትፎሊዮዎች አለ
3. ኦቲዝም ያለባቸው ተማሪዎች ማህበራዊ ችሎታ ሲጎድላቸው ምን ችግሮች ያጋጥሟቸዋል?
4. ለልጆቹ ምን ዓይነት የማህበራዊ ክህሎት ስልጠናዎች እየተሰጡነው?
5. ኦቲዝም ያለባቸው ተማሪዎች ማህበራዊ ክህሎትን ለማሻሻል አንዳንድ ፈተናዎች ምንድን ናቸው?
6. ስልጠናውን በምን አይነት ሁኔታና ቦታዎች ትሰጣለህ/ሽ?
7. ከስራዎ ጋር በተያያዘ ምን አይነት ስልጠናዎች ወስዳችኋል?
8. ለልጆቹ እየተሰጠ ያለው የማህበራዊ ክህሎት ስልጠና ውጤታማነት እንዴት ነው?
9. ማህበራዊ ክህሎት ስልጠና መኖር ለልጆቹ ምን ውጤት አለው?
10. ማህበራዊ ክህሎት ስልጠና ስኬታማ ካልሆነ ምን እርምጃ መውሰድ ያስፈልጋል?
11. ፖርትፎሊዮ ለምን ይጠቅማል?

ሀዋሳ ዩኒቨርሲቲ
ልዩ ፍላጎትና አካቶ ት/ት ክፍል

ለወላጆች የተዘጋጀ ቃለ መጠይቅ

ውድ ተሳታፊ በዚህ ጥናት ለመሳተፍ ፈቃደኛ ስለሆኑ ከልብ አመሰግናለዎል። የእርስዎ እውነተኛ መረጃ ለዚህ ጥናት በጣም አስፈላጊ ነው ። የሚሰጡኝ መረጃ ደግሞ በሙሉ በምስጥር እንደምያዝ እናም ደግሞ ስምዎትም ደግሞ በወርቀቱ ላይ እንደማይገለፅ ላረጋገጥሎት እወዳለሁ።

ለሰጡኝ ወርቃማ ጊዜ እና ትብብር እጅግ አድርጌ አመሰግናለሁ።

የተሳታፊዎቹ መረጃ

ፆታ ----- የት/ት ደረጃ-----

የሥራ መደብ-----

ቃለ መጠይቅ ቦታ -----

ቃለ መጠይቅ የጊዜቆይታ -----

ቃለመጠይቅጥያቄዎች

1. ልጅዎ በማእከሉ ውስጥ ምን ያህል ጊዜ ሲከታተል ቆይቶል?
2. ልጁ ወደ ማዕከሉ ከመቀላቀሉ በፊት ማህበራዊ ባህሪው ምን ችግሮች ገጥመውት ነበር?
3. በማዕከሉ ምን አይነት ስልጠና ይሰጣል?
4. ለልጃችሁ ትልቁ ፈተና ምንድን ነው?
5. ማህበራዊ ክህሎታቸው በዚህ ማእከል ከተመዘገቡ ጀምሮ መሻሻል አለው?
6. ከአንተ፣ ከወንድሞቻቸው እና ከእኩዮቻቸው ጋር ምን ግንኙነት አላቸው?
7. የማዕከሉን ማህበራዊ ክህሎት ስልጠና እንዴት ይገመግሙታል?
8. ለህፃናት ማህበራዊ ክህሎት ስልጠና ጣልቃ ገብነት ውጤቱ ምንድን ናቸው?
9. ማህበራዊ ክህሎት ማሰልጠኛ የሚፈለገውን ውጤት ካላመጣ ምን እርምጃዎችን መውሰድ ይቻላል?
10. ፖርትፎሊዮ ለምን ይጠቅማል?