

Linking Gaps in Autism Education: Teachers' Perspectives and Approaches to Therapy in Pakistan

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Abstract:

This study was an endeavor directed at uncovering the collective opinions and perceptions of the school teachers employed in various schools of Punjab regarding Autistic Children and their plights. Autism is rapidly progressing into an egregious condition that affects a myriad of children across the country. There is a need to facilitate these children and ensure that they receive all the requisite assistance and ministrations for their social integration. The teachers of schools can be a vital and highly effective force in alleviating the predicaments and issues faced by these children. Towards that end, a qualitative study was initiated to elicit the responses of teachers from various eminent schools of Punjab. The responses were then transcribed and subjected to Thematic Analysis. The subsequent themes showed that while there was some awareness regarding Autism amongst the teachers, there was still much that needed to be done to imbue further knowledge about the condition, its causes, and repercussions. There was also a severe lack of resources and assistance from the Government's side in this regard. It was suggested that these problems can be mitigated if the Government plays its part, and the parents play a more proactive role in the lives of their children. Training should also be organized by the School authorities and other concerned organizations to enhance awareness of autism amongst school children.

Keywords: Autism, Schools, Teachers, Repercussions, Lack of Awareness, Training

Introduction:

Autism is a term that is relatively new in the field of Medicine and Psychological disorders, adopted first in 2013, denoting a developmental disorder. It is often regarded as a visible deficiency in the capacities of social interaction and communication in autistic individuals. They display constrained and repetitive patterns in behaviors, often manifesting as hyperactivity (American Psychiatric Association [APA], 2013). Autism is a neurodevelopmental disorder that is alluded to as autism spectrum disorder in more formal contexts. Autism manifests differently in different individuals, hence referred to as a Spectrum. Some display speech delay, others may be verbose, so each subject requires a different kind of support. Recently, previous terms like Asperger's used to describe this condition have been replaced by Autism, though its core features remain largely unchanged (Grandin, 2006).

Defining Autism:

In 2013, the Diagnostic and Statistical Manual of Mental Disorders-5th Edition (APA, 2013) provided a clearer definition of Autism Spectrum disorder as shown in Table 1.

Changes in ASD criteria from the DSM-IV to DSM-5		
Updates	Diagnostic and Statistical Manual of Mental Disorders-4th Edition (DSM-IV)	Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-V)
Location in Manual	Disorders that are primarily diagnosed in infancy, childhood, or adolescence	A Disorder of the Neurodevelopmental category
Sub Criteria	3	2
	Impairment of Social interaction in terms of quality	Constant and continuing deficits in social interaction and communication measured in numerous contexts
	Impairment of communication in terms of quality	
	Repetitive and constrained patterns of interests, activities, and behavior	
	Repetitive and constrained patterns of interests, activities, and behavior	
Needed for Diagnosis	Triad: All 3 diagnostic criteria must be fulfilled	Dyad: Both 2 diagnostic criteria must be fulfilled
Criteria for Diagnosis	<p>Impairment in quality of Social Interaction as indicated by at least 2 of the following criteria:</p> <ul style="list-style-type: none"> • Notable impairment in the utilization of numerous nonverbal behaviors such as eye-to-eye contact, countenance expressions, body postures, and gestures intended for regulating social interaction • Inability to develop relationships with peers that is commensurate with the appropriate level of development • A deficiency in seeking out impromptu instances for sharing enjoyment, achievements, or interests with other people • Deficiency of emotional or social reciprocity 	<p>Constant and prominent deficiencies in social interaction and communication across several frameworks are signified by the following:</p> <ul style="list-style-type: none"> • Shortfalls in the rate of Socio-emotional reciprocity (inclusive of mitigated sharing of interests, emotions, inability to respond to or initiate social interactions, abnormal social approach, and inability to initiate reciprocal conversation) • Insufficient rate of nonverbal communication behaviors employed for social interaction (improperly integrated nonverbal and verbal communication, abnormalities in

	<p>Impairments in the quality of communication as corroborated by at least one of the following criteria:</p> <ul style="list-style-type: none"> • Interval in or complete absence of spoken language development • A prominent difficulty to initiate or maintain a conversation with others in individuals displaying sufficient speech capacity • Repetitive and typical usage of language or eccentric language • Lack of different, spontaneous imaginative playing or social emulative play that is appropriate to the level of development <p>Constrained, repetitive, and typical patterns of interests, activities, and behavior characterized by at least one of the following criteria:</p> <ul style="list-style-type: none"> • Encapsulating preoccupation with one or several typecast patterns of interest that aren't normal in either focus or intensity • Ostensibly rigid adherence to certain rituals or routines that are nonfunctional • Motor mannerisms that are stereotyped and repetitive • Consistent engagement with parts of an object 	<p>body/gesture language and eye contact)</p> <ul style="list-style-type: none"> • Deficits in the forming, sustaining, and comprehending relationships (inclusive of adjusting behavior in different social scenarios, predicaments in sharing innovative play, insufficient interest in peers, or forming friendships) <p>Constrained, and repetitional patterns of interests, activities, or behaviors signified by at least two of the following criteria:</p> <ul style="list-style-type: none"> • Typical or repetitive motor movements, usage of speech, or objects • Obstinate and rigid adherence to similarity, routines, or ingrained patterns of nonverbal and verbal behavior • Highly rigid, obsessed interests that aren't normal in focus or intensity • Hyperactivity to stimuli/sensory input or peculiar fascination with sensory qualities of the environment
Age of Development	Beginning before the age of 3 years	Symptoms must be present during the period of early development but may not be revealed until social demands are camouflaged by learned approaches or surpass limited capabilities

Not better explained by	childhood disintegrative disorder or Rett's disorder	Social pragmatic communication disorder (SPCD)
Sensory Symptoms	Not addressed	This was a new criterion introduced under the sub-criteria of limited, recurring patterns of activities, interests, or behavior

The DSM-V presented the concept of Spectrum by combining Asperger's disorder, Pervasive Developmental Disorder (PDD), PDD-NOS, and Childhood Disintegrative Disorder from the DSM-IV. Rett Syndrome however was now identified as a separate neurological disorder. Also, Social Pragmatic Communication Disorder (SPCD) was classified as a distinct communication disorder for individuals with communication problems with no limiting or repetitive behaviors.

This latest ASD classification helped in earlier ASD diagnosis (Halfon & Kuo, 2013). However, this update as per studies has shown a decrease in ASD prevalence and there are concerns that individuals with an earlier PDD-NOS diagnosis may not meet the new criteria (Maenner et al., 2014; Kulage et al., 2014). This reduction in diagnosis with DSM-V is can be linked to increased awareness and better behavior documentation (Maenner et al., 2014).

Causes of Autism:

Chiefly, two factors, i.e., environmental and genetic, are considered the culprits behind ASD development; however there more research is needed to unravel the reality.

Neuropathological Factors:

Not adequate work has been done in this domain, yet the limited studies done have shown differences in the limbic, cerebellar, and frontal and temporal cortical structures of their brains. A small study also showed neuronal differentiation and cortical layer formation changes in autistic children. Alongside other abnormalities, increased cortical size and extra-axial fluid have also been studied as probable factors.

Genetic Factors:

Genetics come into play in ASD development, with chances being high in siblings of patients and highest in monozygotic twins. Studies also revealed genes are linked to brain development, neurotransmitter function, and neuronal excitability as key contributors to ASD susceptibility, defects in which altered regulatory proteins like transcription factors impact neuronal activity. Studies also see the channels associated with neuroinflammation and neurotransmission as factors.

Environmental Factors:

Environmental factors before, during or post-childbirth can cause ASD among subjects, like prenatal exposure to thalidomide and valproic acid(antiepileptic), advanced age of either parent, if mother has diabetes, thyroid issues, or psoriasis, premature birth, long-term pregnancy, uterine bleeding, low birth weight, low Apgar scores, c-section, and other birth issues increase the risk of ASD. There is no significant evidence associating ASD with thimerosal, MMR vaccines, or mercury, despite past claims (retracted 1998 Lancet article).

Symptoms of Autism:

Social communication difficulties, unique learning, moving, and attention patterns, and repetitive behaviors/interests are what define Autistic individuals, thus making life complex and challenging for them.

Some of the symptoms are as follows:

- Lack Social Interaction/Communication Skills:
- Can't maintain or avoid eye contact
- Don't respond to their names till 9 months
- Show no facial expressions till 9 months
- Don't play basic, interactive games till 12 months
- No gestures till 12 months
- Don't share interests until 15 months
- Can't point to an object till 18 months
- Can't comprehend others' emotions till 24 months old
- Don't mingle with peers till 36 months old
- Don't engage in dancing, singing, or acting till 60 months

Repetitive Interests or Behaviors:

Autistic children possess behaviors that can be deemed peculiar and abnormal. For instance

- Lining up toys, getting upset if the order is disturbed
- Echolalia: repeating certain words/phrases
- Playing repeatedly with the same things
- Trivial changes upsetting them
- Showing obsessive interests
- Follow specific routines
- Stimming, e.g., hands flapping
- React unusually to stimuli like smell, texture, etc.

Other Symptoms:

Other changes that become significant over the years might include

- Speech delay
- Motor delays
- Cognitive delays
- Hyperactivity, inattentive or impulsive behavior
- Seizure or Epilepsy
- Unusual sleeping and eating habits
- Gastrointestinal problems
- Unusual reactions regarding emotions or mood
- Excessive fretting, anxiety, and stress
- Greater than or lower than the normal range of phobia

However, not all children with ASD display all of the behaviors and abnormalities mentioned.

Significance of Therapy for Autism:

According to the Centers for Disease Control and Prevention, Autism Spectrum Disorder affects about 1/44 children(CDC, 2022). Early intervention through effective therapy has been seen as a successful tool in better management, increased independence, and positive outcomes for autistic subjects.

Timeframe for Autism Diagnosis:

The time frame for diagnosis ranges from early on to later in life. However, the best outcome and quality of life are dependent upon early diagnosis and intervention. Before 2 years, regression has not occurred, so it's best to get the child evaluated at 2 years of age.

What is meant by Early Intervention for Autism?

Effective and early therapy, at the right time, that is, 2-3 years of age, can improve communication, speech, motor, self-care, independence, and other skills in autistic children as the brain is developing at a fast pace during this time.

Outcomes of Early Therapy for Autistic Children:

Timely Autism therapy aims to assist the child in achieving his milestones successfully by becoming more verbose, learning self-defense, forming friendships, developing independence, and self-care skills. Although ASD won't diminish completely but early therapy promises a bright future.

Effectiveness of Early Therapies in the Treatment of Autism:

Numerous studies have corroborated the effectiveness of early intervention for young autistic children. For instance, the Early Start Denver Model (ESDM), ABA, and developmental psychology combined, an early intervention program that utilizes play therapy to assist children in improving their development by learning new skills. This model yielded marvelous results for children under 2.5 years age. They were treated for about 20 hours weekly, and their parents were trained to be aware of the strategies for home use. With early intervention, children are more likely to attain better social outcomes. Studies have even shown it can improve a child's IQ by 17 points. In the long term, they can secure better education milestones and attain meaningful employment in adult life, and may require fewer support services in the future. It assists them in assimilating improved coping strategies and skills, learning the proper handling of sensory overload, and better communication of their needs. This leads to better relationships and enhanced socialization, thus entailing positive and long-term advantages that can be consequential in their adult life. Therapy for autistic children is an authentic and scientifically approved approach that concentrates on dividing intricate skills into smaller and understandable steps and using rewards to strengthen positive behavior in them. The approach of therapy is adaptable, per the requirements of the child. That is why parents of autistic children need to adopt early intervention and therapy services

Types of Therapies for Autism:

The Therapists employ various types of therapies for mitigating the predicaments and challenges faced by Autistic Children. The types for each child differ in response to numerous attributes and aspects of the child concerned, taking into account their age, personality, needs, etc. Also, in most cases, it's a multidisciplinary approach, i.e., a combination of various therapies as per the needs of the child. Some of the most common and prominent forms of autism therapies are as follows:

Applied Behavior Analysis:

ABA is one of the most widely utilized therapy techniques for autism, including an array of methods of prompting, such as modeling gestures, and visual, verbal, and alternating levels of physical prompts. There is also the breaking down of intricate behaviors into simple components, or task analysis, for autistic children. It also involves the reinforcement of wanted behaviors through reinforcers. Numerous methodologies and plans based on ABA focus on mitigating problematic tendencies. For instance, reinforcing desired behaviors with a reward and negative reinforcement by withholding it.

ABA was originally coined in 1968 by Baer, Wolf, and Risley delineated seven crucial elements as integral constituents of ABA. These were applied, behavioral, analytical, technological, predicated upon conceptual systems, effective, and addressing the generality of behavior. (Wolf, Baer, & Risley, 1968). Applied relates to behaviors that are significant to the individual socially, while behavioral implies that behaviors are elucidated in practical and quantifiable terms. Analytical means the demonstration that changes in behaviors are dependent upon interventions. Technological is another dimension of ABA, and it implies that interventions are to allow for duplication of procedures by others, culminating in analogous outcomes. Conceptual systems refer to the specialized rules and theories that underpin and support ABA. ABA aims at socially favorable outcomes that cause practical transitions for the individual. Lastly, generality deals with the need to ensure the effects of intervention are long-lasting, even when training has concluded, also that the behavioral transition occurs in congruence with other stimuli.

Maladaptive Behavior Reduction:

“Maladaptive” refers to the inability to adapt or fit in as per the societal standards. Autistic children are not socially developed and lack the coping mechanisms to fit in, so they adopt maladaptive behavior, like throwing a tantrum at being asked to clean instead of verbally refusing, for instance. (George, 2022).

Some methods to manage maladaptation:

- **Biologically based medical interventions** include medications. So far, they have all exhibited alternating levels of effectiveness.
- **Psychodynamic interventions** are aimed toward the emotional constituent of behavior. But, since ASD is neurodevelopmental, evidence supporting its effectiveness is insufficient.
- **Educational interventions** are quite effective these including ABA, Pivotal Response Training, the Lovaas program, interventions driven by development and relationship e.g., ESDM (Early Start Denver Model), etc. All of these. These target the behavior directly and focus on modifying it in a desired way.

Relationship Development Intervention:

RDI is a behavioral mode of treatment that involves the family of the autistic subject, focusing on forming emotional and social skills. Parents are trained preferably by certified RDI consultants, who carefully read the parents' capabilities, or through books, seminars, etc., to effectively implement the interventions. The teachers and therapists can be trained too. This helps autistic individuals to establish emotional connections and share experiences. The degree of autistic symptoms determines the level of RDI to be received. Due to inadequate more research should be done on RDI efficiency for ASD. (Gutstein & Gutstein, 2009).

Play Therapy:

Play Therapy is a dynamic interpersonal relationship between a child and a trained therapist who applies play therapy procedures to foster a safe relationship where the child feels secure to express his feelings, behaviors, thoughts, and experiences. This allows for maximum growth and development. (Landreth, 2012). All major brain functions, problem solving, dexterity, and decision making are at work during play, which helps ameliorate the maladaptive behaviors. Play is compromised in Autistic children. The motive behind play therapy is to help them honor their special mental capacities, to resolve or avert any psychosocial hurdles, and attain maximum child-compatible development. Play helps autistic children to articulate in ways that are comfortable to them. It alters how autistic children express themselves from undesirable behaviors to more

constructive ways. Play therapy as an effective intervention is highly recommended for autistic children. However, it is equally vital that proper evaluative measures be conducted to determine which type of therapy best suits the child's needs. (Elbeltagi et al., 2023).

Speech Therapy:

Speech Therapy is a mode of linguistic therapy that deals with improving verbal, nonverbal, and social communication in autistic individuals. (Dehqonova & Tagonova, 2022). The degree of speech predicament among autistic children varies from one to another; some are mute, while others want to speak but are unable to maintain a conversation. Speech therapy starts with the therapist evaluating both strengths and challenges in the patient's communication. He then creates discrete goals for treating the autistic subject based on this evaluation. The major goals are improved verbal speech, nonverbal skills like gestures, signs, or learning the use of alternative techniques like pictures, etc. Simultaneous improvements spill over in other areas to like as strengthened mouth, jaw, neck muscles, matching the correct facial expression with congruent emotions, learning about body posture and what it implies, facilitating a better response rate toward questions. Speech therapy has also been associated with improved matching propensity regarding pictures and their meanings. It can also help in modulating the tone of voice. (Speaks, 2022).

Music Therapy:

Music therapy has been implied to be an effective and potential therapeutic method for improving the deficits and repetitive behaviors in autistic children. (Marquez-Garcia et al., 2022). It affords a unique and novel variety of musical experiences at a developmentally sound level to induce transitions in the behavior of autistic children. Autistic children are fascinated and intrigued by music. Music therapists first observe the child, then assess them, they then devise realistic client-tailored objectives, interventions, and strategies to elevate the level of skills in clients. This culminates in improved quality of life for autistic individuals (Music Therapy Association, 2012). As needs are different for different autistic children, it may be possible for an autistic child to require more than one type of therapy.

Autism in Pakistan:

According to the Pakistan Autism Society (PAS), despite a lack of reliable data about the prevalence of ASD in Pakistan, per the reports of developmental organizations functioning in South Asia, there are more than 350,000 autistic children in Pakistan. These statistics, as alarming as they seem, the cases are increasing at an uncanny speed. In Pakistan, culture has a role to play in all aspects of life, and disabilities of any kind are labelled a trial or a punishment from Allah, with parents of Autistic children accepting it as a fate instead of seeking management of issues related to ASD. Stigmatizing of people with cognitive issues, esp. ASD children lead to denial, fear, and a sense of isolation among parents of autistic children, and they try to hide the diagnosis from people, as compared to children with any physical disability. Modern societies have more acceptance of disability as compared to a conservative society like Pakistan. According to the Pakistan Bureau of Statistics (2018), ASD-related indicators in Pakistan are very high. Also, the association of neurological disability, mental regression, and other such perceptions regarding ASD has necessitated an increase in awareness about ASD profoundly. Another study revealed there's a lack of awareness even among healthcare professionals who are recommending wrong medicines, and mothers have to do their own research to understand the ASD related issues and their problems themselves. The degree of social support, though, varies across communities. The basic step, i.e., diagnosis itself, is not properly managed in Pakistan, adding to that the dearth of proper institutions by the government creates more hurdles. The rural communities are at an even

greater disadvantage as they lack the proper financial support and institutional access. Some communities, however, are more supportive, willing to set up trainers for ASD support.

Unfortunately, overall awareness needs to be raised among both rural and urban people as there's a general lack thereof about the gravity of ASD related issues, and the ramifications of delayed intervention for the autistic individuals.

Research Questions

This research aimed to ascertain the perceptions and attitudes of the school teachers tasked with teaching autistic children. Towards that end, several research questions were formulated and asked of them. The first question was the teachers' understanding and interpretation of autism. Did they know about autism? Could they define autism? What were the attitudes of these teachers towards the autistic children? Did they treat them with empathy or otherwise? What were the classroom practices that they adhered to when teaching these children? To what level do these teachers consider themselves equipped or prepared to teach these children? Do they think these children are capable of eventual social integration? What challenges do these children and the teachers face while attempting to integrate autistic children into mainstream schools? School teachers form an important part of the academic experience for autistic children. They are profoundly exposed to the issues and predicaments faced by these children, which is why it is important to glean their opinions and overall perspective regarding them. Also, these children face a hard time trying to integrate into mainstream schools. This obstruction could be ascribed to the attitude of the faculty employed in these institutes. Therefore, it was imperative to corroborate and refute this assertion.

Ethical Integrity

The researchers strived to ensure that the respondents involved in this study were fully informed about the nature of the study and that their consent was secured before continuing. The researchers also assured the respondents that their information and personal details would be kept hidden. They were also assured that the data elicited from them would be protected and kept secure. The researchers were also aware of the worth and dignity of the respondents involved and endeavored to treat them with the sensitivity and non-judgmental attitude that the research in question called for. The questions were asked in a precise, clear, and transparent manner to allay any misgivings that the respondents might evince.

Objectives of the Study:

The objectives of this study were as follows:

- To ascertain the level of awareness that teachers evince regarding Autism Spectrum Disorder, its implications, and characteristics.
- To probe the perceptions and attitudes of teachers towards autistic children studying in mainstream schools.
- To delineate the challenges faced by these teachers and furnish suggestions for overcoming them.

Theoretical Framework:

This study is based on the combined essence of the theory of Planned Behavior (Ajzen, 1991) and Social Constructivist Theory (Vygotsky, 1978). These frameworks both specify a means for understanding how teachers form their perceptions as well as how these perceptions mold their practices and interactions with the concerned children in the context of the classroom. The Theory of Planned Behavior elucidates how human actions are affected by three components: the first being subjective norms, secondly, the perceived behavioral control, and lastly, the attitudes toward

the behavior. In the context of this study, the teachers' confidence in supporting and managing the attitudes of autistic children, their positive or negative attitudes towards autistic children, and their experience with autism in communities or at school will define and shape their perception and willingness to resort to inclusive practices. On the other hand, the Social Constructivist Theory stresses that understanding and knowledge are constructed socially via interpersonal, institutional, and cultural means. The understanding of the teachers concerning autism is molded not only by their personal experiences but also by school culture, professional training, social beliefs/perceptions about disability, and policy frameworks. This perspective validates that the perceptions of the teachers aren't shaped in isolation but are rather influenced largely by educational and social factors. These theories, combined, deliver a detailed framework for examining the perceptions of teachers who are involved with tutoring autistic children. The theory of Planned Behavior assists in clarifying how perceptions affect classroom practices, while the Social Constructivist Theory emphasizes the cultural and contextual factors that mold those perceptions. This fused approach guided the research in examining the overall objectives of the research.

Methodology:

The research design used in this research was Qualitative in nature, as it allowed the researchers to explore and understand the attitudes, experiences, and perceptions of school teachers regarding autistic children effectively. This approach allowed for an in-depth examination of the respondents' perceptions, beliefs, challenges, and interpretations in an understandable and intelligible manner. The data was collected via semi-structured interviews with open-ended questions. This allowed the researchers to collect unadulterated, comprehensive, and understandable responses from the respondents. A sample of 25 eminent teachers from various Private and Government Schools from across Punjab was selected for this study via Judgmental/Convenience Sampling. These responses were transcribed and written down in absolute detail. The responses collected from these respondents were then subjected to Thematic Analysis with the assistance of the pertinent tools. The researchers then went on to scrutinize these responses scrupulously. Subsequently, the significant sections of these responses were underscored. The resulting themes were then utilized for defining the integral findings of the study.

Results and Discussions:

The responses of the Teachers were subjected to thematic analysis. This entailed the formulation of the following prominent themes:

Theme 1: Awareness Regarding Autism:

This study showed that while many teachers knew about Autism to a modest degree, there yet remained a wide level of ignorance on their parts about its more intricate notions. These teachers were lacking important information about the characteristics of Autism, how it affects children, and how they should treat them in turn. This was a portent of the larger society's ignorance regarding autism as well. Certain misconceptions and stereotypes proliferated amongst the teaching staff regarding what autism is, and they were conflating it with other mental conditions like psychosis, and so forth. They even went so far as to associate autism with intellectual disability, a notion that has been proven false by numerous contemporary studies.

Theme 2: Attitudes towards Autism and Inclusion:

Some teachers were optimistic and showed promise when it came to teaching these students and getting them to integrate into the mainstream schools. However, for most of the respondents, it was a holistic consensus that they lacked the professional training and attitudes necessary for properly dealing with and training these children. They believed that these children could not

socialize and learn properly, so it wouldn't be possible for them to become integrated into normal, mainstream schools. Many teachers reported feeling frustrated, stressed, and burnt out trying to deal with the multifaceted needs of the autistic children under their care.

Theme 3: Training and Preparedness:

The main gripe that most of these teachers had was that they felt they were unprepared and unequipped to deal with autistic children. That is because they complained that they didn't receive any training in this vein. Autism is a complex condition, and these respondents believed that the only way to properly educate themselves, understand the children under their care, and pave the way to their coveted integration was through intense, profound, and effective training. They demanded that the government and the education department play their role in this regard if they wanted the conditions to improve for these autistic children.

Theme 4: Challenges in the Classroom:

The teachers reported that the autistic children displayed a range of different issues that made it difficult to communicate with them and teach them properly. These children were prone to not listening, had speech impediments, and couldn't socialize properly. Also, the other children in the class, the neurologically atypical ones, antagonized the autistic children and marginalized them via ridicule, excommunication, and generally treating them as a nuisance. These are things that teachers felt were a significant hurdle to properly teaching and including Autistic children in mainstream schools/classrooms.

Theme 5: Resources and Support Systems:

The teachers reported that the school administration, educational department, and relevant ministries didn't provide any special teaching aids, counseling services, or any such resources to them. This also exacerbated the condition for autistic children considerably. The teachers lamented that there is only so much that they can do without the intervention of the competent authorities and the according of crucial resources like teaching aids, training, and more.

Theme 6: Parental Involvement:

The teachers also reported that while many parents were fervently committed to improving the lives of their autistic children, there were still many who weren't as involved. These parents chose to opt out of actively participating in checking in on their autistic children while they were at school. They choose to leave their children to the school's mercy and don't even check up on their progress. These parents also don't take into account the possibility that their children might excel at education, provided that they receive the proper attention and care, such as therapy and so forth.

Conclusion:

This study showed that there is still much that needs to be done when it comes to educating the mainstream school teachers about autism and what it entails. This study showed that while some teachers were aware of the condition and had some inkling about its indicators, repercussions, and side effects, there still remained much to be done in this regard. The study showed that there was a vast majority of teachers who were completely unaware of autism and couldn't tackle the unique and multifaceted demands of various autistic children under their care. They were severely affected by the social and cultural factors that surrounded them. This influence was so potent that many of the respondents had begun to conflate autism with intellectual disability. This was discouraging to say the least, but not all the blame could be shifted onto these teachers. A prime reason why they were unable to properly ascertain autism and its implications lay in a lack of awareness and ignorance. Many respondents opined that they could act more professionally and appropriately, provided that they received training and sensitivity courses from the school administration and

concerned authorities. There was a huge lack of awareness on the part of these teachers, a reflection of the larger nebulousness that society evinces concerning autism. Teachers are the builders and nurturers of future generations, and therefore, they must be imbued with the latest information and knowledge regarding autism, its indicators, and the means to deal with children who are affected by it.

Furthermore, these teachers were of the view that even if they wanted to cater to the special needs of these children, their lack of training and preparedness made it virtually impossible to do so. The path to integration is difficult and laden with numerous obstacles for these children. These teachers will become prime assets for catalyzing integration if they are equipped with the requisite knowledge and tools. Autistic students are prone to certain behaviors that impede their progress in the classroom. It also makes them a target for ridicule and ostracism by the rest of the students. Teachers can play their part in mitigating these behaviors and facilitating these students to ensure their integration. Also, the teachers reported that while many parents chose to be proactively involved in the academic matters of their autistic child, there was a commensurate number of parents who didn't do so. They didn't opt for additional beneficial treatments and avenues, like therapy, to enhance their autistic child's rehabilitation. The teachers felt that parental involvement was integral as well if these children were to hasten on their journey towards social integration.

Suggestions:

The researchers concluded this study, and there were several recommendations that they felt were necessary to furnish. The first and most crucial one in this regard is the introduction of Autism training for teachers. This training needs to be launched under the auspices of the Government, the school sector, or even private Organizations to bolster the capacity of school teachers to deal with the needs of autistic children. It is also suggested that sensitivity training be provided to school-going children so that they can recognize the special needs of autistic children and refrain from shunning them. It is also suggested that the school administration provide special learning aids and other resources in their schools so that these autistic children can feel at ease and be facilitated in their learning endeavors. The parents of these children should adopt a more fervent and dynamic role in educating their children. They should meet the teachers, inform them of their children's special needs, and be an overall source of exhortation for them. It is also suggested that concrete measures be taken to develop awareness about therapy and its positive ramifications for autistic children amongst parents. Parents should absolutely resort to this source of treatment that promises incredible results for their children's rehabilitation and eventual social integration.

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