CHAPTER VI

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In sum, the results of the study has highlighted the feasibility for identifying, listing and recording a baseline on different types and specific instances of problem behaviour as distinguished from skill deficits in children.

It has also demonstrated that, it possible to carry out case by case topological mapping of situation, trigger, antecedents, functions, maintaining aspects, and consequences of the identified problem behaviour for child with autism before undertaking individualised/ customised and/or small group based behavioural intervention.

The results obtained from the study also indicate that:

- There was substantial gain/ improvement in the skill behaviour of children in both the groups, although the gain was much higher for the group receiving the therapy. This difference in the level of improvement could be attributed to tailor-made/ customised behavioural intervention.

- With an increase in skill behaviour there was a consequent decrease in the problem behaviour as well in the children from both the groups. But again it was seen that the group receiving CBI has improved more than the more than the group not receiving the same.
• There was significant decrease in the intensity of problem behaviour while the frequency of the same was reduced marginally.

• At terminal evaluation, after the CBI, all respondents agreed that there were decrements in frequency as well as intensity of problem behaviour in their child with autism.

• When analysed separately, it was found that the therapist estimate significant decrease in intensity of problem behaviour after CBI, followed by teachers and the therapists for the experimental group.

• In the case of problem behaviour frequency score also, the similar trend followed for the experimental group.

• Similar trend of therapist estimating little gains/decrease in problem behaviour scores for children with autism, rather than teacher and parents.

• In the case of skill behaviour, there were significant gain in pre-acdemics and self-help domain, followed by play and cognitive in the experimental group, reiterating the fact that our society/parents still give more importance to academics than any other skill for their child.

• With reference to control group, the gains were higher in self-help, as well as, gross motor domain.
Talking about problem behaviour intensity there was more decrease in Violent and Destructive Behaviour followed by Odd Behaviour, Hyperactivity, and Repetitive Behaviour, while in frequency score more decrease was observed in Violent and Destructive Behaviour followed again by Odd Behaviour, Self-Injurious Behaviour for experimental group.

Comparatively, the result for control group demonstrate the trend of reduction in intensity score was highest for Rebellious Behaviour followed by Hyperactivity and Violent and Destructive Behaviour. And, for the frequency score, the maximum reduction was seen in Rebellious Behaviour followed by Self-Injurious Behaviour. It was also noted that there was increase in frequency of Violent and Destructive Behaviour without any behaviour intervention.

The results also indicated that each domain in problem behaviour scale is correlated with another domain i.e., changes in any one domain (positive or negative) leads to changes in the other.

5.0 Limitations of the study:

Even with such encouraging results there have been certain limitations to this study:

- There may be issues related to treatment fidelity in home based interventions, compliance, difficulties in accurately measuring the extent of interventional inputs especially in naturalistic and home-based intervention.
• The study could have been carried out for a longer duration for more improvements, and
• The therapies received by children in control group could have been more restricted, so as to clearly differentiate the effect on problem behaviours for the experimental group.

5.1 Implications of the study

The completion of this study is likely to throw light on the poorly understood and less explored phenomenon of problem behaviours in young children with autism as distinct from skill behaviour deficits and/or the behaviour anomalies in such children owing to the nature of their primary condition itself. This will be followed by useful insights on the individual and group profiles of problem behaviours in this clinical population of children. The explorations into various time tested behavioral techniques on individual as well as groups of such children will help consolidate and reaffirm their utility and still more on the idiosyncratic adaptations that may be required for their effective use in the local or cultural context of rehabilitation of children with autism in our country.

5.2 Future Directions

Although these findings are very encouraging they may be viewed as an opportunity to undertake more studies on even larger samples and for a longer duration to be proclaimed as an intervention facilitating optimum
behavioural acquisition, inclusion, empowerment and mainstreaming of children with autism.