

**Importance of group therapy for children with sensory
dysfunction (Autism): mother's perspective.**

By

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STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or diploma or seminar. No others person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree or diploma in any other tertiary institution.

The ethical issues of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, it will be duly acknowledged as undergraduate thesis.

Signature: _____ Date: _____

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Dedication

I dedicate this thesis to the A. Jean Ayers who is the founder of sensory integration theory & the children with sensory dysfunction, regarding of my honorable supervisor Umme Aeyman.

Abstract

Background: In present world autism is a common disorder and difficulty in sensory integration is another common problem among the autistic children. There are many treatment invented to treat sensory dysfunction. Beside these Occupational therapy is a health profession and this profession work with sensory dysfunction. Occupational therapist uses a variety of group therapy for sensory dysfunction children. Arrangement of these groups is a new treatment media since 2005 in Bangladesh. This is not a key treatment media and according to researcher literature review there is lack of study in our country on parents perception about group therapy for this reason researcher try to explore the parents importance on group therapy for their autistic children with sensory dysfunction.

Study Aim: To identify importance of group therapy for children with sensory dysfunction (autism) according to parent's perception.

Objectives of the study:

1. To know the perception about improvement of children with sensory dysfunction in group therapy.
2. To find out parents satisfaction on group therapy for their children with sensory dysfunction.

Methodology: In this study researcher used Qualitative research design to collect more detail and in depth information about parent's perception though this is an explorative study. The population of this study was parents of sensory dysfunction (autistic) children, who wanted willingly to participate in study. The participant were identifying by purposive sampling. Semi- structured, face to face interview with open ended question was used for data collection.

Settings of the study: Mother & child care unite of CRP at Savar in Dhaka District of Bangladesh.

Results: The theme that emerged from the study as Parents has general knowledge about Occupational therapy. They are also knowledgeable about sensory related problem of their

autistic children. Parent's concept of group therapy for autistic children with sensory dysfunction is understandable. Parents provide more value to group therapy than individual with emphasizing other therapy profession such as speech. They assume, progress of children with sensory dysfunction come first in group therapy rather than individual therapy. Most of parents are satisfied on group therapy for their children with sensory dysfunction. Few of parents are less satisfied on present group therapy, they sense group therapy need some modification style. Parents advocate group therapy need more awareness among parents, other school who are work with autistic children with sensory dysfunction.

Conclusion: According to data analysis it is identified that parents think their child is improving for this reason most of them are satisfied on group therapy. At the end of the study the results show that the parents are able to gain knowledge about group therapy and sensory dysfunction of their children. They are able to express perception of improvement and satisfaction on group therapy. The parents also provide some recommendation about group therapy those may help to both therapist and children who have sensory dysfunction.

Key words: Autism, Sensory integration, Group therapy.

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Abbreviation

ASD	:	Autism Spectrum Disorder
OT	:	Occupational therapy
CWA	:	Children With Autism
CRP	:	Center for the Rehabilitation of the Paralyzed.
SPD	:	Sensory processing disorder (SPD)
SID	:	Sensory Integration Dysfunction

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CHAPTER 1

INTRODUCTION

INTRODUCTION

1.1 Introduction

Autism is a common neuro developmental disorder in the present world. ‘Autism Spectrum Disorders (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges’ (Owen 2010). Over the past decade, autism has received more and more attention by the medical community and the media due to its perceived rate of increase within the population (Law 2006) . The prevalence of autism is about 1–2 per 1,000 people; the prevalence of ASD is about 6 per 1,000, with about four times as many males as females. The number of people diagnosed with autism has increased dramatically since the 1980s (Cindytomac 2010).

Many autistic individuals have sensory problems, which can range from mild to severe. These problems involve either hypersensitivity or hyposensitivity to stimulation. Sensory integration focuses primarily on three senses — vestibular (i.e., motion, balance), tactile (i.e., touch), and proprioception (e.g., joints, ligaments). For the difficulty of sensory integration the children with autism can not perform normal life due to social, communication and behavioral challenges (Cohen & Bolton 1993).

Cindytomac (2010) discusses, how parents usually notice signs in the first two years of their child's life. The signs usually develop gradually, but some autistic children first develop more normally and then regress. Early behavioral or cognitive intervention can help autistic children to gain self-care, social, and communication skills. For this reason many treatment options are used to stimulate these senses in order to normalize them.

The top autism therapy's are include : Applied behavior analysis (ABA), Casein-free diets, Essential fatty acids (EFA),Gluten-free diet, Picture exchange communication systems (PECS), Sensory integration, Social stories, Speech and language, Occupational therapy (OT),Visual schedules, Vitamin A, Vitamin B6 and magnesium, Vitamin C. Among this Occupational therapy can be beneficial for the sensory needs of children, who often have hypo and/or hyper sensitivities to sound, sight, smell, touch, and taste (Adams et al. 2004). Group therapy like

individual therapy is also a Occupational Therapy treatment media to improve sensory integration of children with sensory dysfunction. Group therapy is a new concept in Bangladesh to provide treatment to the children with sensory dysfunction. In Bangladesh group therapy started at CRP by the initiativeness of Occupational therapists. The main aim of group therapy is to provide appropriate treatment to the CWA to improve their significant social, communication and behavioral challenges.

1.2 Background of the study

Sensory integration is the organization of sensation as a use. Our senses give us information about the physical conditions of our body and the environment around us (Ayres 1987). Dysfunction in sensory integration refers to the inability to modulate, discriminate coordinate, or organize sensation adaptively (Sharon et al. 2004, p2). Autism is a disorder of pervasive developmental disorder and sensory dysfunction is common problem for these children. Autism is characterized by pattern of delay and deviance in the development of social, communicate and cognitive skills. On the other hand, Occupational therapist can use a variety of group therapy for sensory dysfunction children. Thus group activity is not a key treatment media for improvement in children with sensory dysfunction, but they do proved elements of cognitive, motor and social complexity that must be adapted for the specific needs of the children in the group (Scheffkind et al. 2010).

This is a challenging work setting to treat the sensory dysfunction children and there are many treatment invented to treat sensory dysfunction. Beside these Occupational therapy is a health profession and this profession also works with sensory dysfunction. On the other hand, Occupational therapist can use a variety of group therapy for sensory dysfunction children and arrangement of this group is a new treatment media & not a key treatment media and according to literature reviews there is lack of study on parent's perception about group therapy. These reasons excite the researcher to do a study on "importance of group therapy for children with sensory dysfunction (autism): parent's perspective."

1.3 Significance of the study

Sensory integration dysfunction is an ‘invisible’ disability that is easily misinterpreted. This disorder can fluctuate in severity within the same child. Severity of dysfunction expressed varies tremendously from one individual to another. Parents of children with this disorder often find the unpredictability of the child’s behavior to be frustrating and difficult to understand (Jane et al. 2000). Besides this, Occupational therapists have a great role for children with sensory dysfunction. They can use various treatment techniques for this disorder. Group therapy is a vital treatment media for children with sensory dysfunction. Just as with any Occupational therapy intervention have elements of cognitive, motor, and social complexities that must be adapted for the specific needs of the children in the group thus Occupational therapist can perform a great role for the children with sensory dysfunction (Scheffkind et al. 2010).

Through this study the importance of group therapy highlighted and awareness will arise among the parents of sensory dysfunction children. It also helps to gain parents attention towards Occupational therapy for their children. Thus this study will help children with sensory dysfunction to get better treatment. Through this study the factors of group therapy will be identified and these help to develop future recommendations for improving the therapy service.

Through this study the profession will be benefited to focus on the role of Occupational therapy for children with sensory dysfunction. Occupational therapy is a new profession in Bangladesh. As a result, others health professionals are not enough knowledgeable about this profession. Thus this study help occupational therapist to organize their practice and it will help them to increase confidence in this challenging health care profession. Through this study group therapy will be used meaningfully in all professions and for the parents of children sensory dysfunction.

1.4 Study Aim

To identify the importance of group therapy for children with sensory dysfunction (autism) according parents perceptions.

1.5 Objectives of the study

3. To know the perception about improvements of children with sensory dysfunction in group therapy.
4. To find out parents satisfaction on group therapy for their children with sensory dysfunction.

CHAPTER 2

LITERATURE REVIEW

LITERATURE REVIEW

2.1 Introduction

Autism falls under "Pervasive Developmental Disorders". This is a complex bio-neurological developmental disability which is diagnosed based on observation of the behavior in those affected by it. Pfeiffer et al. (2011, p.2) suggest that, 'Autism spectrum disorders (ASDs) represent an expansive class of conditions that manifest in a range of deficits.' Difficulties in sensory processing are very common among children with autism. Beside this sensory dysfunction is a vital characteristic of autism. According to the Texas Statewide Leadership for Autism Training 2009, "Although the diagnostic criteria for autism currently does include deficits or differences in sensory processing research suggest that sensory processing disabilities are prevalent in children with autism." Sensory processing disorders (SPD) are quite common among children with ASD with reports in the literature ranging from 42 % to 88 % (Pfeiffer et al. 2011, p.2).

Occupational therapists have a great role for children with autism. Through occupational therapy autistic children are able to minimize their sensory dysfunction. According to overview of WebMD (2012) People with autism can benefit from occupational therapy Occupational therapy may combine a variety of strategies. These can help the child respond better to his or her environment. Beside this group therapy is an important Occupational Therapy treatment technique to improve sensory dysfunction for autistic children. Under the direction of the group therapist, the group is able to give support, offer alternatives, and comfort members in such a way that these difficulties become resolved and alternative behaviors are learned (Bellafiore 2011).

2.2 Autism

Autism spectrum disorders (ASD) are a group of complex disorders. Sensory dysfunction is common among children with autism. Thus they have difficulty in social interaction especially in communication language and repetitive behaviors.

Autism Spectrum Disorder (ASD) is a class of developmental disabilities which cause severe impairments to a child's communication, their social interactions, and in their play and behavior. This disorder presents itself differently in each child with respect to severity and symptoms (Law 2006). Children with Autism see the world in a different way. They may be extremely sensitive to some senses and find seemingly routine events fascinating - the patterns of light on a wall, or the rustling leaves in the wind. The autistic child may also be unresponsive to sensations that may cause harm, such as extreme heat, cold or pain. Children with evidence of sensory processing dysfunction, such as those with ASD, often have difficulty regulating response to sensation and specific stimuli and may use self stimulation to compensate for limited sensory input or to avoid over stimulation (Pfeiffer et al. 2011, p.2).

2.3 Sensory integration

Sensory integration is the neurological process that organizes sensation from one's own body and the environment. Sensory integration makes it possible to use the body effectively within the environment (Ayers 1979). Children with autism are believed to have difficulties integrating sensory information. It is common that all humans have five senses: touch, taste, smell, hearing and vision. These basic senses or far senses respond to external stimuli from the environment. The truth is we have many more senses than that. Some can be also divided into internal and external senses; the "sense of well-being" is a sense too, but an internal one. The feelings, thoughts and actions we experience occur through the complex actions of our brain. How we process environmental and internal information has a major impact on our feelings, thoughts and actions (Arnwine 2006).

2.4 Sensory Integration Dysfunction

Sensory Integration Dysfunction (SID) is a neurological disorder causing difficulties with processing information from the five classic senses vision, auditory, touch, olfaction and taste (Cherry 2011). SID is also called sensory processing disorder. For children with SID, sensory information is sensed normally, but perceived abnormally. Pioneered 40 years ago, Ayres (1974) developed the sensory integration theory to explain the relationship between behavior and brain functioning.

SID can be a disorder on its own, but it can also be a characteristic of other neurological conditions, including Autism Spectrum Disorders, dyslexia, developmental dyspraxia, Tourette syndrome, multiple sclerosis, and speech delays, among many others (Cherry 2011).

The symptoms for children with sensory dysfunction according to an overview of the Apraxia-Kids (2011) are: a). Auditory - Responds negatively to unexpected or loud noises, holds hands over ears, cannot walk with background noise as seems oblivious within an active environment b). Visual - Prefers to be in the dark, hesitates going up and down steps, avoids bright lights, stares intensely at people or objects and avoids eye contact. c). Taste/Smell - avoids certain tastes/smells that are typically part of children's diets, routinely smells nonfood objects, seeks out certain tastes or smells and does not seem to smell strong odors. d).Touch - Avoids getting messy in glue, sand, finger paint, tape, is sensitive to certain fabrics (clothing, bedding), touches people and objects at an irritating level, avoids going barefoot, especially in grass or sand and has decreased awareness of pain or temperature. e). Attention, Behavior and Social - jumps from one activity to another frequently and it interferes with play and has difficulty paying attention.

2.5 Occupational Therapy & sensory integration

Occupational therapist use sensory integration therapy to improve SID. For this therapy a child's placed in a room specifically designed to stimulate and challenge all of their senses. During the session, the therapist works closely with the child to encourage movement within the room. According to an overview of the Apraxia-Kids (2011), Sensory integration therapy is driven by four key principles 1). The child must be able to successfully meet the challenges that are presented through playful activities (Just Right Challenge); 2). The child adapts their behavior with new and useful strategies in response to the challenges presented (Adaptive Response); 3). The child will want to participate because the activities are fun (Active Engagement) and 4).the child's prefers to use to initiate therapeutic experiences within the session (Child Directed).

Therefore, the aim of sensory integration therapy is to improve the ability of the brain to process sensory information so that the child will function better in his daily activities The child is guided through activities in a way that is stimulating and challenging. The focus of sensory

integration therapy is helping children with autism combine appropriate movements with input they get from the different senses.

2.6 Group therapy

Group therapy is a powerful treatment media guided by Occupational therapist for autistic children who have sensory dysfunction. According to an overview by the DRB Alternatives, Inc, (2011) “The therapy has been widely used and has been a standard and effective treatment option for over 50 years.” Group therapy, like individual therapy is a powerful venue for growth and change, and is intended to help people who would like to gain support, increase self-awareness, and learn new ways to cope with personal or interpersonal challenges. Group therapy offers the rare opportunity to explore and understand how individual relate to others and get specific feedback on how others react to individual. In group therapy, approximately 6-10 individuals meet face-to-face with a trained group therapist (Bellafiore 2011).

2.7 Group therapy & occupational therapy

At times, occupational therapy treatment objectives and goals are met more effectively through group settings as opposed to individualized treatment sessions. According to an overview by Cindytomac (2010) Groups are found to be effective in treating patients with either psychosocial or physical dysfunctions. The groups are designed by an occupational therapist to be specialized yet flexible enough to meet the changing needs of each patient.

Cherry (2011) suggest groups often lead to improved functional outcomes related to O.T. goals. In other words, patients rehabilitate more quickly and successfully after undergoing group treatment. Also, groups allow the O.T. to use time more efficiently because several patients can be treated at once. Several types of groups can be used, depending on patient diagnosis and needs. The therapist or the certified occupational therapist (C.O.T.A.) usually leads the group activities and reviews the topics ahead of time to plan the session so that all individuals can participate fully and reach the group’s goals. When a parent hears that their child will need “occupational therapy” (OT), it might sound like their child needs help with “work skills.” According to Meeting Street (2011 p.401) in reality occupational therapy is

focused on skills that help children do well in their daily life. Occupational therapists help children of all different abilities improve their fine motor, sensory issues, coordination, hand writing, play, dressing and eating abilities. Occupational therapists are trained in many specialty areas to help improve school readiness and performance; self-help such as feeding, dressing and grooming; safety, focus and attention, play/social interaction, eye-hand coordination, self-calming, organization and more.

2.8 Benefits of group therapy

Groups can be as small as three or four people, but group therapy sessions generally involve around seven to twelve individuals. The session might begin with each member of the group introducing themselves and sharing why they are in group therapy. The specific manner of the session depends largely on the goals of the group and the style of the therapist. There are many benefits of group therapy such as: the group can afford the opportunity to be real with others in an environment of safety and respect. Members are able to try out new behaviors. The group can allow members the chance to explore and better understand themselves. In group, members can learn new social techniques, ways of relating, and how to better cope with difficulties (Cherry 2011).

2.9 Reasons to use group therapy as treatment media for children with sensory dysfunction.

When people come into a group and interact freely with other group members, they usually recreate those difficulties that brought them to group therapy in the first place. According to an overview by Cindy Tomac (2010), "Under the direction of the group therapist, the group is able to give support, offer alternatives, and comfort members in such a way that these difficulties become resolved and alternative behaviors are learned." The key advantages of group therapy include: (a) Group therapy allows people to receive the support and encouragement of the other members of the group. People participating in the group are able to see that there are others going through the same thing, which can help them feel less alone. (b) Group members can serve as role models to other members of the group. (c) Group therapy offers a safe haven. The setting allows people to practice behaviors and actions within the safety and security of the group (Bellafiore 2011).

2.10 Does sensory integration therapy work and is it harmful?

The effectiveness of sensory integration therapy is controversial. Cherry (2011) discusses “approximately half of the reports in the scientific literature show some type of effectiveness with sensory integration therapy, and half show no benefits at all.” According to an overview by Apraxia-Kids (2011) researchers suggest that sensory integration therapy would be more useful for younger children than for older children. This therapy might work for some children and not others. Some experts suggest that this therapy should be discontinued if effects are not apparent during a specified time frame or if the child has a negative reaction. While sensory integration therapy is not harmful, some forms of sensory therapy may be uncomfortable for the child. Children with autism can be especially sensitive to certain types of sensory stimulation, the therapist should respond appropriately to each child. Children should be closely monitored for any negative reactions or self-soothing behavior which might indicate the child is feeling uncomfortable.

2.11 The Role of O.T. for Sensory Integrative Dysfunction

Before treating a child, occupational therapist must find out exactly what a child’s problems are. Tests have been devised to evaluate a child's strengths and weaknesses. The therapist must evaluate the child and interpret the results to learn the source of her problems. According to an overview by Apraxia-Kids (2011) Occupational therapy for sensory integrative dysfunction begins with understanding the problem. After evaluation, the therapist explains to the parents aspects of sensory-motor functions that are problems. This determines what kinds of intervention might be indicated. The therapist also suggests what attitudes and expectations may best aid the child's progress, since it sometimes takes many months to show the effects of treatment.

Each child is unique. The therapist monitors and interacts with the child and the environment to facilitate play that will meet the child's needs. Some methods include : Touch and movement experiences, active or controlled movement, heavy muscle work, gross motor activities using both or one side of the body, activities requiring balance and adjustment of posture, calming techniques, fine motor or visual perceptual activities and interactive or turn taking activities. The benefits from occupational therapy using sensory integrative

procedures are not immediate. Significant improvements may take time to develop. Some children respond to therapy better than others. But when parents, teachers, therapists, and other disciplines coordinate efforts in treating a child, some major improvements are almost always achieved (Jane et al. 2000). Most importantly, the improvements through this sensory integrative approach continue to benefit the child during their adult life.

CHAPTER 3

METHODOLOGY

METHODOLOGY

3.1. Study design

In this study, the researcher was used a Qualitative research design. The researcher used a qualitative research design to collect more detail and in-depth information about parent's perception on the importance of group therapy for children with sensory dysfunction (autism). Qualitative research is suitable for exploring a new area and understanding individual attitudes and behaviors (Bailey 1997). The values, beliefs and experiences of the participants can be explored using this method, looking at the importance of group therapy for children with sensory dysfunction. The researcher selected semi- structured, face to face interview with open ended question and used the local language because it helped to obtain all information & give freedom for the participant to respond and illustrate concept.

3.2 Study population

Parents of sensory dysfunction (autistic) children, who wanted to participate in study.

3.3 Study participants

For this study the researcher took a small sample size so that the researcher could analyze the data from the participant deeply and easily that are come. Researcher took only 4 participants as sample. Because improvements in children with sensory dysfunction depends on their level of dysfunction and also it is a long process for improvement. For this reason the researcher select only 4 sample who's child were took more then three group therapy session. Though the group therapy session held in twice each month for children with sensory dysfunction at CRP and it is arrange both for indoor & outdoor patient it also difficult to find out those patient who were took more therapy session and able to improve there sensory dysfunction by attending this group therapy session. For this reason the researcher selected only 4 sample size. Depoy & Gitlin (1998) argue that, a small number of potential study participants are appropriate for a qualitative methodology. This small number of participants provides a representative picture of the study.

3.4 Inclusion criteria of sample

1. Those parents who have autistic children with sensory dysfunction.
2. Those parents who are interested to participate in the study.
3. Those parents with their sensory dysfunction children (autism) have taken more than 3 therapy session.

3.5 Method of sample selection

Purposive sampling procedure was used for this qualitative study. This sampling procedure allowed the researcher to choose a typical case for the study. By using this sample procedure the researcher can make a judgment about sample and able to collect in-depth data from participant according to research needs. Though the study aim is to identify the importance of group therapy for children with sensory dysfunction (autism) according to parent's perception the researcher used purposive sampling procedure for appropriate data. For this reason the researcher collected data from those parents who are more appropriate and fulfilled the study purpose according to inclusion criteria. Purposive sampling strategies are designed to enhance the understanding of selected individual or group experiences or for developing theories and concepts (Frankel & Wallen 2000). So the researcher took 4 participants as a sample group by using purposive sampling to represent the population group for this study.

3.6 Field test

At first starting the main study the questionnaire was field tested. The researcher selected 2 participants in field test. The participant was free to use Bengali to English for the field test, so it was easy to understand the individual participant understanding. After field tested the questionnaire was modified as required.

3.7 Setting of the study

The mother & child care unit at the Center for the Rehabilitation of the Paralyzed (CRP) at Savar in Dhaka District of Bangladesh.

3.8 Data collection

Data collection is the strong point of any research which maintains the research's reliability & validity. Qualitative data places an emphasis on peoples lived experience and are thus well suited for identifying and locating the meanings people place on the events, process, and structures of their lives (Baily1997, p.39). In this study the researcher collected data in a natural setting in the following way:

3.8.a. Data collection tools

To conduct the study the researcher collected data through using different types of data collection tools. The researcher organized the materials to successfully complete the interview session. The organized material was questionnaires, consent forms, a tape recorder, paper, pen & a pencil. Some semi-structured questions were designed to conduct the interviews; during the interview instrument were paper, pen & pencil to write field notes. Audio tape recorder was also used to tape the interviews.

3.8.b. Data collection technique

The researcher collected data through semi-structured, face to face interviews with open ended question. Because semi-structure interview were helpful for the researcher to obtain all the required information at the same time giving freedom to the participants to responds and illustrate the concept. In semi-structured interviews it was easier to guide the interview without fix ordering of questions (Minichiello et al., 1997). A semi-structured open ended questionnaire was developed so that the researcher could find out the actual information from every aspect of the participant. Britten (2005), states that "A qualitative research interview aims to discover the interviews own frame work of meaning, the research task is to avoid imposing the researcher's structures and assumption as far as possible." Semi-structured interview will be used when the researchers knows the questions asked could not predict the answers. With semi-structured questionnaires, participants get more freedom to explain their opinions. Face to face interviews helped the researcher to determine participants understanding of the questions by observed their facial expressions. Questionnaires used both English and Bengal for easy understanding of the participants. Baily (1997) stated face

to face interview were more effective allowing the participants to interact directly and have feeling, satisfaction and experiences to make a good rapport with the participants.

Before starting the semi-structured face to face interview, some time was spent to prepare a rapport with the participants including a general conversation. Initially, the participants were introduced in different settings. The interviewer explained the title and the aim of the study to promote the trust of the participants. This was very important for the interview as the participants might have felt uneasy to share some sensitive issues and express their feeling and views or may have hidden the truth and maintained participant's closes relative and relaxed in approach.

3.9 Ethical Issues

A consent form was give to each participant. This form explains the title, aim, confidentiality and anonymity of the research project. The participants were also informed that, they were free to withdraw at any time. Participants were not only informed verbally if they were unable to understand anything from the written consent form. Participants were not only informed that some of the information that they provided may be published, but their personal identity will remain confidential but also informed that, this study will not be harmful for them in any way and the field notes & transcript will not be share with others without research purpose. The researcher ensured that there will be no direct benefit for the sample when they participating in this study but the knowledge that is gained from this study may indirectly benefit them and others in the future.

3.10 Rigor of the study

The rigorous manner was maintained to conduct the study by the researcher. The study was conducted in a clear and systemic way. During the data collection it was ensured participants were not influenced was experiences. The researcher accepted the answer to the questions whether they were positive or negative impression. During the data analysis the researcher finds not to submit her own perspectives. The participants' information was coded accurately and checked by the research supervisor to eliminate any possible errors. The entire information was handled with confidentiality. In the result section the researcher was not

influenced about outcome by showing any personal interpretation. During conduct the study every section of the study is checked and re-checked by the research supervisor.

3.11 Data Analysis

The researcher analyzed qualitative data by using content analysis. Content analysis is a methodology for determining the content of written, recorded, or published communications via a systematic, objective, and procedure. Thus, it is a set of procedures for collecting and organizing information in a standard format that allows analysts to draw inferences about the characteristics and meaning of recorded material. Through this analysis the researcher can make numerical comparisons among and within documents. Because this analysis especially useful for tabulating the results of open-ended survey questions. In this study the 1st step of data analysis about the data organization with each interview questions. The participants answer was analyzed and the major categories from each interview question were found. The major categories were then found to be emerging themes.

At the beginning of the data analysis the researcher listened to the recorded interview several times. After that the interviews was transcribed into Bengali by the researcher the researcher reviewed the interviews with the transcript to ensure all the data was presented within the text. The researcher was made three sets of transcripts from the main copy. Three copies were given to the other 3 people separately who translated the transcript from Bengali to English. The researcher Read those several time and compared them with the recording to ensure that all words were present a form the transcript told by the participants. Then the researcher categorized the data. In the 2nd step, after categorization the researcher started content analysis. In this portion the researcher tried to find out the codes from the transcripts. The researcher was arranging all the information according to the categorization. Under these categories the researcher coded all the information from the interview transcript. However it was tried to avoid overlapping from one code to another code. After finishing the tabulation of coding, the researcher was detected some important codes that made the themes of the study reflect the findings.

Summary of data analysis & result

Objectives	Question No.	Category	Theme
1. To know the perception about improvement of children with sensory dysfunction in group therapy.	1	1 => Parents impression about Occupational therapy.	1: Parents has general knowledge about Occupational therapy.
	2, 3	2 => Parents Understanding about sensory dysfunction problem of their autistic children.	2: Parents are knowledgeable about group therapy for autistic children with sensory dysfunction.
	4, 5	3 =>Parents understanding about group therapy for children with sensory dysfunction	
	6	4 =>Importance of group therapy towards parents.	3: Parents assume, progress of children with sensory dysfunction come first in group therapy rather than individual and they provide more value to group therapy then individual.
	7 (a, b, c)	5 => Improvement of children with sensory dysfunction in group therapy	
2. To find out parents satisfaction on group therapy for their children with sensory dysfunction	8 (a, b)	6 => Parents satisfaction on group therapy for their autistic children with sensory dysfunction	4: Most of parents are satisfied on group therapy for their autistic children with sensory dysfunction. Few of them are less satisfied on present group therapy they think it will be batter if the group session arrange a more structural way.
	9	7. => Recommendation about group therapy for children with sensory dysfunction.	5: Parents advocate group therapy need more awareness among parents, other school who are work with autistic children with sensory dysfunction.

CHAPTER 4

RESULT & DISCUSSION

RESULT OF THE STUDY

4.1 Introduction

After interpretation of the data result was arranged in a separate chapter. Because of being qualitative research results of the study, discussion & conclusion are present in two separate chapters. According to Bailey (1997), “In qualitative study the result of the study and the discussion and conclusion of the study are presented in separate section. First the results are presented in numerical form. Then interpretations are made and conclusion drawn.”

4.2 Additional theme that emerged from the study

Theme – 1: Parents has general knowledge about Occupational therapy.

Theme – 2: Parents are knowledgeable about group therapy for autistic children with sensory dysfunction.

4.3 Major theme that emerged from the study

Theme – 3: Parents assume progress of children with sensory dysfunction come first in group therapy rather than individual and they provide more value to group therapy then individual.

Theme – 4: Most of parents are satisfied on group therapy for their autistic children with sensory dysfunction. Few of them are less satisfied on present group therapy they think it will be batter if the group session arrange a more structural way.

Theme – 5: Parents advocate group therapy need more awareness among parents, other school who are work with autistic children with sensory dysfunction.

DISCUSSION

4.4 Discussion

Category: 1 => Parents impression about Occupational therapy.

Coding	P1	P2	P3	P4
1. Occupational Therapy means doing daily living activities, personal activities and learning it and improve once intelligence.	✓		✓	✓
2. Through Occupational therapy child can understand anything & he response in functional way.		✓		✓
3. Occupational therapy reduces hyperactivity.			✓	

Table1: Parents knowledge about Occupational therapy.

Occupational therapy is the therapeutic practice of occupation and this is an effective health profession for special needs children. In occupational therapy children can take treatment through play activities which is their main occupation. This health profession has a great role for children with sensory dysfunction thus they offer this child sensory integration therapy by arranging a group. In Bangladesh this is only one sensory integration group for autistic children which are guided by occupational therapist. In the response of meaning of occupational therapy the participant are able to say common concept. They have general knowledge about Occupational therapy through participating in group therapy. Most of parents think that Occupational therapy is about doing something or activities of daily living. One of participant said that, “From my understanding, basically Occupational therapy involve performance of activities of daily living.” According to an overview by BOTA (2012) “Occupational therapy is a client-centered health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate successfully in activities of everyday life. Occupational therapists (OTs) achieve this outcome by enabling people to do things that will

enhance their ability to live meaningful lives or by modifying the environment to better support participation..”

Theme – 1: Parents has general knowledge about Occupational therapy.

Category: 2 => Parents Understanding about sensory dysfunction problem of their autistic children.

Coding	P1	P2	P3	P4
1. Children with sensory dysfunction problem means child may have low sensation or high sensation.		✓	✓	
2. Due to sensory dysfunction child doesn't remain in a place & do not maintain a calm position.	✓	✓	✓	✓
3. Children don't want to wear the cloth or if were then open the cloth suddenly due to their sensation.			✓	
4. Childs are hyperactive or less active.	✓	✓	✓	✓
5. Child disturbs others very much for sensory related problem.	✓			✓
6. Child biting more due to sensory dysfunction.	✓			
7. Child through the object and also like to hold specific object in tight.			✓	
8. Child hit himself and also others reasoning of their sensory problem.			✓	
9. Child can't maintain eye contact when talk with others.				✓
10. Do not talk with others in a calm position for their high sensation.				✓

Table 2: Parents understanding about sensory dysfunction problem of their children with autism.

The parents have general knowledge about sensory dysfunction problem of their children with autism. Because when the researcher asks to know about the meaning of sensory dysfunction from the participants about their autistic children, parents were able to talk about the behavior child show due to sensory dysfunction. In addition, parents identify the general characteristics of sensory dysfunction from viewing their children's daily living activity.

Participant 3 said that, "The child doesn't want to wear clothes or if he does then he opens the clothes suddenly, and he also has some sensory problems like making sounds continuously and when he is disturbed he makes the sound using lips." Most of the parents think that their child doesn't remain in a calm position or in one place; they do not maintain eye contact when talk with others and they hurry their activities & make more disturbances.

As a doctor one of participants used clinical language and said that, "The child has hypo response on tactile sensation, does not respond and runs excessively, but sensation is low." Few parents reflect that sensory dysfunction is a mental problem & lack of brainpower result in repetition of words and hitting themselves. The child doesn't like if anybody talks loudly & like to hold objects very strongly. Participant 1 said , " my child has mental problem meaning he can't talk and he has a lack of intelligence he moves excessively, hurry's & disturbers very much falling the materials and run excessively and makes us anxious."

As suggested by kraljic et al.(2007) sensory integration is a neurobiological process that organizes sensations from ones own body and environment and make it possible to use the body effectively within the environment. Though the participants have taken treatment from group & individual therapy session they are able to understand their child's sensory related problems. Besides this few parents' knowledge is confused by the general characteristics or features of autism, but, most of the parents can say sensory dysfunction problems of their children with autism.

Category: 3. => Parents understanding about group therapy for children with sensory dysfunction

Coding	P1	P2	P3	P4
1. Group therapy is necessary for how to communicate, adjust and behave with the family members each other, and help to learn how to complete daily lives.	✓	✓		
2. Group therapy help children to work together & socialization is increase	✓		✓	✓
3. Group therapy is a group where children can follow up each other to do something.		✓		
4. If follow the group rules patient can improve.	✓			
5. In group therapy many therapeutic techniques include more then individual.			✓	
6. In group therapy do the same things as Individual therapy with lots of children together.			✓	
7. Hildren enjoys the techniques of group therapy.				✓
8. Hild can play intentionally in group therapy.		✓		

Table 3 (a1): Parents understanding about group therapy.

Group therapy is a new treatment media in Bangladesh to improve sensory dysfunction. This is a influential site for increasing and adjusting of children with sensory dysfunction. The parents discussed their concept as, in the group therapy many children take therapy together, they work together and there is a relation with one another. These parents also focus group therapy as a communication way for their child. Participant 2 believed their ‘child is getting an attachment with other children. He try to do those thinks which other children do.’ Another participant said that, “Group therapy is necessary to communicate adjust and behave with family members and to complete daily lives patients can understand.”

This is clarified by Cherry (n.d.) who suggest that, “Group therapy, like individual therapy is a powerful vehicle for growth and change, and it is intended to help people who would like to gain support, increase self-awareness, and learn new ways to cope with personal or interpersonal challenges. Group therapy offers the rare opportunity to explore and understand how you relate to others and get specific feedback on how others react to you.” The parents of autistic children with sensory dysfunction have a good understanding about group therapy which is provided by Occupational therapists.

Parent’s concept is clear about group therapy by Occupational Therapist. Few parents think group therapy is a treatment media & feature of developed Occupational therapy. One participant said that, “group therapy is a developed feature of Occupational therapy. By group therapy one can understand to communicate, to improve eye power, that are the usefulness, if a child follows the rules of moving he can improve. Most parents think through group therapy children can increase their socialization. The children also enjoy the therapeutic techniques. Children can play intentionally after taking group therapy & can play at home.”

Coding	P1	P2	P3	P4
1. Individual therapy done by one person and for that the individual habituations have shown.	✓		✓	
2. The therapeutic techniques of individual therapy & group therapy are same.			✓	

3. All things are getting from individual therapy and child do all things alone in individual therapy.			✓	✓
4. Child prefer group therapy more				✓
5. Group therapy is more effective then individual therapy.		✓	✓	✓
6. Many change is happen in participating group therapy.		✓		
7. Therapist involvement in group therapy has positive effect.		✓		✓
8. In individual therapy child fill bore.				✓

Table 3(a 2): Relationship between group therapy & individual therapy.

The participants also have clear concept about individual therapy provided by Occupational therapists. Most parents think the therapeutic technique of group therapy and individual are the same & individual therapy is for one person by one therapist thus the child gets personal training. On the other hand through group therapy children can increase their socialization. Few parents think in individual therapy that their child feels bored.

Participant 1 said that, ‘individual therapy is a therapy where the therapies done by one person and for that the individual habituation have shown. On the other hand in group therapy person can learn how to communicate with others and how to adjust any person in the society.’ Most participants think children prefer group therapy more. Group therapy is more effective then individual therapy and many changes happen in participating in group therapy. They also think therapist involvement in group therapy has a positive effect for their children. Participant 4 said that, “In the individual therapy the child feels bored. & in the individual therapy the therapist applied all parts of therapy with the child Participant 2 said, “I think group therapy is more effective for child rather then individual therapy because my

child can follow other child and wants to do that work. To see that I think that it improves my child.”

Theme – 2: Parents are knowledgeable about group therapy for autistic children with sensory dysfunction.

Category: 4 => Importance of group therapy towards parents

Coding	P1	P2	P3	P4
1. Group therapy is more effective than individual therapy.		✓	✓	
2. Child can acquire good or bad habits from other children in group therapy but good habits are more acceptable.	✓			✓
3. Child can meet with an unknown person thus eye contact and socialization improve. They also learn about how to communicate with others.	✓		✓	✓
4. Sensory problem is reducing very quickly & child can understand about peer group			✓	
5. Child can play functionally not so purposefully with others and got enjoyment.			✓	✓
6. When child see that another child do the same activities, then the child is inspired for doing the activities.				✓

7. The child can learn to practice the daily living activities and participation of therapist has positive effect for children.			✓	✓
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Table 4: Parents value on group therapy.

The parents of autistic children emphasize group therapy to improve their child's sensory dysfunction. They think group therapy is more effective to minimize sensory dysfunction and this therapeutic technique works promptly rather than individual therapy. Participant one said, 'I have seen improvement quickly in group therapy. group therapy is very important for my child. Most parents think in group therapy the children are able to meet with unknown people or other children thus they are able to learn socialization and in consequence they are also able to reduce many sensory problems. Participant 3 said, "The socialization skills are poor in this type of child, that's why group therapy is needed. There is a matter of eye contact like – when every body introduces with others then they do that by looking each other. Sensory problems reduce by play in group therapy such as walk in the sand, slippers etc.

Some of the parents were interested to put emphasis on their child's play activity thus they talked about peer group participation and they thought by participating in group therapy the child can understand in relation to peer group. The children can play functionally and are able to get enjoyment through participating in play activities children can follow the other children. Participant 1 supposed that, "the child can communicate with my family members and outside child also. One day my child was trying to catch the other children. He was running behind him. But in few days ago he did not agree to catch child any more." Most parents think their child is able to learn and practice daily living activities from the view of Occupational therapy. Few participants think that the therapist participation in group therapy has a positive effect and it is important for their child. Another participant 3 said "Therapist guide the mother they tell them to let child work on their own, combing hair, do the activity in front the glass, washing hands after drawing and walking on the floor.

Category: 5 =>Improvement of children with sensory dysfunction in group therapy

Coding	P1	P2	P3	P4
1. Many change is happen in participating group therapy.		✓		
2. Improve child attention	✓			
3. Excessive movement is reduce & use it purposefully.	✓			
4. Communicate with family members and outside child also.	✓		✓	
5. Child tries to follow other children.	✓			
6. Child can understand the type of play and have to play with other children.	✓		✓	
7. The child can response to the guest or unknown person.			✓	
8. Child can play with the same age children.			✓	
9. Therapist work well and they are the main source of the improvement of the child.				✓
10. Improvement getting very quickly in group therapy.	✓		✓	

Table 5: Progress of children with sensory dysfunction in group therapy

By asking parents about improvement or changes of children after receiving group therapy they show a positive response. They think through regular participation in group therapy their child illustrates lots of changes. Parents of children with sensory dysfunction assume that, after participating group therapy their children can understand the type of play & have to play with other children their child's attention is also improve. Participant 4 reflect as, " My

children get more improvement by this therapy and there are many changes such as she did not hand shake with the other people, do not play with one toy for a long time, run randomly, do not eye contact do not call us & do not understand relationship. But now if I tell her give the ball to the uncle and untie, she can easily identify them and make response.” Parents consider improvements come first in group therapy rather than individual therapy. Participant 1 said that, “ I have seen improvement very quickly in group therapy. Group therapy is very important for the child.”

Parents emphasis participation for more than 5 children in group therapy, the rules of therapy & follow it at home are the reason for their child’s improvements. Few participants think therapists are the main source of their children improvement. Participant 4 expressed that, “The therapist worked well and they are the main source of the improvement the child.” Some parents share that, their children remain calm for a few minute and they are able to respond to others. Participant 3 said “If anybody come to the home then the child responds to them it is improving now.

Cincinnati Occupational Therapy Institute (2006) offers information about there were dramatic decreases in sensory stimulating behaviors, physical outbursts, and behavioral outbursts following the introduction of care. There was also a dramatic increase in child attention span and ability to focus on one thing at a time. The patient also starts to read for the first time after the 8th adjustment.

Theme – 3: Parents assume progress of children with sensory dysfunction come first in group therapy rather than individual and they provide more value to group therapy then individual.

Category: 6 => Parents satisfaction on group therapy for their autistic children with sensory dysfunction.

Coding	P1	P2	P3	P4
1. Satisfied on group therapy		✓	✓	✓
2. Baby can sit a place, can listen mothers &		✓	✓	

therapist saying & enjoy group therapy				
3. If group therapy continues baby will cured gradually.		✓		
4. Less satisfied on group therapy & group therapy will need to improve the therapeutic style.	✓			
5. Occupational therapist provide guide & this is very effective for the child.			✓	✓
7. The therapist learning style is very well and group arrangement procedure all things important for the child.				✓

Table 6: Parents satisfaction on group therapy

When asking the parents about their feeling on group therapy for their sensory dysfunction child they showed satisfactory expressions. According to observation note with smelling face participant one express she is satisfied because her baby could not sit in a place before now. The boy listened mother to her and thus she is happy on group therapy. A good number of parents are pleased on group therapy they think their child can enjoy the therapy. They assume, if group therapy continue the baby will cured gradually. The parents also showed their satisfaction with occupational therapist. Participant 4 expressed, “I am very satisfied with Occupational therapist because their learning style is very well and also the group arrangement procedure, all the things are very important for every special child.”

Most parents are satisfied with therapist about there provided treatment technique, guide ness, during treatment and group arrangement procedure. Participant 3 said that, Therapist works very closely to the child. They have told the parents do like this, don’t do this and every body work together.”

Besides this few parents are less satisfied with group therapy they think the present group therapy need to improve their therapeutic technique. Participant 1 said “ Group therapy needs to improve the style of therapy but I have no idea about this, besides my view is that therapy

should include many other techniques such as when the children sit together, they throw the ball to clear their vision. And if there are different types of toys that are very important for enrich the brain.”

Theme – 4: Most of parents are satisfied on group therapy for their autistic children with sensory dysfunction. Few of them are less satisfied on present group therapy they think it will be better if the group session arrange a more structural way.

Category: 7 => Recommendation about group therapy for children with sensory dysfunction.

Coding	P1	P2	P3	P4
1. Modification of the equipment		✓		
2. Varies of play & introducing with others.		✓	✓	
3. Drawing picture		✓		
4. Drawing picture & educating vowels, consonant can include.		✓		
5. Make awareness about group therapy among parents & other school.			✓	
6. Group therapy need to start at other branch of CRP(Center for the Rehabilitation of the Paralyzed) such as Mirpur branch.			✓	
7. Group therapy need to do start timely & regularly.	✓			
8. Necessary to take new strategies of group therapy for any kind of need.	✓			
9. If the therapy time schedule can change not at 2.00 pm but at morning it will be			✓	

helpful for participant.				
10. Time of group therapy need to increase.			✓	
11. Some play can include, only just play not purpose of therapy. It may will helpful for child.			✓	
12 The space of group therapy need to large.				✓

Table 7: Parents recommendation about group therapy.

Most parents recommended that this is needed to continue the therapy and include different types of new technique and try to apply it for the children. Participant 1 said that, “If there are different types of toys are very important for enrich the child brain.” Some of participant suggested about different types of equipment and large space or arrangement of the room. Participant 4 share that, “I think if the place is so bigger it will be better through all things are right to me.” Nearly all participants recommended for awareness among the parents and other school about group therapy for the children with sensory dysfunction. Participant 3 said that “If the therapist will tell us about awareness then it will be helpful for us.” Few parents think that the present feature of group therapy is ok but if there can be modify new things it will better and the therapist also can modify the play activity. Participant 2 said, “If therapists can change play type including drawing picture writing the alphabet it can improve our child more.”

Theme – 5: Parents advocate group therapy need more awareness among parents, other school who are work with autistic children with sensory dysfunction.

4.5 Conclusion

Occupational therapy is a growing profession in Bangladesh besides this sensory dysfunction is a common concept for children with autism. There are many health professional working for the autistic children. Among of them Occupational therapy has a great role for this type of children. Group therapy is a wide treatment media for children with sensory dysfunction which is provided by Occupational therapists, but at the Center for the Rehabilitation of the paralyzed (CRP) in Bangladesh there is limited group therapy practice for them.

The specific objective of this study was to know the parents perceptions about improvement and satisfaction of group therapy for autistic children with sensory dysfunction. According to data analysis it is identified that parents think their child is improving thus most of them are satisfied with group therapy. At the end of the study the results show that parents are able to gain knowledge about group therapy and sensory dysfunction of their children. They are able to express perception of improvement and satisfaction on group therapy and thus they provide some recommendations about group therapy which will help both therapist and children who have sensory dysfunction.

CHAPTER 5

RECOMMENDATION

RECOMMENDATION ABOUT THE STUDY

- In the study there was a sample used small in further studies larger groups of participants can be chosen.
- Participant's age can consider during further studies.
- Specific sensory problems can consider in further study.

CHAPTER 6

LIMITATON OF THE STUDY

LIMITATON OF THE STUDY

In this study the researcher try to best systematic way to conduct the research. As a result there are many strength point of this study such as participants education level is not considered because; this study is related with perception. The most of data was collected directly after group therapy session regarding of participants home environment. For this reason researcher could collect more appropriate data in a systematic way. Though there are many strong point of this study the limitations are also sophisticatedly agreed as following because others can easily overcome these errors.

- In this study children age and sex was not considered.
- In this study specific sense was not considered.
- To conduct study many related literature found from the international journal those are not easily accessible for the researcher.

CHAPTER 7

REFERENCE LIST

REFERENCE

According to University of South Australia 2011, The Harvard author – date referencing system 2011, Viewed 10 April 2011

<<http://www.unisa.edu.au/ltu/students/study/referencing/harvard.pdf> >.

- Ayres, JA 1987, Sensory Integration and the Child, WPS, California.
- Adams, b. James, By, Edelson, M. Stephen, Grandin, T & Rimland, B 2004, Advice for parents of young autistic children: working paper, viewd 8 November 2011, <<http://search.mywebsearch.com/mywebsearch/GGmain.jhtml?id=ZCxdm941YYBD&ptnrS=ZCxdm941YYBD&si=1208&ptb=1Zwx0lhDu8Fymv22yWkKPA&ind=2011112812&n=77df256c&psa=&st=kwd&searchfor=Advice+for+Parents+of+Young+Autistic+Children+%282004%29%3A+Working+Paper> > .
- Apraxia-kids 2011, sign symptome and background of sensory integration, viewd 25 November 2011, < <http://www.incrediblehorizons.com/sensory-integration.htm> >.
- Autism Therapy: sensory integration, Viewed, 25 November 2011, < <http://autism.healingthresholds.com/therapy/sensory-integration> >
- Ayers, JA. 1979, Sensory Integration and The Child, WPS, California.
- Ayers, JA. 1974, Sensory Integration and Learning Disorder, WPS, California.
- Arnwine, B 2006, Starting Sensory Integration Therapy, 1stedn, Sensory resources Las Vegas, United States.
- Autistic Mannerisms Reduced By Sensory Treatment, Viewed, 25 November 2011, <http://www.sciencedaily.com/releases/2008/04/080425102403.htm>
- Bellafiore, D 2011, What is Group Therapy, Viewed, 24,November 2011, < <http://www.drbalternatives.com/articles/gc1.html> >

- Bellafiore, D 2011, What is Group Therapy? DRB Alternatives inc, Integrating your inner hopes and realities, viewed 6 December 2011, <file:///F:/R%20group%20therapy.htm>.
- Bailey, DM, 1997, Research for the Health Professional A Practical guide, 2nd edn, F. A. Davis Company, Philadelphia.
- Bangladesh Occupational Therapy Association (BOTA) (2012), What is Occupational Therapy, viewed 29 February, 2012, <http://www.wfot.org/AboutUs/AboutOccupationalTherapy/WhatisOccupationalTherapy.aspx > .
- Britten 2005, patient participation in Health care consultation: Qualitative viewed 24 November, 2011.
<http://books.google.com/books?id=O7CvJEut90YC&pg=PA24&lpg=PA24&dq=britten's+stuy2005&source=bl&ots=ZNGfrhMvEr&sig=F566trBNOt26UmbvXE3h8WxTb0Q&hl=bn&ei=KkNmTeeBc_Ysgbxu83uDA&sa=X&oi=book_result&resnum=4&ved=0CCcQ6AEwAw#v=onepage&q&f=false.>
- Cindytomac 2010, Group Therapy, viewd 25 November 2011, < http://cindysoccupationaltherapy.wetpaint.com/page/Group+Therapy>
- Cherry, K 2011, What Is Group Therapy? viwed 6 December, 2011, < F:\R 1 group-therapy.htm >.
- Cincinnatti Occupational Therapy Institute. Allright Reserved, 2006, sensory integration and adaptation, viewed 25 November 2011,<file:///F:/parents%20undestanding%20about%20group%20therapy%20%281%29.htm>.
- Cohn, S E 2000, Parent Perspectives of Occupational Therapy Using a Sensory Integration Approach, Viewed, 22November,2011, <http://ajot.aotapress.net/content/55/3/285.full.pdf+html>
- Cohen, B S & Bolton, P 1993, Autism The Facts, Oxford University Press.
- Cherry, K 2011, What Is Group Therapy?, viewed 6 December 2011, < F:\R 1 group-therapy.ht >.

- Cohn, E M, Jane L & Degnen, T 1999, 'Parental Hopes for Therapy Outcomes: Children With Sensory Modulation Disorders', Review of American Journal of Occupational Therapy, Vol. 54, no. 1, pp. 36- 43.
- DRB Alternatives, Inc. 2011, what is group therapy, viewed 24 November 2011, < file:///F:/R group therapy > .
- Depoy, E & Giltin, LN 1998, Introduction to research: understanding & applying multiple strategies, 2nd edn, Mosby, London.
- Fraenkel, JR & Wallen, N 2000, How to design & Evaluate research in education, 4th edn, Mc Graw Hill, London.
- Group Therapy, viwed 6 December, 2011, < F:\groups.html >.
- G, Iarocci & J. McDonald, 2006, Sensory Integration and the Perceptual Experience of Persons with Autism, Viewed, 25 November 2011, < http://autism.healingthresholds.com/research/sensory-integration-and-perceptual-experience-persons-autism >.
- Helping Children with Autism. Treatment Strategies and Parenting Tips, Viewed, 25 November 2011, <http://www.helpguide.org/mental/autism_help.htm >
- Jane, L, Cohn, E M, & Degnen, T, Linda 2000, Parental Hopes for Therapy Outcomes: Children With Sensory Modulation Disorders, Viewed 22, November, 2011, < <http://ajot.aotapress.net/content/54/1/36.full.pdf+html >.
- Kraljic, Elizabeth, Tasy, Joanne, Agrusti, Evelyn 2007, A Review of Sensory Integration Therapy as a Treatment For Autism.
- Kuhaneck, M H (ed.) 2004, Autism A Comprehensive Occupational Therapy Approach, 2nd edn, AOTA PRESS, United states of America.
- Law, M Dr. 2006, Autism spectrum disorder and occupational Therapy, viewed 24 November, 2011. <http://search.mywebsearch.com/mywebsearch/GGmain.jhtml?id=ZCxdm941YYBD&ptnrS=ZCxdm941YYBD&si=1208&ptb=1Zwx0lhDu8Fymv22yWkKPA&ind=2011112812&n=77df256c&psa=&st=kwd&searchfor=Autism+Spectrum+Disorders+and+Occupati onal+TherapyPresented+byDr.+Mary+Law > .

- Meeting Street, 2011, Therapeutic Groups, viewed 6 December 2011, < C:\Documents and Settings\xdfyhk\My Documents\Downloads\Important Occupational Therapy with group therapy.htm >.
- Minichiello, v., Aroni, E. & Alexandr, L., 1997, In department interviewing, 2nd ed., South Melbourne, addition w Wesley, Longman Australia Pty Limited.
- Occupational Therapy, Viewed, 25 November 2011, <http://www.meetingstreet.org/OutpatientTherapy/OccupationalTherapy/tabid/187/Default.aspx >
- Occupational Therapy, viewed 6 December, 2011, < C:\Documents and Settings\xdfyhk\My Documents\Downloads\Important Occupational Therapy with group therapy.htm >.
- Owen, J 2010, 'Effectiveness of sensory integration for children diagnosed with Autism Spectrum Disorders using a group therapy approach'. Pacific University Common Knowledge, Viewed November 8, 2011.
< http://commons.pacificu.edu/otpeads/11 > .
- Occupational Therapy and Autism, Viewed 25 November 2011, <http://www.researchautism.net/autism_treatments_therapies_intervention.ikml?ra=79 >.
- Pfeiffer, A.B, Koenig, K, Kinnealey, M, Sheppard, M & Henderson, L 2011, 'Effectiveness of Sensory Integration Interventions in Children With Autism Spectrum Disorders: A Pilot Study', Review of American Journal of Occupational Therapy, vol. 65, no. 1, pp. 76-85.
- Rogers, J, Sally, Hepburn, Susan, & Wehner, Elizabeth, Parent Reports of Sensory Symptoms in Toddlers with Autism and Those with Other Developmental Disorders, Viewed, 23 November, 2011, < http://www.springerlink.com/content/h4x816664vt00188/ >.
- Ross, Mildred, Burdick, Dona 1978, Sensory Integration, A training manual for therapist and teachers for regressed, psychiatric and geriatric patient groups, Chatls, B. Slack, Inc, USA.

- Scheffkind, S, Sher, A, Asha, Collins, L. Amy, Demchick, Benen, Barbara, Geurge, M. Branda, Kane- Harrington, Ellen, Schaaf, C Roseam, Scott, B. Janie, Watling, Rence, 2010, What is Occupational therapy's roll in supporting person with autism spectrum disorder, viewed 25 November 2011, <file:///C:/Documents%20and%20Settings/xdfyhk/My%20Documents/Downloads/Group%20therapy%20&%20Occupational%20therapy.htm_ > .
 - Schaaf, C. Rosean, Miller, Jane, Lucy 2005, ' Occupational Therapy Using A Sensory Integrative Approach For Children With Developmental disabilities', Review of Mental Retardation and Developmental Disabilities Research Reviews, vol. 11, pp. 143-148.
 - Sharon, M, Ahn, R, Roianne, Miller, Jane, L, & McIntos, N. D, 2004, Prevalence of Parents' Perceptions of Sensory Processing Disorders Among Kindergarten, Children, Viewed, 22 November, 2011, <http://ajot.aotapress.net/content/58/3/287.full.pdf+html>.
 - Texas Statewide Leadership for Autism Training, 2009, Target: Texas Guide for Effective Teaching Sensory Assessment .
 - Tull, M, The Benefits of Group Therapy for PTSD, Viewed, 24, November 2011, < http://ptsd.about.com/od/treatment/a/Grouptherapy.htm >
 - Treatment Options for People with Autism, Viewed, 25 November 2011, <http://docs.google.com/viewer?a=v&q=cache:ZFIIHBmTGCEJ:www.autismtoday.com/adviceforparents.pdf+types+of+group+therapy+for+autism+childr >.
 - The Many Benefits of Group Therapy, Viewed, 25 November 2011, <http://occupational-therapy.advanceweb.com/Article/The-Many-Benefits-of-Group-Therapy.aspx >.
- WebMed, Better information better health, 2012, Banifits of occupational therapy for autism, viewed 9 March 2012, <file:///C:/Documents%20and%20Settings/xdfyhk/My%20Documents/Downloads/AuTISM%20%20%20%20%20%20%20benefits-of-occupational-therapy-for-autism.htm >

CHAPTER 8

APPENDIX

Appendix 1

Date: 9-10-2011

To
Course Coordinator
Department of Occupational Therapy
Bangladesh Health Professions Institute(BHPI)
CRP, Chapain, Savar, Dhaka-1343

Subject: Prayer for seeking permission of the dissertation .



Sir,

With due respect, I beg to state that I am a student of 4th year, enrolling in Bachelor of Science in Occupational Therapy at Bangladesh Health Professions Institute in Center for the Rehabilitation of the Paralyzed (CRP). At this stage I am intending to do dissertation as part of my course module, which is entitled 'Importance of group therapy for children with sensory dysfunction (autism): parents perspective' .

So, I therefore pray and hope that you would be kind enough to permit me to conduct the dissertation and thus helping to meet the partial requirement of the Bachelor of Science in Occupational Therapy.

Your sincerely,

Nupur Binte Lili
Nupur Binte Lili,
4th year, B Sc. in Occupational Therapy,
Bangladesh Health Professions Institute(BHPI),
CRP, Chapain, Savar, Dhaka-1343

Approved by	Comments and signature
Course Coordinator Md. Julker Nayan Lecturer & Course coordinator Department of Occupational Therapy BHPI, CRP Chapain, Savar, Dhaka-1343	<i>Approved and Good luck</i>  09.10.11
Research Supervisor Umme Aeyman Lecturer, Department of Occupational Therapy BHPI, CRP-Chapain, Savar, Dhaka -1343.	<i>Recommend to conduct the study following the proposal.</i>  09.10.2011

Consent form

Title: Importance of group therapy for children with sensory dysfunction (autism):
parents perspective

..... (Name of the investigator) has asked (Name of participant)
to take part in a research study to explore importance of group therapy for children
with sensory dysfunction (autism).

The participant has been informed of the details of this research project and the
participant has right to withdraw consent and discontinue participation from the
research project without giving reason and also agreed with the interview will take
by the tape recorder .The information given by the participant will remain confidential
and (Researcher) will not be personally identified in any publication containing
the result of the study.

If the participant have any concerns and question about research project,
the..... (Researcher) & the project supervisor will be available to
answer this sort of question.

I amis properly informed about the study and agreed to participate.

Participant's signature.....Date

Participant's name.....

Researcher's signature.....Date.....

Researcher's name.....

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velqt Bib`q mgm`v RibZ (Aiw:=K) iki`i Rb` M0`c t_iwci ctqRbqZv |

*GB Mtelbuq MtelK (MtelKi buq)..... . (AskMmbKvixi buq) tK Bw`q
mgm`v RibZ (Aiw:=K) iki`i Rb` M0`c t_iwci ctqRbqZv mgc tK RAm Ki teb |*

অংশগ্রহণকারীরা এই গবেষণার বিস্তারিত তথ্য সম্পর্কে অবগত থাকবেন, অংশগ্রহণকারীরা তাদের মতামত প্রত্যাহার করার অধিকার রাখেন এবং কোন কারণ দর্শানো ছাড়া অংশগ্রহণকারীরা এ প্রকল্প থেকে রহিত থাকতে পারেন এবং সাক্ষাৎকারের সময় ও টেলিফোনিকভাবে ব্যবহারে রাজি থাকবেন। এইগবেষণায় প্রাপ্ত তথ্য সম্পূর্ণভাবে গোপনীয় রাখা হবে এবং উক্ত অংশগ্রহণকারীকে এ ক্ষেত্রে গবেষণার ফল প্রকাশের সময় চিহ্নিত করা যাবে না। যদি অংশগ্রহণকারীদের এই গবেষণা সম্পর্কে কোন ধরনের জিজ্ঞাসাবাদ থাকে, গবেষক.....
..... প্রকল্পটির উত্তর প্রদানে বাধিত থাকবেন।

আমি উপরে বর্ণিত গবেষণায় অংশগ্রহণে সম্মত হচ্ছি।

অংশগ্রহণকারীর স্বাক্ষর তারিখ

অংশগ্রহণকারীর নাম তারিখ

গবেষকের স্বাক্ষর তারিখ

গবেষকের নাম তারিখ

Questionnaires

1. What does the ward Occupational Therapy mean to you ?
2. What does the ward sensory dysfunction mean to you ?
3. What do you mean by sensory dysfunction problem for your autistic children ?
4. What does the ward group therapy mean to you ?
5. What do you mean about group therapy and individual therapy for your child with sensory dysfunction ?
6. Are you think group therapy is important for your child?
 - a. If yeas; why do you think group therapy is important for your child?
7. Is there any improvement / change after receiving group therapy of your child?
 - a. If yeas; what type of change has occurred?
 - b. what do you think about the reason behind the change ?
 - c. If not; what do you think behind the reason that there is no change of your child?
8. Do you think you are satisfied on group therapy for your children?
 - a. If yeas; why do you think, you are satisfied?
 - b. If not; why do you think, you are not satisfied
9. Would you share your opinion or any recommendation about group therapy?

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2. Avcbvi ev"Prv mgm"v,tj vi aib m"utK"ej teb uk?
3. Mqz t_ivcx ej tZ Avcub uk ejSb?
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5. Avcbvi uk i i Rb" Mqz t_ivcx i tKvbl c¶qvRb AvtQ etj Avcub gtb Ktib uk? hv` nürnq, Zte tKb Avcub Mqz t_ivcx c¶qvRb AvtQ etj gtb Ktib?
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 L. hv` bv nq, uk Kvi tY Avcub mšó bb?
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