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DEVELOPMENT OF TRAINING GUIDE TO COPE INAPPROPRIATE SEXUAL BEHAVIOURS AMONG CHILDREN WITH NEURODEVELOPMENTAL DISORDERS IN INCLUSIVE SETTINGS

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Abstract

Neurodevelopmental disorders consist of a category of problems that begin throughout childhood and last into adulthood. The diseases are defined by developmental deficiencies that cause impairments in personal, social, intellectual, or occupational functioning. While developmentally improper sexual acting out or abusive actions that are emotionally or physically damaging to others are described as inappropriate sexual behaviours. As the number of children with neurodevelopmental disorders enrolled in regular schools rises, educators confront several problems in teaching and managing the social and behavioral development of these children. Therefore this study aimed at qualitative investigation of management techniques for inappropriate sexual behaviors among children with neurodevelopmental disorders in inclusive settings. Sample was recruited by using purposive criterion sampling technique. Data was collected through semi-structured interviews which were then audio recorded and transcribed and analyzed via thematic analysis. Results consisted of one main theme of management techniques with nine subthemes which included Psychoeducation for teachers, Sex education for Children, Parental guidance, Diversion, Physical Activity, Social stories, Dress Modification, Differential reinforcement and Video modeling. The study has several implications for society, teachers and parents. This management guide will provide the ways, by which inappropriate sexual behaviors of students with neurodevelopmental disorders can be managed in inclusive settings. Future researches can be

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done to check the efficacy of strategies in this management guide after providing proper training to the teachers in inclusive settings.

Keywords: *Inappropriate Sexual Behaviors, Neurodevelopmental Disorders, Inclusive Settings*

Introduction

Teachers have a number of challenges in managing the social and behavioral development of the growing number of children with neurodevelopmental disorders who attend regular schools (Chauhdry, 2019). When it comes to inappropriate sexual behavior among kids with neurodevelopmental issues, teachers are usually found to be uninformed about it and tolerating it too much (Tarnai, 2006). The result is that inappropriate sexual behavior spreads more widely, disturbing both them and other individuals. Hence, the current study sought to create a thorough management guide of techniques that teachers could employ to handle such troublesome behaviors of children with neurodevelopmental problems in inclusive settings. A group of issues known as neurodevelopmental disorders include those that start during childhood and persist throughout maturity. Inappropriate sexual behaviors are frequent in intellectual impairment and autism spectrum disorder, despite the fact that neurodevelopment disorders span a wide range of illnesses, as is clear from the literature (Hancock, Stokes & Mesibov, 2017).

Intellectual disability (ID) is defined by notable deficits in cognitive abilities and adaptive behavior, as evidenced by conceptual, social, and practical adaptive skills. Before eighteen years of age, this condition manifests itself (Schalock et al., 2010). Among the signs of intellectual impairment are deficiencies in the two main areas of intellectual functioning and adaptive functioning. The worldwide prevalence of intellectual disability is estimated to range from 1% to 3% (Maulik et al., 2011). Intellectual disability (ID) is found to be two to eight times more prevalent compared to developed countries. In Pakistan, estimates for severe ID range between 19.1 per 1000 to 65 per 1000 (Mirza et al., 2009). Genetic defects and environmental exposure are the two most frequent reasons for intellectual disability. Researchers consider the biological, social, behavioral, and educational vulnerabilities that influence one another over time to make up the etiology of intellectual disability to be a complicated construct (Keith, 2019).

Autism spectrum disorder (ASD) is among the most prevalent neurological disorders in children, marked by challenges in communication and behavior. This condition is defined by notable deficits

in social interactions, communication skills, and exhibits repetitive behaviors, interests, and activities (Jones & Frederickson, 2010). Statistics show that 1% of people worldwide are affected by autism (APA, 2013). There are no reliable epidemiological statistics on the prevalence of autism in Pakistan (Akhter, Aashraf & Ali, 2018). There are 350,000 children with autism in Pakistan, according to some estimates (Muqtadir, 2019). Research has shown that a significant genetic component underlies autism. In addition, infants later diagnosed with autism had significantly higher rates of prenatal and immunological issues (Amaral, 2017).

Inappropriate sexual behavior is defined as acting out in a sexually inappropriate way or engaging in abusive behavior that harms another person emotionally or physically (Kellogg, 2010). This category includes sexual behaviors that are appropriate in private but inappropriate or taboo in public. These behaviors include inappropriate touching of others, gripping their genitalia, and rubbing up against them to arouse their sexuality. Public masturbation, public stripping, and consenting sexual activity in public are examples of these behaviors (Ward, Trigler, & Pfeiffer, 2001).

These are the behaviors that parents, as well as instructors, regularly fail to notice and fail to confront. Thus, the purpose of this study was to provide a training guide for managing these inappropriate behaviors in children with neurodevelopmental disabilities in inclusive environments. An educational approach known as inclusive education forgoes prejudiced ideas, attitudes, and actions, such as ableism. As part of inclusion, special needs students are transferred from a separate classroom to a general education classroom (Goodall,2015). Inclusive education necessitates the recognition and protection of all children's and adults' rights, as well as a knowledge of human variety as a valuable resource and an integral element of all human settings and interactions. Inclusive education is a method of teaching that is free of discriminatory beliefs, attitudes, and behaviours, such as ableism.To guarantee that all children and adults belong, engage, and flourish, inclusive education necessitates putting inclusive principles into action (Cologon, 2013). Inclusion in education requires the rejection of special educational positions that focus on compensating responses to individual ‘needs,' and the adoption of a pedagogy of inclusion and a dedication to the rights of everyone to belong (Cologon, 2013).

Inclusive education needs individualized, needs-based approaches (Irvine & Lynch, 2009). According to studies, inclusive education has a huge impact on enhancing all students' social and communication skills (Ainscow, Dyson, & Weiner, 2013). Regarding including students with neurodevelopmental issues in the classroom, teachers have a variety of

viewpoints. While some teachers believe it is challenging to include children with moderate to severe social and communication impairments and that it is challenging to plan activities for such children (McKeon, Alpern, & Zager, 2013) whereas others have a positive outlook and a desire to teach in inclusive classrooms (Bryant, Smith, & Bryant, 2008). Most teachers in inclusive classes accept the need for further training (Casebolt & Hodge, 2010).

Literature Review

Literature also revealed the importance of identifying inappropriate sexual behaviors and their management among the children with neurodevelopmental disorders. According to gender differences, Ahmad (2018) investigated whether boys with ID were more active in activities like excessive or public masturbation, exposing their private parts in public, and rubbing their genitals against non-living things. Given their cultural background, it is concluded that children with ID need to have more sexuality and sex-education knowledge. Similarly, Hancock, Stokes, and Mesibov (2017) found that people with autism spectrum disorder are more self-conscious, adhere to privacy norms less easily, behave less socially, engage in less appropriate sexual behavior, and receive less sexual health education.

Jabeen (2013) also examined the inappropriate sexual behaviors of adolescents with autism and mental retardation, as well as the anxiety that their mothers experienced. An independent sample t-test revealed that teens with autism were less sociable, less aware of privacy, and more likely to engage in inappropriate sexual behavior than teens with mental impairment. It was discovered that there is a strong positive correlation between inappropriate sexual behavior and maternal discomfort using Pearson product moment correlation. The study by Busari and Olukun (2012) also focused on the sexual activities of young people with autism. Late adolescents have radically different sexual practices than their early adolescent classmates.

Furthermore, Mehzabin and Stokes (2011) found evidence in the literature that high functioning autistic individuals exhibited comparable levels of sexualized behavior and privacy awareness compared to people with typical development, but they also exhibited fewer social behaviors, less sex education, and fewer sexual activities. And they were more concerned about the future. These results highlight the requirement for sex education programmes for autism. Hellemans (2010) also looked into whether or not people with autism engaged in sexual activity at a

significantly lower rate than people with mental impairment. Along this, according to Tarnai (2006), a significant concern in studies on the sexual behaviors of people with cognitive impairments is the immense display of autoerotic behaviors that are appropriate in private but inappropriate or unlawful in public.

Also, according to a study by Stokes and Kaur (2005), teenagers with high functioning autism would be less socially adept, exhibit lesser privacy-related behaviors, be less conscious of privacy issues, receive less sex education, have more inappropriate sexual behavior, and worry more about their parents. For this group, specialized sex education programs that prioritize social interaction ought to be looked into.

Likewise, Tarnai (2006) found that excessively exhibited autoerotic activities that are acceptable in private but improper or unlawful in public circumstances are a major concern in studies of sexual behaviours of people with cognitive impairments. Excessive masturbating in public or in a distracting manner is socially undesirable and has been addressed with a number of effective treatments of varying kind. This study of the literature looks at what variables contribute to the need for intervention, how different successful treatment techniques are linked to different types of cognitive impairments, and how documented therapies have evolved from the late 1960s to the early 2000s. Self-regulation, or distinct control over the public component of masturbatory actions, is less likely to be attained in settings with more severe cognitive and social skill impairments.

Based on all previous research, there are several challenges in including children with neurodevelopmental disorders. Inappropriate sexual activities in children with neurodevelopmental problems can leave parents and teachers speechless because they are unsure of how to react or what to do. As a result, in order to avoid social embarrassment, such behaviors are either ignored or punished. This study was part of a comprehensive research project wherein Jabeen (2013) investigated inappropriate sexual behaviors in mothers of adolescents with autism, mental retardation, and stress, and Fakhra (2018) developed a list of inappropriate sexual behaviors in children with intellectual disabilities.

Both of these researches found that stress among staff and teachers who interact with special children was caused by a lack of diagnostic tools and inadequate training for managing sexual needs. As a result, a management manual or guide needs to be developed urgently to cope with such behaviors. Therefore, without being obstructed by inappropriate sexual behaviors, this management guide would help incorporating students with neurodevelopmental disorders into inclusive classrooms and promote academic success.

Objectives of the Study

The study's primary goals were to investigate strategies for addressing the improper sexual behaviors of children with neurodevelopmental disorders and to provide a thorough training manual that would enable instructors to deal with these behaviors in inclusive environments.

Research Questions

The main research queries for this study were as follows:

- How do clinical psychologists manage children with neurodevelopmental problems who engage in inappropriate sexual behavior?
- What methods can educators use to lessen these inappropriate sexual practices in inclusive environments?
- What challenges do therapists have while trying to control these behaviors?
- To which extent do these management techniques reduce such inappropriate sexual behaviors?

Methodology

Research Design

This study used a basic qualitative research approach to gain a comprehensive understanding of the management strategies of improper sexual behaviors to deal with children with neurodevelopmental challenges in inclusive settings.

Sampling Strategy

Criterion purposive sampling technique was used to recruit sample of child clinical psychologists (N=5) with following inclusion/exclusion criteria.

- Clinical psychologists with expertise in management of neurodevelopmental disorders with minimum working experience of 5 years.
- **Participant's Characteristics**

Table 1

Showing Characteristics of the Participants (N=5)

Sr No.	Gender	Age	Education	Marital status	No. of children	Employment status	Average monthly income	Experience with children	Age range of children	Any contribution in research
1	Female	32	Post graduate	Married	2	Active	40 K	6 Y	5-18 Y	No
2	Female	33	Post graduate	Unmarried	-	Active	60 K	10 Y	8-16 Y	Yes
3	Female	33	Post graduate	Married	3	Active	50 K	10 Y	3-20 Y	Yes
4	Female	39	Post graduate	Married	2	Active	90 K	18 Y	3-18 Y	Yes
5	Female	34	ADCP	Married	0	Active	60 K	9 Y	3-18 Y	No

Data Collection Tool

Data was collected from clinical psychologists through in-depth interviews by using a semi-structured guide of open ended questions related to forms of inappropriate sexual behaviors, management strategies for them, a full protocol of those strategies, their duration, results, challenges faced by clinical psychologists, and ways for overcoming these obstacles. Before the interview, participants received a demographic sheet with more detailed information about them. The interviews started off casually for around five minutes to establish rapport before moving into in-depth, thorough interviews that lasted 40 to 45 minutes apiece. To clear up any misunderstandings, some of the participants were called for second meetup.

Data Analysis

Following the interview process and transcription, the data was subjected to thematic analysis using the six steps outlined by Braun & Clarke (2006) which included familiarizing oneself with the data, creating preliminary codes, looking for themes, evaluating themes, defining and labeling themes, and creating the report.

Procedure

First, the head of department and other relevant authorities provided written approval for performing the research project. The Departmental Doctoral Program Committee approved the topic (DDPC). Criterion purposive sampling was used for selecting the sample. Clinical psychologists were surveyed in-depth to gather information for this purpose. For data analysis, the interviews were audio recorded and afterwards transcriptions. Due to Covid-19 and the participants' availability, 2 out of 5 interviews were completed online. The researcher gave the participants assurances regarding the privacy of the data and that only the supervisor had access. Interviews were transcribed, and then the data was analyzed and verified.

Ethical Considerations

The following ethical standards were taken into account when conducting the study. The participants' agreement was obtained, and they were given the option to stop participating with the study at any time. At each stage of the study process, privacy and confidentiality of the participants' information was assured.

Results

Nine subthemes i.e. Psychoeducation for teachers, Sex education for Children, Parental guidance, Diversion, Physical Activity, Social stories, Dress Modification, Differential reinforcement and Video modeling, arose from the data analysis under the main theme of management strategies. Following are the verbatims of participants related to each subtheme.

Table 2
Subthemes and verbatims extracted during Interviews Related to Theme "Management techniques"

Main Theme	Subthemes	Verbatims
Management techniques	Psychoeducation for teachers	سب سے پہلے تو ٹیچرز کو psycho-educate کیا جانا چاہئے کہ یہ یہ behaviors ہوتے ہیں، ان کو deal کرنا

		ہوتا ہے ،اگر یہ نظر آتے ہیں تو ان کو timely notice کرنا ہوتا ہے ہے ، inform کرنا ہے کہ کس کس قسم کے behaviors بچے show کر سکتے ہیں ہیں جیسے ہم لوگ سیمپل سکول میں پڑھے ہوئے ہیں تو ہمیں بھی نہیں پتا ہوگا کہ اچھا یہ behaviors بھی ہو سکتے ہیں، ہم لوگ بھی awkward behave کر سکتے ہیں وہاں پہتو وہ چیزیں یہاں پہ آ جاتی ہیں اس لیے ٹیچرز کو psycho-educate کرنا بہت ضروری ہے۔P(2) جواسکول کی ٹیچر ہوتی ہے جیسے ا inclusive settings میں عام بچوں کے ساتھ یہ بچے بیٹھ کر ٹیچ کر رہے ہوتے ہیں۔ ان ٹیچرز میں اس چیز کی shyness ہوتی ہے پھر ان کو سمجھانا ،ان کو کہنا کہ آپ نے دھیان رکھنا ہے اور اکثر جو لیڈیز ہوتی ہیں وہ unmarried ہوتی ہیں اور مطلب جنزل ایجوکیشن میں ہم ا inclusive بچے بٹھاتے۔ ان کی ٹیچر میں شرم ہوتی ہے کہ وہ اس ٹ topic پر بات کریں اور پھر ہمیں

		complain کریں اور بعض دفعہ انہیں خود ان چیزوں کا نہیں پتا ہوتا کہ sexual behavior ہے مطلب rubbing کیا ہے اس سے pleasure ملتا ہے. P(3) سب سے پہلے تو ٹیچرز کے لئے awareness اور ان کے لئے proper training پروگرام ہونا چاہیے جس میں ان کو پتہ ہو کہ یہ چیزیں genuine ہیں اور اس کو آپ نے structured way میں handle کرنا ہے۔ P(4)
	Sex education for Children	جو بڑے بچے ہیں جس طرح teens میں ہیں جو بڑے boys ہوتے ہیں ہیں ان کو پھر ہم جو ہے وہ language strategies کے through، private time کا concept دیتے ہیں کہ یہ behavior جو ہے وہ سکول میں appropriate نہیں ہے یا پبلک میں نہیں ہے ۔ آپ کا ایک private time آپ کو دیا جائے گا اس میں آپ یہ والا behavior کر سکتے ہیں اس کے علاوہ نہیں۔ P(1)

		سب سے بڑی بات کہ بچے کو -psycho educate کیا جائے کہ یہ private parts ہیں اس کو آپ نے publically touch نہیں کرنا اور پھر وہ دیکھیں کہ باقی بچے بھی واقعی publically نہیں کر رہے تو وہ بھی سیکھ جاتا ہے۔(P(4 چونکہ یہ natural need ہوتی ہے تو پھر انہیں گائیڈ کرتے ہیں تاکہ وہ masturbate کر لیں اور easy اور relax ہو جائیں ورنہ anger کے outburst ہو جاتے ہیں ۔masturbate کی side پہ ہم تب آتے ہیں جب بچے کی understanding level بہتر ہو۔(P(5
	Parental guidance	سب سے پہلے تو difficulty ہوتی ہے کہ لوگ اس چیز کو accept ہی نہیں کرتے کہ ہمارے بچے میں یہ behavior بھی ہے اس لئے ان کے والدین کو گائیڈ کیا جاتا ہے اور ان کی counseling کی جاتی ہے۔(P(3 ان کو deal کرنے کے لئے ہمارے پاس سب سے پہلے تو sexual behaviors کی

		بات کرتے ہیں تو اس میں parental psychoeducation جو ہے ناوہ most important ہے کیونکہ sometimes جو پیرنٹس ہوتے ہیں ان کو خود بھی نہیں پتا ۔کیونکہ sex جو ہے نا وہ ہمارے culture میں taboo ہے تو بچہ جب کبھی اپنے parts کو چیک کرتا ہے یا کچھ اس طرح کی چیز کرتا ہے تو parents کے لیے وہ بہت strange ہوتا ہے اور وہ خود بہت زیادہ shy feel کر رہے ہوتے ہیں ہیں۔ ایک تو انہیں بچے سے بھی ہو رہا ہوتا ہے اور at the same time کہ لوگ کیا کہیں گے ۔تو سب سے پہلے تو ہے کہ ہم parents کو proper psychoeducation دیں۔ P(4) والدین اکثر اس بات کا خیال نہیں کرتے کہ جو تین چار سال کے بچے ہیں ان کو اپنے ساتھ واش روم میں لے جاتے ہیں حالانکہ ایسا نہیں ہونا چاہیے یہ چیزیں بھی رکنی چاہیے۔ P(5)
	Diversion	چھوٹے بچوں کے لیے تو ہم ڈسٹریکشن ہی زیادہ تر استعمال کرتے ہیں اس میں یہ ہوتا ہے

		کہ ان کا رویہ جو ہے وہ اس کو متبادل مل جاتا ہے اور ان کے پھر جو مسائل ہیں وہ اہستہ اہستہ خود بخود کم ہونے لگ جاتے ہیں یا کنٹرول ہو جاتے ہیں۔P(1) چار سے دس سال کی عمر کے جو بچے ہیں ان میں یہ ڈسٹر یکشن بہت زیادہ کام کر جاتی ہے کیونکہ ان کا دھیان جو ہے وہ ہائی برین ایکٹیوٹیز کی طرف لگاتے ہیں جیسا کہ پزلز ہو سکتی ہیں تاکہ ان کا بچوں کے ہاتھ جو ہیں وہمصروف رکھیں جس کی وجہ سے وہ اپنے جو نامناسب جنسی رویے ہوتے ہیں ان میں انوالو نہیں ہوتے اور یہاں پر یہ چیز بھی میٹر کر رہی ہوتی ہے کہ بچے کے فہم کا لیول کتنا ہے بچہ اسی چیز کے مطابق جو ہے وہ ڈسٹر یکشن ٹکنیک کام کرے گی اگر اس کی ایکٹیوٹی اس کے ذہن کے مطابق ہے تو وہ اس میں انوالو ہو گا ورنہ وہ اس میں انوالو نہیں ہو گا۔P(2) جب بچہ فارغ ہوتا ہے تو اس کے پاس کرنے کے لیے کچھ نہیں ہوتا تو وہ وہی کام کرے گا اس لیے بہتر ہے اس کو مصروف کر دیں تاکہ

		اس کا دھیان کسی اور سائیڈ پر لگ جائے۔P(3) بچوں کا آپ دھیان بھٹکا سکتے ہیں مطلب اگر کوئی کام کر رہا ہے تو آپ اس کو کوئی متبادل کام دے دیں تاکہ اس کے ہاتھ وہاں پر مصروف ہو جائیں اور وہ یہ رویہ نہ ظاہر کرے۔(4) اگر 3 سے 8 سال کا بچہ ہے توہم diversionچلاتے ہیں .بچے کو snub کریں تو بچہ اچھا ہو جاتا ہے ہے یا پھر اس کو چکر لگوادیں وغیرہ۔P(5)
	Physical Activity	بلوغت کی عمر اگر ہے تو بلوغت کی عمر میں تو ورزش بہت زیادہ کام کر رہی ہوتی ہے ورزشیں جیسا کہ پیدل چلنا بھاگنا دوڑنا سائیکل چلانا مطلب کوئی بھی ایسا کام جس میں پسینے چھوٹ جائیں گے اور بچہ جو ہے وہ تھک جائے گا جس میں بچے کی جو انرجی ہے وہ استعمال ہو جاتی ہے اور بچہ نہ مناسب جنسی رویے ظاہر نہیں کرتا اور بچے کے یہ جو ورزش ہے یہ نگرانی میں ہونی چاہیے اور ایک مخصوص وقت کے لیے ہونی چاہیے تاکہ بچہ جو ہے وہ

		پتہ ہو کہ اس کو کہ دوڑ لگا کر آرہا ہے یا کتنی دیر بعد واپس آرہا ہے وہ ایک ٹائم ٹیبل جو ہے وہ اس کی پیروی کرتا ہو۔(2) ان بچوں میں انرجی دراصل بہت زیادہ ہوتی ہے اس لیے اگر اس انرجی کو اتے ہی کسی چیز کے ذریعے ضائع کر دیا جائے تو تھک جاتے ہیں جیسا کہ جب یہ آتے ہیں تو ہم ان کو کسی نہ کسی ورزش میں لگا دیتے ہیں جیسے جمپنگ کرنا یا دوڑنا یا کوئی بھی ایسی ورزش جس سے وہ تھک جائیں جیسے نارمل پھر تھکا ہوا بندہ جو ہے وہ جنسی عمل میں جو ہے وہ شامل نہیں ہوتا اسی طرح یہ بھی جب تھک جاتے ہیں تو ان کا بھی جنسی رویوں میں شامل ہونے کا دل نہیں کرتا۔(3) جو بچہ 11 سے 12 سال کا ہوتا ہے اس میں جسمانی ورزشیں بہت زیادہ کام کر رہی ہوتی ہیں تو بچوں میں زیادہ تر فزیکل ایکٹیوٹیز جو ہیں جیسے کہ سائیکل چلانا یا پیدل چلنا جس میں بچے کو پسینے آئیں وہ بہت زیادہ موثر ہوتی ہیں۔(5)

	Social stories	ہم اس age میں ان کو deprived نہیں کرسکتے تو اس لیے وہ age اور ان کی language کی جو abilities ہیں اس کے according پھر strategies، change ہوتی رہتی ہیں کیونکہ جو بچہ بڑا ہے اور اس کی لینگویج ہے تو ہم اسے social stories بھی دے سکتے ہیں۔P(1) proactive level پر جو کام کرسکتے ہیں وہ social stories ہیں۔ وہ group settings میں دکھا سکتے ہیں، انہیں بتا سکتے ہیں verbally بھی اور visually بھیکہ جس میں یہ چیزیں آجاتی ہے کہ کون آپ کو hug کر سکتا ہے کوئی kiss نہیں کر سکتا وغیرہ۔P(2) آج کل social stories کے through بچوں کو سکھاتے ہیں ہیں کہ کون سا behavior، appropriate ہے اور کون سانہیں۔P(4) social stories کے ذریعے جیسے no hugging اور no kissing in

		schoolکی سٹوری ہے ہے جس کے ذریعے ہم بچے کو سمجھاتے ہیں۔P(5)
	Dress Modification	اس میں restriction لگاتے ہیں ہم تو clothing کی مثلاً بچہ اگر ٹائٹ کپڑے پہنتا ہے ہے تو اس کے parents کو کہتے ہیں کہ اس کو ٹائٹ کپڑے نہ پہنائیں، بچے کو underwear پہنائیں ،اس کو belt پہنائیں تاکہ بچے کی access نہ رہے body partsتک۔P(2) مناسب لباس کے چناؤ جو ہے وہ بہت زیادہ matter کرتا ہے ہے کہ بچی کوڈوپٹہ دے کر بھیجیں اور اس کا دوپٹہ اس طرح سیٹ کریں کہ اس کی چھاتی چھپ (cover)ہو جائے ۔ والدین کو چاہیے کہ بچے کے یونیفارم کی پابندی کریں اور اساتذہ اس کا مکمل چیک اینڈ بیلنس رکھیں۔P (4)
	Differential reinforcement	بچے کے ساتھ ہم differential reinforcement بھیuse کر سکتے ہیں۔ اس میں بچے کو اپنی زیر نگرانی رکھا جاتا ہے اور جب جب بچہ نامناسب رویے میں مبتلا ہونے کی بجائے کسی مناسب سماجی رویہ اظہار

		کرتا ہے تو جیسا کہ اپنے جسمانی اعضاء کو چھونے کی بجائے ڈرائنگ بنانا ہے یا رنگ بھرنا ہے تو فورا بچے کو کوئی نہ کوئی چیز دے دی جاتی ہے انعام کے طور پر جو چیز اس کو پسند ہے۔(4)
	Video modeling	ہم modeling بھی کر سکتے ہیں، modeling میں ہوتا ہے کہ ہم جو بچے کو کلاس میں بتاتے ہیں یا گھر میں ماں بتاتی ہے کہ اس طرح سے نہیں کرنا اور ساتھ ساتھ prompting کرنی پڑتی ہے یا اس کے علاوہ ہم visually بھی کر سکتے ہیں کہ جیسے ان کو کوئی ویڈیو دکھادیں اور visual cues دے دیں کہ آپ نے touch نہیں کرنا ادھر۔P(4)

Discussion

It was discovered by Tarnai (2006) that educators frequently fail to recognize and tolerate inappropriate sexual behavior in children with neurodevelopmental disorders. In order to address these difficult behaviors of children with neurodevelopmental issues in inclusive settings, the current study investigated solutions that instructors can apply.

Sex education is the second theme that the study identified. Koller (2008) showed that developing positive self-esteem requires appropriate sexuality education. Additionally, Sullivan and Caterino (2008) claimed that people with autism spectrum disorder need to be educated on sexuality. The study found that individuals with these disorders frequently engaged in sexual behaviors. Caretakers and service providers may find it difficult to include this group in educational and communal settings because some of these behaviors violate social norms for acceptable

interpersonal behavior. Hence, sex education is crucial for these individuals.

Additionally, Ballan and Freyer (2017) examined how the physical and emotional changes that occur during puberty can present serious challenges for individuals with autism spectrum disorder (ASD). Specialists in mental health, particularly those working in the area of sexuality education, can help address these changes. The results of all of the aforementioned studies are in line with the emerging theme of sex education in the current study.

Social stories were the other theme that arose in the present study. The earlier literature backs up this theme. According to Gutierrez (2016), people with autism have trouble understanding social skills, and when they are misused, they may negatively affect a person's social circle, employment, and even legal implications. Use of a research-based intervention like social storytelling is essential as a result. Smith (2014) also emphasized the importance of social tales in preventing a range of undesirable social behaviors, including obsessive, hazardous, and improper sexual behavior. Additionally, Graetz, Mastropieri, and Scruggs (2014) adapted social storytelling to lessen improper behaviors in teenagers with autism spectrum disorders. The results suggested that two of the participants' behavior was immediately improved by social storytelling, and that these improvements were maintained.

Differential reinforcement is a further theme that arose from the data analysis. It has strong support in the literature. Functional communication training (FCT), a form of differential reinforcement of an alternative behavior, was used by Fisher et al. (2000). Extinction and FCT combined effectively to decrease a number of problematic behaviors, such as public masturbation. Following the successful reduction of target behaviors through FCT, alternative activities, punishment, and the reinforcer delay phase were introduced. Furthermore, functional communication training (FCT) was used by Najdowski et al. (2008), which decreased public masturbation and groping at other people's genitalia.

Implications of the Study

The study's implications for society, educators, and parents are multifaceted. This management guide will describe how to address inappropriate sexual behavior in inclusive settings with students who have neurodevelopmental disorders. The efficacy of the techniques in this management guide can be assessed through additional research after instructors in inclusive settings have received the necessary training.

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