

Experiences of the Mothers to Cope with the Problem Behaviors of the Children with Special Needs during Coronavirus (COVID-19) Process

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Abstract: Babies are born into different families, cultures, environments; their first interaction environment is the family. This study investigates the opinions of the mothers who have children with special needs based on the experiences to cope with the children's problem behaviors in the Coronavirus pandemic process. This study was designed in the qualitative research method. Eleven mothers whose children continue to special education rehabilitation centers in a provincial center in the Southeastern Anatolia Region constitute the participant group of the study. The data obtained using the semi-structured interviews were analyzed with the content analysis method; the findings were described under eight main themes. While observing that the mothers were responsible for in-house communication during the staying home process, their feelings were loneliness, not usually receiving support from partners and relatives. Mothers stated that their children showed self-harm, aggressiveness, and nonrestraint; suggested that the special education institutions' managers and teachers' professional competencies should be strengthened regarding distance education process; family-based effective intervention programs should be developed.

Keywords: Coronavirus (COVID-19), parent-child interaction, positive behavior support, problem behavior, child with special needs

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Introduction

Babies are born in different families, cultures, and environments. Their development is affected by the environment in which they grow up as well as genetic factors. However, the development process is mainly shaped in accordance with environmental factors (Aydin, 2014, pp. 3-15 Senemoglu, 2005, pp.1-15). The first environment of interaction for the child is the family environment. In a sense, the first source in which happiness is felt, to love, to be loved, and other social-emotional satisfactions are experienced is the family in the first years of life. However, the family is also the first place to experience and feel the conflicts, fights, and emotional stress. In this regard, the children get the most harm as a result of the negative experiences that resulted from the interaction between the family members or external factors (Skinner et al., 2006). Thus, emotional conflicts, verbal and physical violence in the family lead to interparental conflict; mostly cause negative behaviors in children. Children experience the social environment for the first time after the family environment. They have a different experience with the adults, their teachers, and peers independently of their parents when they start school life. The children are expected to interact with the people in their environment in both academic and social sense (Taner-Derman & Basal, 2013). In this regard, it is possible to observe positive relationships in the school experiences of the children who experience a healthy communication process in the family environment. However, children may sometimes show a behavior not accepted by the norm for different reasons. These behaviors may cause various problems both in the house and the classrooms. These behaviors which are stated as unacceptable behavior in the literature are called "Problem Behavior" (PB). Problem behavior is defined by Carr and Durand (1985) as behavior that prevents people from taking part effectively in society and can harm both themselves and the people around them, and they make social participation difficult for individuals because they can cause injury and are dangerous (Dunlap, Johnson & Robbins, 1990). Erbas (2002) drew attention to the reasons, process, and results of the behavior; described PB as children's having difficulty in following the instructions given by the educator in the classroom, having problems in forming positive communication and interaction with the peers, teachers, family, relatives, and neighbors, harming their peers or themselves. Starting from these definitions, what is experienced before and after the problem behavior should be examined as well as why, how, and with whom it may occur. For example, when behavior is examined concerning the place and time it occurs, behaviors of being sad, combative, aggressive, and violative in the classroom or a social environment are not accepted by society. Thus, these behaviors are behaviors that may prevent learning for the individual and their environment, affect the interaction with their peers negatively, and harm them when they occur in the classroom (Erbas, 2002). They may also affect learning negatively. Yucesoy-Ozkan (2016) stated that these behaviors hinder themselves and their peers from learning and that they may cause a negative effect on social interaction and harm the individual and his/her environment. In brief, three main factors are critical in determining if a behavior is PD; learning, social interaction, and security. Thus, it is suggested to assess if a behavior has factors that threaten the

individual or his/her environment. It is necessary to observe and thoroughly examine what happens before, during, and after the behavior to assess the behavior. Because it is necessary to have information about how many times and how often it lasts to define behavior as a problem. Thus, these behaviors are behaviors that have gained continuity, making social participation difficult (Carr & Durand, 1985; Dunlap, Johnson & Robbins, 1990; Erbas, 2002; Erbas, 2005; Erbas, Kircaali-Iftar & Tekin-Iftar, 2007, pp.7-15). In this regard, the most important aspect of observation results and assessment data is that the factors causing the problem are known and they allow practices that reduce or prevent its occurrence (Erbas, 2002; Erbas, 2005; Erbas, Kircaali-Iftar & Tekin-Iftar, 2007, pp.7-15). Another important subject is that it is not appropriate to directly label some behaviors of the children as PB. It is necessary to determine whether the behavior shown is observed in their peers and the stimulus before and after this behavior occurs. Thus, it is not enough for a behavior to be described as a problem by one person. For example, while a teacher defines finger tapping on the desk as a problem, another teacher may not see it as a problem. Thus, it is necessary to determine whether a behavior is a real problem in the scope of PB definition (Erbas, Kircaali-Iftar & Tekin-Iftar, 2007). It is suggested to make a detailed examination of the reasons for the behavior primarily to define it as a problem behavior. Because this behavior should be reduced or eliminated by preventive and effective interventions in the following process if the behavior is really a PB.

It has been stated in the literature that there are different reasons for the children to show PB. In other words, the children aim to reach an aim or target by showing these behaviors (Crone & Horner, 2003, pp. 29-35). While attention seeking, achievement and avoidance behaviors can be among the reasons, self-reasons, home environment-based reasons, in-school and classroom reasons, environmental events, reasons for harming their environment and themselves also lead to these behaviors (Kanlikilicer, 2005; Yucesoy-Ozkan, 2016). Besides determining the reasons for this behavior, it is necessary to assess the behavior concerning appropriateness to the age of children, intensity, duration, and gender roles (Erbas, Kircaali-Iftar & Tekin-Iftar, 2007; Kanlikilicer, 2005; Koska, 2019). Because the PBs shown by the children can tend to last a lifetime if no intervention is made. Thus, it has been suggested to investigate the reasons by examining whether a behavior is a problem; lastly to develop intervention plans particular to the behavior (Erbas, 2002; Erbas, Kircaali-Iftar & Tekin-Iftar, 2007). When examining the reasons for PB, definitions related to the disability area of the child, parental roles, and negative experiences can be seen. In this regard, functional assessment is a highly effective definition. The process of collecting information and deciding about the stimuli, premises, and results emerged before the occurrence or non-occurrence of problem behavior, which is determined by taking the information stated in the personal file of the children into account and using the interviews conducted with his/her environment, is referred as *functional assessment* (Erbas, 2005). According to the functional assessment viewpoint, it is thought that not all the behaviors shown by the children are problems and these behaviors do not occur in accordance with the disability of the child; there can be a situation or event that triggers the behavior (Erbas, Kircaali-Iftar & Tekin-Iftar, 2007). Functional assessments

provide a base for effective plan preparation and implementation of the plan. In this sense, functional assessments serve for preparing plans to cope with the PBs that continue despite the precautions taken by teachers at school and parents at home and determine what kind of reaction will be given to which behavior at what time (Guner Yildiz & Kurtova, 2017). It has been suggested to use proof-based behavior change techniques to prevent or reduce the increase in the severity of the problem behavior in time and the negative effects of these behaviors both to the daily life and educational life of the children. It is necessary to prepare behavior change/new behavior-building plans, including proof-based techniques for these existing behaviors and to apply these intervention plans (Erbas, 2002). Consequently, to cope with the problem behavior of the child in both home and school environment, it is necessary to a) form positive environments, b) prepare positive behavior support approaches-based and proof-based programs, c) form and cooperate with a team for fighting with PBs, d) prepare and implement assessment process, including all students, e) cooperate with the family, f) search and find the source and reasons of the PB, g) prepare intervention programs for the problem behaviors at home/school (Erbas, 2002; Sprague & Horner, 2007; Horner, Sugai & Anderson, 2010; Piskin, Ogulmus & Boysan, 2011). The purpose of the action plans prepared is to decrease the problem behaviors, increase the appropriate behaviors, and the children's life quality. These practices serve for the increase in the social acceptability of the child. The positive behavior support approach (PBS) is a proof-based program that is implemented to decrease the problem behavior (Erbas, Kircaali-Iftar & Tekin-Iftar, 2007; Yucesoy-Ozkan, 2016).

Role of the Family and Teachers in the Positive Behavior Support (PBS) Process

PBS is a multi-component set of proof-based strategies used to increase the life quality of the children. It decreases the occurrence, severity, or effects of the problem behavior (Government Association, 2014; Positive Behavioral Interventions and Supports, 2018). It is an approach that adopts the principles of Applied Behavior Analysis (ABA), aims to decrease the inappropriate behaviors and increase the appropriate behaviors (Erbas, 2005). ODD is based on four main characteristics. These are making regulations and interventions regarding the problem behaviors/the behaviors to be increased using proof-based practices, using *multi-intervention methods* instead of standardized intervention for the individual, being important and necessary for the individual *based on individual's life*, and lastly being *sustainable* (Dunlap, Sailor, Horner & Sugai, 2009). Including the family and the teachers in applying these components supports the balance between home and school life. In a sense, the behavior change techniques applied at home and school support the classroom and home environment and social participation by taking the individual's critical period into account. While school and classroom-based practices are prominent in coping with PB in educational environments, parents at home take over the teachers' role at school.

The intervention to the problem behaviors that emerge at early ages at home is highly significant given that the early childhood period is the most important step in the life

circle and it is necessary to cope with the problem behaviors in this period and even prevent the occurrence of the situation and events that trigger the behavior. This period is critical because it constitutes the main age range for all areas of development and the problem behaviors shown in early childhood may have higher effects on the child and other individuals in the following developmental period. Hence, following the behaviors in the early childhood period well, observing and preventing the child's problem behavior provides a base for the language development, mental development, and social-emotional development areas. For example, the children who have a problem in the social-emotional development step have difficulty in healthy communication with the individuals in their environment; they cannot express themselves can cause negative behaviors. Individualized intervention programs are implemented to support the children's social-emotional development, decrease the PBs, and improve appropriate skills. This intervention program is referred to as the pyramid model in the literature. This model consists of three stages for preventing problem behaviors in the early period: primary, secondary, and tertiary prevention stages. The steps have included in the PBS programs are implemented in these stages. While the primary prevention includes the precautions that can be taken by observing the PBs before they emerge; the secondary prevention includes the intervention program for the behaviors of the children who did not respond to the primary prevention and are considered to be at risk. Tertiary prevention includes intensive and individual intervention programs regarding the problem behaviors of the children who did not respond to the primary and secondary preventions. This model aims to obtain positive results by focusing on the negative behavior, to focus on decreasing PBs, and supporting positive social-emotional development (Hemmeter, Fox & Hardy, 2016; Tomris, 2012). In this process, parents with whom they stay together most and experts (such as preschool teachers) who work in early childhood have a great responsibility (Hemmeter, Fox & Hardy, 2016). The parents' most important contribution to the PBS process is that they collect thorough information by assessing their children in different environments at different times. Thus, the parents are the key elements of an appropriate intervention program in the PBS process. PBS-based interventions can be implemented throughout the school to decrease and prevent PBs in the school age. School-based practices are a system approach that provides the necessary social, behavioral, and cultural support for the children to gain social and academic success at school. When examining the literature, studies, including problem behavior management and positive behavior support regarding the teachers and families draw attention (Celik, 2012; Ozbeyp, 2010; Ozbeyp, 2012; Ozen, Colak & Acar, 2002; Toret et al, 2014; Tomris, 2012). In a study conducted by Celik (2012), it was stated that the problem behaviors of the children decreased in the home environment as a result of the family-based program implemented; a study by Tomris (2012) shown that the families make explanations to the children or punish the children after the problem behavior. Ozbeyp (2010) drew attention that the inter-family communication shapes the problem behaviors seen in the children and the attitudes of the family are significant. Ozen, Colak and Acar (2002) concluded that mothers have learning needs about how to deal with the problem behaviors. Toret et al. (2014) found out that the PBs affect the lives of the children; Ozbeyp (2012) found out that the parents think the PBs increase to

gain attention in the home environment. Another factor that is as important as cooperation for implementing the PBS process at home and school is how to apply and plan positive behavior support in the changes in experiences due to sudden situations. For example, families of many children with or without special needs (SN) had difficulty managing the process at home during the Coronavirus (COVID-19) process, which emerged as a global pandemic. The families stated that they have difficulty in coping with the PB and they need support about how they should behave (Yildirim, Karahan, Demiroz, Sener & Ozaydin, 2020). In this sense, it is important to examine the parent's processes to cope with the PBs of the children at home and determine their support needs. Because COVID-19 led to decisions regarding the education, health practices, and social life in our country like all the world, the education of the children with and without special needs was supported at the home environment through distance education. Continuing the education in the home environment revealed the need for cooperation of the families with the teachers and experts about how to apply effective interventions in the process. As the pandemic has started a new process, it has been thought that studies about the experiences of the parents about how to cope with the problem behaviors of the children at home are needed and this study was planned. In this study, the communication types that families establish with their children during this long process that they spend at home, and most importantly, experimental experiments aimed at overlapping the areas they need and take support can be considered as a distinctive aspect. The fact that the PBs of the children with special needs were determined according to their own opinions based on their lives specific to the coronavirus period is also considered a distinctive aspect of this study. Besides, because the home support needs of the children in different need groups were examined and the opinions of the mothers who spend the most time with the children with special needs were taken is other prominent characteristics of this study. The findings based on the opinions of the mothers who participated in this study can contribute to supporting the education services in the scope of distance education. Besides, it can contribute to a healthier transition period based on institution and home resulted from the fact that the private special education centers started service on July 15th, 2020. Consequently, a need for examining the COVID-19 experiences of the mothers who have children with special needs arose; accordingly, this study investigates the experiences of the mothers who have children with special needs to cope with the problem behaviors during COVID-19. For this purpose, the answers to the questions below have been sought:

During COVID-19, what do the mothers who have children with special needs (SN);

1. What do you think about the changes in household routines?
2. Observe the interaction between the children with special education needs and other children. What do you see?
3. What do you think about the changes in the behaviors in the children with special education needs?

4. What is your experience in the process of coping with the problem behaviors of the children?
5. What do you think and suggest as the support areas they need and the regulations to be made in this regard?

Method

This part includes information about the study design, participants, researchers, data collection tool, data collection, and analysis.

Study Design

In this study, the data was obtained using the semi-structured interview and the qualitative research design was used. The semi-structured interview technique was used to provide flexibility to the mothers for the answers they gave during the interview. In this sense, individual interviews were conducted with the mothers.

Participants

The purposive sampling method was preferred in determining the participant group of this study (Miles & Huberman, 1994, p. 28). The purpose of preferring the purposive sampling method is to reach information about the experiences of the mothers who have children with special needs in the coronavirus period. Patton (2001, p. 238) emphasized that the participants of the study are determined in accordance with some predetermined criteria in the criterion sampling method. Thus, the participant group of this study in which criteria sampling based on purposive sampling was used consisted of 11 mothers whose children continued to special education centers affiliated to the Metropolitan Municipality of a province in South-eastern Anatolia Region and private special education and rehabilitation centers in the same city center. The criteria determined for the participation in this study were: Being the parent of a child with special needs, having reported the need for support to cope with the problem behaviors of the children to the principal or teachers of the institution that the children continued face-to-face education before the coronavirus pandemic, having accepted to participate in the study on a volunteer basis. First, the principals of the institutions were talked to via phone and online, the purpose of the study was explained and the permissions were taken (verbal-with voice record). Telephone interviews were conducted with the mothers who were contacted through principals of the institutions, the purpose and the ethical rules (such as introducing the research group, confidentiality of the information, not using the data except for scientific purpose, introducing the consent forms, and recording the interviews with voice recorder based on a voluntary basis) were explained. They were informed that there were no right or wrong answerst to the questons to be asked, their opinions and approvals of volunteer

participation were obtained, and it was stated that they had the right to withdraw from this study at any stage they wanted. The reason for preferring voice recording and online interviews in determining the participants and conducting the interviews is that the coronavirus pandemic process and accordingly, the lockdowns continue. Thus, the researchers preferred institutions that have a cooperation protocol in the educational-social and cultural sense with the institution they work in and include special education services; conducted interviews with the authorities of these institutions. One-to-one permission was obtained from the mothers who agreed to participate in this study before the interviews, and the permissions were also confirmed at the beginning of the interviews. The ethics committee permission of the study was obtained from Hasan Kalyoncu University, Institute of Social Sciences (E-804.01-2009300018). The mothers's demographic information and the children with SN are shown in Table 1.

Table 1.

Demographic Information of the Children with Special Needs and their Mothers

Participants	Code Name	Characteristics of the Mothers			Characteristics of the children with SN		
		Age	Profession	Education Level	Age	Gender	Diagnoses
Mother1	Selin	32	Housewife	Associate Degree	6	Boy	ASD
Mother2	Ayşe	25	Housewife	Secondary School	4.5	Boy	ASD
Mother3	Fatma	30	Housewife	High School	5	Boy	ASD
Mother4	Ayda	38	Teacher	Undergraduate	8	Boy	ASD
Mother5	Leyla	35	Housewife	High School	3	Boy	ASD
Mother6	Gülay	32	Housewife	Illiterate	8	Boy	MD
Mother7	Ayşen	41	Housewife	Secondary School	7	Girl	MD
Mother8	Nisa	29	Housewife	Elementary School	7	Boy	MD
Mother9	Narin	39	Housewife	High School	3.5	Girl	HI
Mother10	Melis	30	Housewife	Secondary School	8.5	Boy	HI
Mother11	İnci	26	Housewife	Elementary School	3.5	Boy	HI

**ASD: Autism Spectrum Disorder, MD: Mental Disability, HI: Hearing Impairment

As shown in Table 1, the ages of the mothers varied between 25 and 41. They were housewives except for Ayda. According to the education level, the children of the mothers who were graduates of primary school and secondary education are between the ages of 3 and 8. Nine of the children were boys and two of them were girls; they had ASD, MD, and HI.

Researchers

Planning, preparation of data collection tools, determining the participant groups, permissions, interviews, data collection, analysis, transferring the analysis results into findings and reporting processes of this study were conducted by one faculty member, three instructors, and one classroom teacher who worked in the Ministry of National Education. Two of the researcher had an undergraduate degree in the special education field, one researcher had an undergraduate degree in classroom teaching and the other researcher has an undergraduate degree in preschool teaching. The first two authors continued their doctorate, third and fourth authors continued the graduate studies during this study. Four of the researchers had experience of 3-20 years in the special education field. Plannings were made regarding this research in the scope of doctorate courses in the 2020 spring term; primarily, the studies in the literature were examined, and the studies about the needs of families and teachers in COVID-19 period were comparatively examined. The instructors and the classroom teacher who worked in the Ministry of National Education took the responsibility of data collection, transferring the data to the digital environment, and analysis of the data; the faculty member took the responsibility of literature review, determining the subject field concerning method and content, analysis of the data, guidance in reporting, coordination of the research process and the ethical permission, spell check and giving feedback. The instructor and three authors who were in the study team had lecturing experience and academic studies about the qualitative research methods.

Data Collection Tool

The data were collected using the semi-structured interview in this study. To collect the data, first:

- a. Characteristics and problem behaviors of the children with SN,
- b. Proof-based practices in preventing and decreasing the PBs,
- c. Studies based on problem behavior, Positive Behavior Support approach, home-based intervention programs, and behavior change techniques conducted with the children with SN, their parents, and teachers were examined. National and international study reports, articles, and book chapters were read in the first two months (February-March 2020) and they were discussed in the scope of doctorate courses in the related weeks and extracurricular research meetings. An interview question pool was then created based on the literature and

submitted for the expert opinion. The form created was sent to two faculty member experts who had working experience with special education field early childhood assessment, families, and teachers of the children with special needs. The experts' opinions about the questions were taken under the titles of "appropriate, not appropriate, and should be changed". The interview form took its final form following the opinions of the field experts about the interview form. The interview form, which took its final form, consisted of two parts. The first part consisted of the information about the child with special needs. The second part consisted of the information about the parent and the interview questions. The interview form consisted of 11 open-ended questions.

Data Collection and Analysis

The mothers who agreed to participate in this study were interviewed via telephone because face-to-face interviews increase the risk of spreading the pandemic during the COVID-19 and because of the lockdowns. Before the interview, appointments were made with the mothers for the day and time when they were available, and permissions were received to record the interviews. This study was conducted through telephone interviews with the mothers who accepted to participate in this study because of the pandemic's contagion risk. Pre-interviews were conducted before the interviews with the mothers. In the pre-interviews, the mothers were informed that the voice recordings would be taking at the time of the interviews, there should be no other people in the room so that the voices would not interfere and the telephone should be in a room with a good cell signal. The mothers stated that they conducted the interviews in a silent room without other people. The researcher conducted the interviews in the study room of their house to not face a problem during voice recording. The researchers first organized their home environment as a silent, appropriate environment in which they could record voice and take notes on the interview day. Then, while starting the interview, the mother was reminded of this study's purpose, and her approval was taken for the voice recording. The same questions on the interview form were asked to all mothers who participated in this study in the same order. The interviews were completed in 24 days between 24.04.2020-18.05.2020. The interviews lasted approximately 20-40 minutes (total interview data=400 minutes). Code names were given to the mothers and the family members mentioned during the study (children with SN) due to ethical factors. After the data collection, the interview transcript was written in the Microsoft Word document by the instructors and collected in a single file. Eighty-five pages of data were obtained in total as a result of the transcription of all interviews. To determine the correctness of the transcripts, inter-evaluators reliability was calculated; the consistency of three interview transcripts and voice records were examined. It was seen that there was no difference between the transcripts and voice recordings as a result of the examination. In the analysis of the data obtained, the content analysis method was used; concepts were provided to explain the data. Content analysis is the emergence of themes and sub-themes that enable to explain the data by reaching concepts from the data obtained (Yildirim & Simsek, 2018, pp.242-254). Repeating statements were

determined by reading the data obtained, and codes were created. Then, by bringing the relevant codes together, themes and sub-themes were created. Eight main themes and 49 sub-themes were developed as a result of data analysis. For the reliability between coders data calculation regarding the themes obtained, the codes, themes, and sub-themes determined by both authors were calculated using $(\text{Agreement}/\text{Agreement} + \text{Disagreement}) \times 100$ formula developed by Miles and Huberman (1994). 89% value was obtained with the calculation.

Findings

This section of the present study includes the opinions of the mothers who have had children with special needs about the problem behaviors that occurred in their children during COVID-19, and their experiences during staying at home. Table 2 shows the problem behaviors that the mothers experienced most during COVID-19 as the children stayed at home, support needs of the family, and the children regarding these behaviors and the support they received from the special education institution they continued, school and experts. The findings shown in Table 2 also construct a base for the main theme and sub-themes of the present study.

Table 2.

Experiences of the Children with Special Needs during the Stay-Home Process

Experiences	Participants
Needs during COVID-19	
Social Adaptation	M1, M2, M6
Problem Behavior	M4, M10
Language and Speech	M6, M7, M8, M9
Learning Disability	M11, M3
Problem Behaviors Emerged in Stay-Home Process	
Tantrum	M1, M2, M3, M4
Yelling	M1, M5
Harming oneself and others	M6, M7
Crying	M1, M2, M3
Stubbornness	M4, M8, M9
Getting offended and angry when not receiving what they wanted	M11
The Area in which Support is Needed during Stay Home Period	
The Ability to Control his/her Anger	
Social Adaptation Skills	M1, M2, M3
Coping with Problem Behaviors	M4, M5, M6
Language and Speech Skills	M1, M3, M4, M7 M7, M8, M9, M10
Type of the Support Received during COVID-19	
Via WhatsApp	M6, M7, M8, M9, M10
Not Receiving Education	M2, M3, M4, M5
Activity Table	M5
Support via Video and Photograph	M6, M11

Answers to the open-ended questions included in the demographic information form

were analyzed in Table 2. While the mothers stated that they needed support for language speech and coping with the problem behaviors in the stay home process, they also mentioned their need for supporting the social adaptation and learning processes of the children with SN. Mothers stated that they were mostly informed via WhatsApp in the pandemic process; they emphasized that the problem behaviors of the children were often seen as tantrums, crying, stubbornness; their answers to the questions about their experience of coping with the problem behaviors of the children with SN were described under eight main themes and 49 sub-themes. Each main theme and the sub-themes related to that theme were given as tables with the direct expressions of the mothers.

I. Main Theme: Problem Behaviors

Table 3.

Problem Behaviors Arisen in COVID-19

Main Theme	Sub-Theme
Problem Behaviors	<ol style="list-style-type: none"> 1. Self-destructive Behaviors 2. Not being able to Control Oneself 3. Aggressive Behaviors

In the first theme, the mothers stated that the children's problem behaviors and self-destruction behaviors increased in the pandemic period; they were not able to manage their anger. They emphasized that they often showed these behaviors as hitting themselves, slamming the door, throwing themselves to the ground, and hitting their heads; they showed these behaviors when they could not express themselves or could not get what they wanted. **Leyla** stated the situation as, "*He gets angry faster, that's to say, and he gets angry and yells. Actually, he throws himself to the ground when he cannot receive what he wants.*" In the aggressive behaviors sub-theme, mothers stated that their children showed anger, combative behaviors, spitting, licking, sudden yelling, and hitting behaviors. **Selin:** "*It's an incredibly tiring process, I can't even explain. He became more aggressive, angrier and his reactions got ugly. I think, it resulted from staying home.*"

II. Main Theme: Reasons for Problem Behavior

Table 4.

Reasons for the Problems Arisen in COVID-19

Main Theme	Sub-theme
Reasons for Problem Behavior	<ol style="list-style-type: none"> 1. Lack of Social Skill 2. Gaining Attention 3. Receiving an Object 4. Characteristic Trait 5. Attitude of Parents 6. Giving Feedback to the Reaction Shown after Problem Behavior

Ayşe, one of the participants who stated the problem behaviors shown by the children in this process under the lack of social skills, gaining attention, receiving an object, characteristic trait, attitude of parents and giving feedback to the reaction shown after problem behavior sub-themes, stated her opinion about lack of social skills as "*he cannot explain as he cannot express himself, has no social skills, so it affects him.*" **Ayda** stated her opinions about her child's characteristic trait as "*My son is stubborn, so he yells and hits when he cannot get what he wants.*" **Fatma** said "*he became extremely angry. He takes the phone and calls the police to make a complaint against me. I yell, and then he yells stronger.*" for the giving feedback to the reaction shown after the PB sub-theme.

III. Main Theme: Methods to Cope with Problem Behaviors and their Effects

Table 5.

Mothers' Methods to Cope with Problem Behavior in COVID-19 and Effects of the Methods

Main Theme	Sub-theme
Methods to Cope with Problem Behavior and their Effects	<ol style="list-style-type: none"> 1. Threatening 2. Ignoring 3. Paying off 4. Offering a Choice 5. Deprivation 6. Rewarding 7. Punishment 8. Giving Time for Expressing themselves (Effect) 9. Expect Kindliness from Mother (Effect)

As stated in Table 5, it draws attention that mothers use threatening, ignoring, paying off, and offering a choice, deprivation, rewarding, giving time for expressing themselves, and punishment methods to cope with the problem behaviors in the third main theme. The mothers stated that they observed a decrease in the problem behaviors or more violence use in the children after threatening, ignoring, paying off,

and deprivation methods included in the sub-themes related to the main theme. **Selin** stated that her children expect kindness from her, while **Aysen** stated that she uses rewarding among the methods to cope with PB. **Aysen** said, "We try to manage the process with games with Ela, but we use rewarding for Hüseyin. Otherwise, it's too difficult." and drew attention that the method to cope with the behavior differed according to the personal characteristics of the children.

IV. Main Theme: Change in the Daily Life before and after COVID-19

Table 6.

Pre-COVID-19 Routines and Changing Daily Life according to the Mothers

Main Theme	Sub-theme
Chance in the Daily Life Before and after COVID-19	<ol style="list-style-type: none"> 1. Importance of the Continuity of the Routines 2. Importance of Social Relation 3. Negative School Experience 4. Breaking the Routines 5. Diversity in the Types of Home Activities 6. Need for Access to the Technological Devices 7. Increase in Cleaning Habit

Mothers emphasized that they had routines before COVID-19 and their children had a social life. Mothers, drawing attention to the increase in the PBs during the pandemic, stated that they had observed these behaviors less in their children before. They stated the problem behaviors increased because the time spent at home got longer and the routines started to break; they were left alone in the problems that resulted from the problem behaviors they experienced during COVID-19. **Fatma**, one of the mothers who drew attention to their experiences about communication with the teacher, said "*We removed Kerem from school before Corona. He was showing behavioral problems. The teacher said to remove Kerem from school; she said he was not appropriate. Thus, we removed him from the school. We had already suspended education, on our own.*" and stated that they removed the child from the school before the pandemic and stopped the education with their own decision. These main topics became prominent in the experiences of the mothers in the home education process after the COVID-19 related regulations: Breaking the routines, type of the activity (traditional games, artistic activities, sports activities, and water games), need for access to the technological devices and gaining and increasing cleaning habit. When examining the opinions regarding these sub-themes, **Selin** said, "*School is closed; we are always at home, telephone, television. I can say that he became addicted likewise. I say we shall watch cartoons for half an hour at most. He shows extreme reaction to this now; he yells.*" and stated that the problem behaviors of the children with SN increased in this period in which the time spent at home increased. Mothers mentioned that they diversified the activities and focused on traditional games as their time increased.

V. Main Theme: Support Process Provided to the Child during COVID-19

Table 7.

Support Process Provided to the Child during COVID-19

Main Theme	Sub-theme
Support Process Provided to the Child during COVID-19	<ol style="list-style-type: none"> 1. Providing Continuity in Education 2. Support of Volunteer Foundations 3. Family Education-Cooperation-Intra-Family Information 4. Positive Teacher Attitude 5. Educational Videos -Public Service Ad

In the fifth main theme, concerning their experiences in the support process provided to their children during COVID-19, mothers emphasized that they found the support of the volunteer foundations, family education-cooperation-family information to provide continuity highly positive, they also emphasized that the educational videos and public service announcements were very facilitative for themselves and their children. **Ayşe**, expressing the importance of the support of volunteer foundations, explained that they received information and support from the institution and people they met in online education more than the institutions they continued and said: "*I met an institution on social media. They directed us to the special education teacher. They incredibly helped us in this process.*" Mothers stated opinions about the support provided for explaining coronavirus to the children concerning another positive effect of online expert family meetings and public service announcements. For example, they stated that they benefited from educational videos and public service announcements; visuals and animations were more effective in explaining the virus than verbal expressions. **Ayda**: "*We didn't have a television at home, we had put it away. But we bought a television. He started to watch the advertisements. He understood better. We explained but he didn't use to wear a mask. He saw and even wears a mask now.*" and she mentioned the effects of the mass media for her 8-year-old son who has an autism spectrum disorder diagnosis on showing the behaviors he watched. In brief, mothers drew attention to the effects of interaction with teachers and information from the institutions for the family and the child.

VI. Main Theme: Needs Arisen in COVID-19

Table 8.

Needs Arisen during COVID-19

Main Theme	Sub-theme
Needs Arisen during COVID-19	<ol style="list-style-type: none"> 1. Need for the Educational Adaptations 2. Need for Family Education 3. Lack of Providing Support for Inclusive Student 4. Need for Peer Support and Positive Effects in School Environment 5. Need for Social and Psychological Support 6. Need for Educational Appliances

Mothers drew attention that there were some deficiencies besides the supports they were satisfied during COVID-19. They stated that the area in which they needed support most was the behavior management at home and how to provide educational support to their children. They also emphasized that these needs were not decently met. Mothers stated that legal regulations were needed for the homeschooling period to be efficient due to the lack of educational adaptations, deficiencies in family education, and deficiencies in providing support to inclusive students; they also stated that they experienced some problems because the children were out of school environment and there was no peer interaction. For example, they stated that the siblings who show typical development also showed unwanted behaviors besides the children with SN who were devoid of positive peer support, following the examples in school, and interaction. **Selin**, one of the mothers who stated that they experienced inadequacy in educational adaptations-preparing and using educational appliances, explained the deficiency in family education by saying: "*Individual social support is needed. Teachers should inform us. We don't know how to cope with the process. We are in a difficult situation and attitude. We could have received support for this.*" **Leyla** said: "*a group was created on the phone, the teacher send them all there. My children cannot do the same homework.*" and stated that the educational adaptations should be special to the child and the support she received was inadequate.

VII. Main Theme: Experience of the Mothers during COVID-19

The seventh main theme of this study, pandemic experiences of the mothers included how they coped with the problems and the difficulties they experienced. The opinions in this theme were listed under the titles of COVID-19 and the family communication, psychological process- emotional reactions, increase in technological device addiction, the effects of working hours, taking more responsibilities, quality of time spent with the child, compromise on oneself, differences in mother roles and lack of father's support. The mothers stated that family communication was affected due to the working hours that changed during COVID-19. Given that the time spent at home by the working mothers and fathers differs. For example, because a father who works in the daytime and is at home in the evening cannot see his child in the daytime due to the changing working hours and the child goes to sleep when he comes home late in the evening emphasizes that the interaction has come to a stopping point in a sense. Thus, it was stated that the children longed for their working parents. Another topic that the mothers drew attention about the communication was sibling relationships. Mothers, stating that the communication between the siblings was disrupted, observed that the time spent at home caused a decrease in the quality of sharing and positive interaction. **Ayşe**: "*Unfortunately the relationship between siblings has problems. Obstinate, yelling, and fights have increased. There is no harmony.*" **Gülay**: "*His father comes home tired as he works. So, he cannot take care of him much. He sometimes read books to Hikmet. This process tired us so much".*" **Fatma**: "*My husband is on the night shift anymore, we work in turns. He comes home late at night and Ali is already asleep when he comes and he misses him so much. He tags along with his father when he*

"doesn't go to work." Another sub-theme emphasized by the mothers in the seventh main theme was related to the changes in the emotional reactions in the psychological process during COVID-19. Mothers, expressing that they felt lonely, helpless, guilty with the decrease in social support, stated that the roles differed in this process, technological device addiction increased and they had difficulty in sustaining positive relations at home. For example, **Nisa** expressed her emotional reactions by saying: "*I am really tired now; we feel like death, I feel suffocated, it's too difficult to live together at home.*" On the other hand, it is possible to see participant opinions that emphasized the positive aspects of the time spent at home. One of the opinions that draw attention was that the long time spent at home because COVID-19 pandemic increased technology addiction both for the mothers and the children.

Table 9.
Experience of the Mothers during COVID-19

Main Theme	Sub-theme
Experiences of Mothers during COVID-19	1- Changing Family Communication 2- Psychological Process - Emotional reactions 3- Increase in Technological Device Addiction 4- Changes in Working Hours 5- Quality of Time Spent with the Child 6- Compromise on oneself 7- Differences in the Mother Roles 8- Lack of Father's Support

VIII. Main Theme: Opinions and Suggestions

The last main theme of this study consisted of the opinions and the suggestions of the mothers. Mothers emphasized the necessity of providing psychological and social support to the families of children with SN, teaching them how to cope with problem behavior, educational support, nutrition, and physiotherapy. In this sense, they stated that it was necessary to increase the number of family education, technological support, and distance education quality; suggested that these preparations should include action plans, including education periods and vacation and emergencies. They stated that the education was given as much as possible through both communication instruments (TV, radio) and directing parents during COVID-19; they indicated that these were not sufficient; they needed support for behavior management and how to cope with PBs in this period in which the PBs increased. **Selin** said: "*Children are always at home anymore, they want to go out, outside is dangerous. We try to explain but he hits the door and cries. He has tantrums, screams. I do not know how to behave.*" and drew attention that they needed knowledge to cope with the difficulties they experience.

Table 10

Opinions and Suggestions

Main Theme	Sub-theme
Opinions and Suggestions	<ol style="list-style-type: none"> 1. Providing Psychological and Social Support 2. Teaching How to Cope with Problem Behavior 3. Educational Support 4. Nutrition and Physiotherapy Support 5. Increasing the Family Education 6. Technological Support 7. Increasing the Quality of Distance Education

In conclusion, the findings described in eight main themes above which focused on the experiences of the mothers and obtained from their opinions showed that the mothers took more responsibility in care, communication, education, and health in the stay home process. Mothers stated that they felt lonely, did not receive support from their husbands and relatives mostly; emphasized that they needed support about the physical, educational and process-based regulations for turning the home into a qualified education environment although they had an opportunity to spend more qualified time with their children with special needs. They stated that the education and family support provided by the institutions during COVID-19 were inadequate. The mothers, stating that they questioned the quality of face-to-face education and homeschooling in this process, indicated that homeschooling should not only mean giving homework, practices without educational regulations were not effective in coping with the problem behaviors.

Discussion and Results

Two main factors can be mentioned as the source for this study. The first factor is the education of the children with special needs and the effects of negative behaviors on this educational process, the other factor is the methods of the families to cope with the negative behaviors observed in the children and experiences of the mothers about the education of their children in homeschooling process due to COVID-19. The study was conducted with 11 mothers; participant opinions were described under eight main themes. The opinions of the mothers generally focused on the problem behaviors of the children with SN during COVID-19, reasons of this behaviors, their methods for coping with these problem behaviors, routines before COVID-19, and changes in the daily life after COVID-19; negative effects of COVID-19 on family and child education, social relationships. The literature supports the opinions of the mothers. Lockdowns, uncertainties, working from home or differences in the working hours of a family member, not being able to continue to the school or education which emerged with COVID-19 affected the family life pattern. These changes caused differences in the behaviors of the parents; led to changes in family life. For example, with the sudden changes, the families cannot control their behaviors against the reactions given by their children in home life and may overreact. COVID-19 can be one of the reasons for

observing these behaviors in parents. As the behaviors of the adults can affect the children, the parents must be a model at home and support their children in the adaptation to the changes process (CDC, 2020). In the first theme, while mothers defined the children's problem behaviors at home, they explained these problems as self-destructive behaviors, not being able to control themselves, and aggressive behaviors. It is seen in the literature that the parents state hitting, fighting, pushing, biting as the examples of problem behaviors shown by the children in the home environment (Tomris, 2012; Toret et al., 2014). Mothers stated that they need support for how to cope with the PB; this need coincides with the finding about the necessity of providing support to the families for coping with the PBs of their children in the literature. Because, it has been emphasized that when the families respond to the PBs of their children with yelling, deprivation, using violence, and these behaviors cause the children to give sudden reactions, become angry, and have tantrums. It is necessary to show positive behaviors opposite to the PB, calm them down, and make explanations in this process. It has been suggested to the parents to create playtime with their children, enable sharings to increase social communication, showing role model behaviors that will remind the children that they are a member of the family via giving them responsibilities in the family, creating home routines based on the interests of the children in this period spent at home (Erdinc, Kaya & Irice, 2020; Parenteau et al., 2020). In the second theme, the mothers stated the reasons for their children's problem behaviors as lack of social skills, gaining attention, receiving an object, characteristic trait, attitude of parents, and giving feedback to the reaction shown after problem behavior. In a study with similar findings, it was stated that lack of social skills causes problem behaviors; the fact that the social skills increase while the PBs of the children decrease as a result of implementing the program created drew attention (Celik, 2012). There is a similarity between the mentioned study and the finding of this research. In another theme, methods to cope with problem behaviors and their effect, it is seen that the methods mentioned by the mothers are threatening, ignoring, or punishment. They stated that these methods increase the PBs and the children make the mothers' reactions more violent. Tomris (2012) stated that the mothers mostly use the punishment method against their children's problem behaviors. Another result of this study is the negative effects of the fact that the children with special needs stayed away from education during COVID-19. Their routines broke, and they couldn't see or couldn't spend enough time with family members. Thus, the children had difficulties during COVID-19 since they kept up with a new routine and stayed away from the education they had regularly received. The children with special needs (with SN) who continue their education with individualized education plans had a difficult experience both in education and social interaction as they stayed in the home environment and due to the lack of social and physical activities. In the studies that examined the experience patterns of the children and families in this (pandemic) process, (Colizzi, Sironi, Antonini, Ciceri, Bovo & Zoccante, 2020; Narsizi, 2020) similarly emphasized that the families had anxiety about their health to be protected from during COVID-19 pandemic and had to cope with the problem behaviors due to the changes in daily routines of the children. Yildirim, Karahan, Demiroz, Sener and Ozaydin (2020) drew attention that the parents had anxiety because their children stayed away from

education. They also stated that the routines broke caused problem behaviors, they had difficulty coping with the PBs and observed progress in some positive habits of the children.

The mothers underlined that the appropriate supports to strengthen the family life should be provided to minimize the negative experiences they had in the pandemic process. In this respect, mothers' opinions about their experiences of coping with PBs are similar to the research findings. The necessity of family support education programs is emphasized in the literature (Tomris, 2012). Home-based practices given to the families provide information about what to do for the education of the children (Sanli, 2012). In this sense, the necessity for creating appropriate routines and timetables, preparing educational environments taking the children's age and developmental characteristics into account becomes prominent even though they are at home (Miller, 2020). Another prominent finding is the interaction with siblings and parents in the time spent together. In their study, Erdinc, Kaya and Irice (2020) stated that behavior patterns that challenge the parents such as wanting more sharing, messing up the toys, disorganization, washing the hands more often or less, hitting, screaming, and not obeying home safety precautions among the siblings with or without special needs. Another effect of the COVID-19 is the lack of freedom of action in children and an increase in the fights and violence among children with the increase in the time spent at home. Mothers, indicating that the communication between the siblings was disrupted, stated that they observed a decrease in the quality of sharing and positive interaction in the time spent at home. In a similar study conducted with the children who have siblings with ASD, Sengul, Erdem and Fazlioglu (2020) stated that the behaviors of the siblings change and they incline away from each other as the PBs increase. In two different studies by Orsmond and Seltzer, it was indicated that having a sibling with SN and autism causes adaptation problems and problem behaviors; family members have a stressful life as a result of this situation (Orsmond & Seltzer, 2000; Orsmond & Seltzer, 2007). Besides, the opinions of the mothers about the problems their children with SN experience with their children who show typical development show similarity with the finding that states the siblings with typical development are disturbed by the behaviors of their siblings with special needs towards themselves (Kahraman & Soylu Karadayi, 2015). Aytekin (2016) stated that the siblings experience communication problems among them because the children who have siblings with SN do not know how to communicate with their siblings and how to cope with the problems. Thus, the sibling who has stayed at home for a long time in the pandemic period could have had problems as they do not know how to communicate with their siblings with SN and do not have enough information and experience about their needs. Another important finding is the mothers' opinions about the support they received/didn't receive from the experts, institutions/organizations, or teachers in which their children receive education regarding their children's education in their COVID-19 support process experiences. The negative opinions stated by the parents regarding the fact that the need of their children and themselves were not properly handled, their need for expert support increased, and this need was not properly met during COVID-19 show similarity with the study conducted by Pavlopoulou, Wood & Papadopoulos

(2020). It has been stated in this study that the families have a feeling of loneliness and helplessness when they need support and this need is not met as stated by Pavlopoulou et al. (2020). The mothers mentioned that they do not want their children's education to be interrupted, so they meet their need for information and support via volunteer foundations, educational videos, and public service announcements. They also emphasized the need for digital environment materials specific to each disability type. This finding shows parallelism with the finding that states digital support use can constitute a positive effect in the special education process (Sani Bozkurt, 2017). Consequently, while mothers coped with the intra-family relations and PBs on the one hand, they had to cope with the difficulties resulted from the lack of educational regulations for their children and lack of family education on the other hand. Thus, the need for social and psychological support increased; however, problems were experiences because they could not access these supports. This finding and the findings of the research findings, which focus on the needs of the families in the pandemic period conducted by Yıldırım et al. (2020) are similar. It also draws attention that the mothers also state the opinions about the family participation, needs of the family, educational adaptations specific to the disability type in the literature. Support needs of the families regarding the family functionality, difficulties faced in the early childhood period and the experiences about how to cope with these difficulties are similarly mentioned in the findings of the studies conducted by Sardohan Yıldırım and Akcamete (2014); Kaytez, Durualp and Kadan (2015); Pavlopoulou, Wood and Papadopoulos (2020).

When generally examining the findings obtained in this study, they are consistent with three main problems seen in the education of the children with special needs in the pandemic process stated in the United Nations Report (2020). The report states that the families have difficulty in reaching the materials, the importance given to the education is inadequate and learning gaps arose in the coronavirus period. In this study, the mothers stated that effective intervention plans should be prepared. This suggestion had also been stated in the findings of the study conducted by Asbury et al. (2020) and emphasized the significance of evaluating the special needs of the families and taking concrete steps to meet these needs. When examining the family life and experience of coping with the PBs of the children with special needs in the pandemic process, it is seen that the mothers handled this process on their own and they thought they deprived themselves Lack of father's support and the mothers tried to constitute the balance at home on their own may have caused tiredness and burnout in this process. It has been stated that when there exist factors that affect their life negatively and they do not receive support to cope with this negative situation, the mothers may think they are lonely, experience a psychological breakdown related to the increase in the stress and anxiety (Asbury, Fox, Deniz, Code & Toseeb, 2020; Eshraghi et al., 2020; Parenteau et al., 2020; Sivrikaya & Ciftci-Tekinarslan, 2013). Mothers also stated that they observed an increase in technology addiction due to physically spending time in the same environment (home) constantly; thus, the family communication and their relation with their children were damaged. Opinions of the mothers about the technology addiction show similarity with the finding stated in the

study conducted by Pavlopoulou, Wood and Papadopoulos (2020) that states the fact that the addiction of the primary caregivers of the children to the technology-based communication instruments, online sources should decrease.

In brief, the mothers who participated in this study want to learn how to cope with the problem behaviors to support their children. Thus, they stated they need counseling and education. Similarly, Ozen, Colak and Acar (2002) have emphasized that the mothers need counseling to cope with the problem behaviors, need psychological and social support in this challenging period in the literature (Karahan, Yildirim, Demiroz & Ozaydin, 2020; Toseeb, Asbury, Code, Fox & Deniz, 2020).

Suggestions

The results of the study provide the following suggestions regarding the family, teachers, and the authorized institution-people. Education about the definition and reasons of the problem behavior and how to cope with the problem behaviors may be given to the families. Especially planning based on face-to-face education and distance education processes, related action plans can be developed. Planning based on the children with SN and their families should be created. These regulations should also take the type and level of the disability of the child, characteristics of the family environment, and needs of the parents into account. Online education environments can be developed, sharing of information and experience can be provided; the needs of the families and the children can be met in the scope of social support. Intervention can be performed regarding the improvement of the administrative knowledge and skills related to the distance education process of the institution administrators and the teachers of the special education institutions. Digital education seminars can be prepared by the universities affiliated with the Higher Education Institution (YOK) and research and application centers. It can be suggested to create sources regarding meeting the psychological and physical needs of the families who have children with SN in a pandemic, natural disaster, or a similar negative condition. Digital environments in which the feedbacks to improve educational and environmental regulations to the best condition possible for the families and their children with special needs can be created. Awareness studies to make the fathers' role more effective in supporting the child with special needs in education and different developmental areas can be conducted; education regarding the fathers can be organized.

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