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The Inclusion of Autism Spectrum Disorder in Mainstream Classrooms: Teachers' Perspectives

by

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DISSERTATION

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Department of Clinical Psychology

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**THE INCLUSION OF AUTISM SPECTRUM DISORDER
IN MAINSTREAM CLASSROOMS: TEACHERS' PERSPECTIVES**

presented on December 9, 2020

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Table of Contents

Dedication.....	v
Acknowledgements.....	vi
Abstract.....	1
Literature Review.....	2
Autism Spectrum Disorder Criteria.....	4
Impact of ASD.....	8
The Stigma of ASD.....	10
Inclusive Classrooms.....	16
Inclusion Obstacles.....	24
Statement of Purpose and Present Study.....	28
Methodology.....	30
Interpretative Phenomenological Analysis (IPA).....	30
Participants.....	31
Data Collection.....	32
Data Analysis.....	33
External Audit.....	35
Results.....	36
Full Data Set.....	36
Challenging but Rewarding.....	36
Varied Support.....	41
Balance of Knowledge Gathering.....	43
Across Grade Levels.....	46
Guessing Versus Reality.....	46
Growth and Transitions.....	47
Across Schools.....	49
Discussion, Limitations, Implications and Future Directions.....	49
Discussion.....	49
Research Question 1.....	50
Research Question 2.....	51
Research Question 3.....	51
Research Question 4.....	52
Research Question 5.....	53
Research Question 6.....	54
Research Question 7.....	55
Limitations.....	56
Clinical Implications.....	57
Future Directions.....	59
Researcher's Personal Reflection.....	60
References.....	62
Appendix A: Permission Request Email to School Districts.....	69
Appendix B: Permission Email Request from Teachers.....	70
Appendix C: Informed Consent Form.....	71

Appendix D: Demographic Questionnaire	73
Appendix E: Teacher Interview Protocol.....	74
Appendix F: Request Email for External Audit	77
Appendix G: Tables of Superordinate and Emergent Themes	78

Dedication

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Abstract

This dissertation explored the unique experiences of general education teachers teaching in an inclusive classroom (which will also be referred to as a “mainstream classroom”) with a combination of students with and without autism (which will also be referred to as “autism spectrum disorder” and “ASD”). This was a qualitative research study that applied the *Interpretative Phenomenological Analysis* (IPA) research method, as presented by Smith, Flowers, and Larkin (2009). The participants in this study were seven general education teachers, each of whom taught kindergarten or fourth grade. Purposive sampling was used to gain a better understanding of the teachers’ experiences across the elementary school careers of students with autism. Four teachers taught in Massachusetts, two in New Jersey, and one in New York City. Out of the seven participants, three were kindergarten teachers and the remaining four were fourth-grade teachers. Through semi-structured interviews, participants’ experiences were shared. The data analysis involved generating emergent and superordinate themes of teacher perceptions to aid in the understanding of the teachers’ experiences. This study explored whether these experiences differed across grade levels and geographic locations, and how they compared across the full data set. Finally, the findings were discussed in the context of previous literature, what the limitations were to this study, what future directions there were for research on this topic, and my personal reflection.

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Keywords: autism spectrum disorder, inclusion, general education teachers, IPA

The Inclusion of Autism Spectrum Disorder in Mainstream Classrooms: Teachers' Perspectives

Literature Review

High Prevalence Rates

Classrooms in the late 1990s and early 2000s saw the prevalence of students with autism spectrum disorder (ASD) had risen significantly since laws such as the *Education for All Handicapped Children Act* were passed in the 1970s and 1980s (Busby et al., 2012; EAHCA, 1975). According to Crosland and Dunlap (2012), schools across the United States reported they saw as much as an 800% increase in the number of students with autism since 1992. This was considered the “fastest growing group of students served in special education” (Barnhill et al., 2011, p. 75) and was one of the most prevalent disabilities in school settings (Cappe et al., 2017). This increase in our nation’s classrooms was a result of the dramatic increase of autism spectrum disorder in the United States (Busby et al., 2012). According to the Centers for Disease Control and Prevention, the prevalence rates of ASD increased in the United States’ general population from 1 in 150 children in 2000 to about 1 in 68 in 2012 (Centers for Disease Control and Prevention [CDC], 2012). A more recent study by the Centers for Disease Control and Prevention (CDC; 2020) suggested that in some areas of the country, the prevalence was closer to 1 in 54 children for children who had received an ASD diagnosis by age 8. As of 2014, there was a higher prevalence of ASD in male children (1 in 34) compared to female children (1 in 144; Autism Speaks, 2020).

On a global level, ASD has affected roughly 1–2% of children (Cappe et al., 2017). At this time, there are many theories about why our society has seen such a dramatic increase in individuals being diagnosed with autism. It is unclear if there is a true increase in prevalence or if it could be explained by other factors, such as greater awareness of autism. Some researchers

hypothesized that diagnostic changes, which have clarified or expanded upon the definition of autism spectrum disorder, were to blame, while others suggested that there was an overidentification of autism (Hansen et al., 2015; Hertz-Picciotto, & Delwiche, 2009; King & Bearman, 2009; Lobar, 2016). For example, individuals who were originally diagnosed with Asperger's disorder and childhood disintegrative disorder were later classified under the umbrella term Autism Spectrum Disorders. Therefore, those with these two previously separate diagnoses were later considered individuals with ASD (Durand, 2014). This increase has raised considerable concern and confusion, especially for families seeking medical and educational services (Hansen et al., 2015).

ASD in Schools

There has been a push towards including high functioning students with ASD in general education classrooms. This trend stemmed from discussions related to the civil rights movement which led to the *Education for All Handicapped Children Act* (Education for All Handicapped Children Act [EAHCA], 1975), later revised as the *Individuals with Disabilities Education Act* (Individuals with Disabilities Education Act [IDEA], 2004). These laws helped provide a free public education for children with autism and other disabilities in the least restrictive environment. Before the 1970s, it was considered unusual to have students with autism in the public school system (Barnhill et al., 2011; Busby et al., 2012; Campbell, 2006; Harrower & Dunlap, 2001; Hossain, 2012).

Historically, students with autism were segregated from their typically developing peers, as well as segregated from society. The inclusion of students on the autism spectrum in educational settings was a highly complex and controversial topic, that was often misunderstood (Harrower & Dunlap, 2001; Lindsay et al., 2014). There is stigma attached to the word "autism"

that remains in society (Kinnear et al., 2016). According to the National Autistic Society (NAS), “an inclusive education system is a vital building block of a more inclusive society” (Batten, 2005, p. 94). Advocacy groups and organizations and professionals in the field of psychology continue to take the steps to increase knowledge and eliminate the stigma attached to autism, especially in the educational system (Campbell, 2006).

Autism Spectrum Disorder Criteria

There were significant changes made to the diagnostic criteria for ASD between the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV*; American Psychiatric Association, 1994) and *Fifth Edition (DSM-V*; American Psychiatric Association, 2013). According to the DSM-V, autism spectrum disorder (ASD) is defined as “a lifelong neurodevelopmental disability encompassing a spectrum of characteristics that include persistent deficits in communication and social interaction across multiple contexts, and the possible presence of restricted, repetitive behaviors” (Sanz-Cervera et al., 2017, p. 212). The DSM-V (American Psychiatric Association, 2013) states that the social deficits in ASD include deficits in social-emotional reciprocity, nonverbal communicative behaviors used for social interaction, and developing, maintaining, and understanding relationships. To be diagnosed with ASD, individuals must also present with at least two of the following restricted, repetitive behaviors: (a) stereotyped or repetitive motor movements, use of objects, or speech; (b) insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress to small changes, difficulty with transitions, rigid thinking patterns); (c) highly restricted, fixated interests that are abnormal in intensity or focus; and/or (d) hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (American Psychiatric Association, 2013). Individuals on the autism spectrum may also present

with significant behavior problems (e.g., aggression, self-injurious behaviors, noncompliance) that may interfere with a child's learning in the classroom (Williams et al., 2005).

There are three levels of ASD: (a) Requiring Support, the first and most mild level; (b) Requiring Substantial Support, the second level; and (c) Requiring Very Substantial Support, the third level, which is for those individuals with ASD who are the most impaired (American Psychiatric Association, 2013). Level one, or "Requiring Support," is characterized by some noticeable impairments in social communication (e.g., disinterest in the social interaction and/or difficulty initiating conversations) and some inflexibility in the child's behavior (e.g., trouble with transitioning to a new activity). These deficits are apparent when supports are not put into place for the child. Children who fall under level two, or "Requiring Substantial Support," have apparent deficits in both verbal and nonverbal communication (e.g., limited initiation, discussion of narrow or special interests, "odd" nonverbal communication) and demonstrate restricted, repetitive behaviors (e.g., more difficulty with change and/or observable repetitive/restricted behaviors). The impairments under level two are present even when there are supports put in place for the child and interfere with the child's functioning in many contexts. Children with level three ASD, or "Requiring Very Substantial Support," have significant deficits in social communication and inflexible behaviors. Their communication is often very limited, and they demonstrate great distress with changes. These deficits significantly interfere with the child's functioning in all contexts (American Psychiatric Association, 2013).

The symptoms of autism must be present very early on in childhood. ASD symptoms typically become apparent at around 24 to 36 months of age, although some symptoms may not manifest completely until social demands are higher (Arif et al., 2013; Rangasamy et al., 2013). There is a growing push for early diagnosis due to the proven benefits of early intervention

services. Early intervention services vary depending on the severity of the disorder and the child's needs. Medication and behavioral skills training are some examples of the early intervention services provided for this population. Despite the increase in services available, there are still many children who are not identified and diagnosed until entering school. There was research that suggested that due to the variability of the symptoms and how they were expressed, there was a problem of under-identification of this population (Huerta & Lord, 2012). Children who have a higher need and, therefore, are lower functioning, are often easier to identify than the children who are considered higher functioning (Anglim et al., 2018).

High functioning autism is not a term used in the *DSM-V* but has been used to describe individuals diagnosed with ASD who do not present with difficulties related to an intellectual impairment. In fact, these individuals often present with average to above average intellectual abilities (Crosland & Dunlap, 2012; Montgomery et al., 2016). Recent studies found that in some areas of the United States, as many as 50% of children diagnosed with ASD were considered high functioning (Crosland & Dunlap, 2012). There is little known about the actual cause(s) of ASD, although many theories exist (Arif et al., 2013). Recent studies suggested that susceptibility to this disorder involved both a genetic and environmental component (Crosland & Dunlap, 2012; Malik et al., 2019; Rangasamy et al., 2013).

Change in Diagnostic Criteria of Autism Spectrum Disorder

In the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, *autistic disorder* or *autism* fell under the general category of “pervasive developmental disorders,” which also included *Asperger's disorder*, *childhood disintegrative disorder*, *Rett's disorder* and *pervasive developmental disorder not otherwise specified (PDDNOS)*; American Psychiatric Association, 1994; Durand, 2014). The American Psychiatric Association changed

the diagnostic criteria in the DSM-V so that autistic disorder, Asperger's disorder, and childhood disintegrative disorder, as well as a new disorder, *social communication disorder*, were classified along a spectrum (autism spectrum disorder). Rett's disorder and PDDNOS are no longer considered under the same category as ASD in the DSM-V (Blumberg, et al., 2016; Durand, 2014; Wing et al., 2010).

Comorbidity

An important distinction is that a diagnosis of autism spectrum disorder cannot be assigned if the symptoms are due to an intellectual disability or global developmental delay; however, a co-morbid diagnosis of ASD and an intellectual disability is possible (American Psychiatric Association, 2013). Approximately 1 in 5 individuals with ASD have a co-occurring intellectual disability (Savoy, 2014). The criteria that differentiate ASD from an intellectual disability includes impaired nonverbal social behavior, lack of social reciprocity, and restricted or repetitive behaviors (e.g., strict adherence to routines; Pedersen et al., 2016). The symptoms of ASD and attention-deficit/hyperactivity disorder (ADHD) also commonly co-occur. In fact, attention difficulties are among the most frequently reported difficulties for individuals with ASD (Ashburner et al., 2010). In studies conducted across the United States, the range of individuals with ASD who presented with comorbid ADHD symptoms in clinical centers was reported to be between 37% to 85% (Leitner, 2014). However, research about the comorbidity of ASD and ADHD was still preliminary (Ashburner et al., 2010; Leitner, 2014). A third common set of comorbid diagnoses are anxiety disorders. The most common anxiety disorders to co-occur with ASD are social phobia (30% comorbidity rate), generalized anxiety disorder (35% comorbidity rate), obsessive-compulsive disorder (37% comorbidity rate), and separation anxiety

disorder (38% comorbidity rate; Nadeau et al., 2011). According to Nadeau et al. (2011), “up to 80% of children with ASDs experience clinically significant anxiety” (p.1).

Impact of ASD

Familial Stress

Parents of children with ASD experience high levels of stress compared to parents of typically developing children. Roughly two-thirds of mothers of children on the autism spectrum have reported significant levels of stress (Baker-Ericzén et al., 2005). Depression is also common among mothers of these students. The stress is often the result of the child’s level of functioning, intellectual profile, and problematic behaviors. Parents of a child with ASD often have difficulty relating to their child due to social and cognitive impairments. The child may exhibit aggressive behaviors which are difficult for the parents to manage. Caretaking responsibilities may also place stress on the parents because this population requires various services be put in place to improve the skills the child lacks. These services are difficult to obtain and interacting with many different professionals can be a challenge. Not only are time and energy spent finding and accessing these intervention services, but they are also very costly (Baker-Ericzén et al., 2005).

A family’s cultural background also plays a significant role in their level of stress, whether or not they accept the diagnosis, and how they choose treatment. Despite the largely unknown origins of ASD, different cultures express differing views on this matter. Some cultures express a negative view of this spectrum of disorders (e.g., some Asian Americans believe that it is a punishment for violating a religious, ethical, or cultural code), while others may demonstrate a more positive or neutral view (e.g., some Latino mothers believe it is a blessing from God). Families’ acceptance of the diagnosis may also vary based on child rearing beliefs (e.g., interdependence versus independence). Those beliefs may influence whether a family chooses

professional services over nontraditional treatment modalities (e.g., folk healers) or stronger reliance on family members, friends, or clergy (Ennis-Cole et al., 2013). Furthermore, individuals from minority groups may be misdiagnosed early on. Research has shown that African Americans are less likely to receive an ASD diagnosis at their first visit with their pediatrician. In fact, this population is more likely to have diagnoses of ADHD, adjustment disorder, and conduct disorder. It has been hypothesized that racial and ethnic discrepancies may be the result of misperceptions by the physician (Ennis-Cole et al., 2013).

Lifespan Expenses of ASD

As mentioned previously, individuals with ASD are placed along a spectrum and presented with varying social deficits, unusual behaviors, and medical problems. Due to this variability, the lifetime expenses families spend on members with ASD also varies (Autism Speaks, 2014; Ganz, 2007). These expenses include both medical and nonmedical (i.e., special education) services. In 2014, the organization Autism Speaks reported that this care for individuals with autism spectrum disorder cost U.S. society roughly 61 billion dollars per year, and the number continued to increase as the prevalence of ASD increased (Autism Speaks, 2014). The annual cost of care for these individuals is anywhere between 85% and 550% higher than the cost for their typically developing peers (Newschaffer et al., 2007). This number varies based on not only the individual's age, but also the severity of the disorder. Over the years, the number of treatments and possible prevention strategies also contributed to this large sum of money. With the number of individuals diagnosed with ASD increasing, more research is being conducted to distinguish the most effective intervention and prevention strategies (Ganz, 2007).

Underprepared for Adulthood

Adults with ASD struggle with under- and unemployment and often work in temporary or low wage positions. In 2014, the employment rate of adults with ASD was between 4.1% and 11.8% (Wehman et al., 2014). As the incidence of ASD changed dramatically over the past few decades, there was a push for more transition-based education in classrooms (Wehman et al., 2014). Transition-based education must be an active, collaborative process that begins before the student leaves school. The personnel involved should be mindful of how many challenges these individuals face and attempt to make the process as seamless as possible. For example, environments that involve social interaction and communication are extremely challenging for most individuals with ASD, which means jobs requiring a lot of interaction with other people can be difficult for them. Another obstacle this population faces in adulthood is independence. Consequently, many of these individuals live with their caregivers throughout the lifespan and do not develop the necessary self-care skills for living on their own. The research suggests that through inclusion in the mainstream classroom, these students had more opportunities for working on their social and adaptive skills necessary in adulthood because they were placed with typically developing peers. For many professionals and families, inclusion is described as an effective intervention for these students (Sansosti & Sansosti, 2012; Wehman et al., 2014).

The Stigma of ASD

One of the biggest challenges individuals with ASD and their families face is the *stigma* of ASD. Stigma is defined as “an attribute that is deeply discrediting and reduces the individual from a whole and usual person to a tainted, discounted one” (Kinnear et al., 2016, p. 942). The stigmatized population possess a quality that is viewed unfavorably by other members of society (Martin & Bassman, 2013). According to Kinnear et al., the process of stigmatizing a population

involve four components. The first component involves identifying and labeling the differences in others. The next component is stereotyping, or making assumptions, about the stigmatized population. The process of stigmatizing a population also includes people distancing themselves from the population. Emotions such as disgust, fear, or annoyance often come up in the stigmatizing group, while the stigmatized population may feel emotions of shame, belittlement, and embarrassment. The final component involves the stigmatizing group using those stereotypes and acting on those emotions to discriminate against the stigmatized population (Kinnear et al., 2016). Due to a lack of public knowledge, misleading media portrayals, and the overall complexity of ASD, the stigma surrounding autism is still very present in the United States (Martin & Bassman, 2013).

History of the Definition of Autism

Individuals with autism were once viewed as dangerous and mentally ill people who were often institutionalized by their families. Eugene Bleuler was one of the first to use the word *autistic* in 1912. He used the term to describe social withdrawal in patients with schizophrenia; in fact, he incorrectly viewed autism as another form of schizophrenia (Martin & Bassman, 2013). Three decades later in 1943, Leo Kanner introduced the label of *early infantile autism* to describe this unique disorder and he described two features that were necessary for the diagnosis: “extreme isolation and obsession on the preservation of sameness” (Martin & Bassman, 2013, p. 161). Kanner was one of the first to identify the varying degrees of this diagnosis and acknowledged that there was a spectrum. His definition opened the door for more research, and a year later, Hans Asperger published his research about *autistic psychopathy* (Martin & Bassman, 2013). Asperger’s research participants also presented with social withdrawal and obsessions with sameness and specific interests; however, his participants demonstrated significantly better

social communication skills than those of Kanner. It was not until the 1980s that the term *Asperger Syndrome* was given to individuals who demonstrated higher functioning autism (Martin & Bassman, 2013). The terms *autistic*, *autism*, and *Asperger's* came with negative connotations. Martin and Bassman suggested a variety of reasons why the stigma of ASD still existed, which included the individualized nature of this spectrum disorder; confusion regarding the cause(s) of ASD; media portrayals of ASD; and the varying degrees of symptomology. One factor that makes the stigmatization of this population worse is that these individuals have difficulty with or are incapable of expressing their thoughts and emotions. They are left with “no voice” to defend themselves (Martin & Bassman, 2013). This deficit also causes difficulty with initiating and holding a conversation with another person. Individuals on the other end of that conversation often find it hard to develop a relationship with the individual with autism. Stereotypes based on outdated research findings and incorrect information in the media have played a major role in sustaining this stigma (Martin & Bassman, 2013).

Theories of Causality

During early autism research, there were many theories proposed about the causes of autism (Martin & Bassman, 2013). One of the more popular explanations in the 1950s and 1960s was the “refrigerator mother” (Martin & Bassman, 2013, p. 162). This theory hypothesized that children developed autism from a neglectful, dangerous environment, an environment in which the mother was unloving towards her child. The medical field later discredited that hypothesis and research studies eventually suggested autism had a genetic basis. Despite advances in biologically based autism research, there remains confusion about whether there is a specific cause(s) and why there are varying degrees of autism (Martin & Bassman, 2013). Some epidemiological studies have found that autism spectrum disorders may be initiated by prenatal

viral exposure due to disruptions in their fetal neurodevelopment (Zerbo et al., 2015). However, the cause of autism spectrum disorders has not been confirmed. The history of this disorder coupled with the symptom presentation along the spectrum (e.g., odd and disruptive behaviors) creates a negative picture of individuals with ASD (Campbell, 2006). Martin and Bassman described a push towards viewing individuals with ASD as having special needs as opposed to being “mentally ill.”

Common Misconceptions

The stigmatization of the ASD population stemmed from misconceptions that spread throughout society often by word of mouth, the internet, or misinformed advocacy groups. Savoy identified five of the most common misconceptions of autism and how they complicated the care of this population. The first misconception she identified was that autism was viewed as a single condition. There were some members of society who were not aware of how the terms *autism* and *ASD* encompassed a whole spectrum of disorders. The symptoms fall on a continuum and vary in presentation (Savoy, 2014). The next misconception is that only children who exhibit symptoms should be screened for ASD (Savoy, 2014). As the knowledge of this spectrum of disorders increased, there was a greater push towards universal screenings and “surveillance at all well-child visits for developmental delays” (Savoy, 2014, p. 311). This has helped to maximize a child’s opportunity for early intervention (Savoy, 2014).

The third misconception is that early intervention services do not work because there is no cure for autism. While there may not be a cure, there are a variety of therapies that have been proven to be effective when employed early on in an individual with ASD’s life (Savoy, 2014). These different therapies help to improve an individual’s “cognitive performance, language skills, and adaptive behavioral skills,” (p. 311) which subsequently impact their quality of life,

and increase employability and independence (Savoy, 2014). Another misconception Savoy highlighted was that individuals on the autism spectrum were intellectually disabled and, therefore, were unable to function independently. Although 96% have a coexisting developmental disorder, only 1 in 5 individuals with ASD have a co-occurring intellectual disability (Savoy, 2014). The final and most common misconception is that ASD is caused by thimerosal vaccines (Savoy, 2014). A physician in London named Andrew Wakefield reported he had found the cause of autism was in the MMR vaccine (Davidson, 2017). Since this study linking autism with thimerosal containing vaccines, there was a great deal of research which has disproven this theory due to research misconduct, conflict of interests, and falsehood (Davidson, 2017; Savoy, 2014). Despite the research refuting this hypothesis, this misperception continues among members of society (Castillo et al., 2020).

Role of Media

Media portrayals are one of the major causes of the stigmatization of ASD. Based on the media portrayals of ASD, feelings of pity for individuals with autism or the belief that they are less likely to see a change in this population have often led to lower expectations for students with autism in the classroom (Samsel & Perepa, 2013). Many television series or films sensationalize or stereotype disabilities; “it is more about entertainment rather than informing” (Samsel & Perepa, 2013, p. 141). However, the media often lacks the portrayal of how the presentation of autism varies and symptoms and severity differ for each individual diagnosed with autism (Samsel & Perepa, 2013). Media portrayals of ASD also reinforce the idea that this disorder breaks up a family and causes many issues for the surrounding community. Many individuals with ASD have a good prognosis but this may not be seen when there is a lack of knowledge or the media is focused on a need for entertainment (Martin & Bassman, 2013).

The Effect of Stigma on Family

The stigma surrounding the diagnosis strongly affects parents and siblings of the individual with ASD. As mentioned previously, members of the general public are often not well informed about the disorder and its varying symptomatology. Parents of aggressive or disruptive children with ASD often experience more stigma compared to families with a child on the spectrum who do not present with these behaviors. They often feel blamed for their child's behaviors, which lead to isolation and exclusion by friends and family members. Parents also experience feeling disconnected from one another. The reasons for these feelings of disconnection vary. For example, the spouses may not agree on steps they must take for the treatment of their child with autism. This feeling of disconnection may explain the high divorce rate among parents of children on the autism spectrum and other disabilities (Kinnear et al., 2016; Martin & Bassman, 2013). Other members of the public frequently assume that these behaviors are the result of the lack of parental control. The judgment parents and siblings receive from others creates great distress and feelings of being a burden to others, which further isolates them (Kinnear et al., 2016). Parents may experience high levels of guilt and often lack the ability to cope with the behavioral problems of their child, which lead to increased levels of stress. The increase of parental stress could eventually create poor mental health for the parents. It is important to be mindful of how ASD, like any other disability, affects all special education team members involved with the student. The challenges experienced by individuals with ASD are likely observed by adults across both the school and home settings (Batoool & Khurshid, 2015; Kinnear et al., 2016; Woodgate et al., 2008).

Inclusive Classrooms

Inclusion is defined as an “educational setting in which students with disabilities had access to the general education curriculum, participated in school activities alongside students without disabilities, and attended their neighborhood school” (Bryant et al., 2008, p. 605). Therefore, an *inclusive* class, also known as a *mainstream* class, is one where the teacher has a responsibility to teach all students, including those with special needs. In most school systems, inclusion entails the students with disabilities spend minimal time in a separate special education class and a majority or all of their time in the general education classroom (Anglim et al., 2018). At the elementary level, a student’s age, grade level, and severity of the disability are important factors in determining the degree of inclusion (Hossain, 2012). The types of services and degree of inclusion also differ across demographic lines and community settings (Wei et al., 2014). For example, according to Antezana et al. (2017), many rural communities had a limited number of resources, which affected the services school districts were able to provide for their students with disabilities.

According to Cassady (2011), inclusion has two goals. The first goal is to ensure that all students’ rights are honored, and they participate fully in the general education curriculum alongside their neurotypical peers. The second goal is to improve the social and academic development of the disabled students. One important factor in the inclusion process is the attitude or perception of the personnel directly involved in working with these students. The more receptive those personnel are toward inclusion, the more likely they are to feel greater self-efficacy, modify their instruction to include these students, and have a greater willingness to collaborate with other personnel (Cassady, 2011). A positive relationship with the mainstreamed students is helpful in increasing the general education teacher’s overall quality of instruction

(Sanz-Cervera et al., 2017). By reducing the stigma surrounding the diagnosis, teachers and neurotypical students are more likely to be accepting of the students with ASD (Campbell, 2006).

The inclusion of students with disabilities had support from many organizations over the years because of its effectiveness in both the social and educational realms (Chamberlain et al., 2007; Loiacono & Valenti, 2010). By having access to the general education curriculum and receiving the services they needed, the student with autism is likely to make effective academic progress if there is no underlying learning or intellectual disability (Wei et al., 2014). Students with autism are also likely to develop stronger social and emotional skills when they experience acceptance by both the teachers and their neurotypical peers (Campbell, 2006; Loiacono & Valenti, 2010). The development of a multidisciplinary team is necessary for the successful inclusion of students with ASD. A multidisciplinary team is composed of members of different healthcare professions who bring an array of skills and expertise to the process. Over the past four decades, inclusion increased as schools tried to place students with special needs in the least restrictive environment. With increased understanding of ASD and a higher level of support, the entire school community, not just the child, are able to benefit from inclusion (Loiacono & Valenti, 2010; Majoko, 2016; Sanz-Cervera et al., 2017).

The U.S. Education System and Notable Legislations

The United States education system changed dramatically since the early 20th century. In the first half of the 20th century, most states passed laws that excluded students from public schools based on specific types of disabilities. This was considered the *isolation phase* in the history of the United States educational system (Hossain, 2012). At this time, approximately 20% of children with disabilities who were considered to have a mild disability (e.g. learning or

behavior problems) or a minor physical impairment received a public education alongside their typically developing peers (Hossain, 2012). Many school districts referred to these children with mild disabilities as students who did not require “extraordinary needs” (Hossain, 2012, p. 4). Individuals with moderate disabilities received their education in a separate setting (e.g., residential schools, at home). Meanwhile, severely disabled children often did not receive an education at all. It was not until the mid- to late 20th century when the United States began to see a change in its education system. Schools began to mainstream students with mild disabilities into the general education classrooms (Hossain, 2012). This was considered a “two system educational environment” (p. 4) because special education was separate from general education (Hossain, 2012). In other words, students with disabilities were in separate, special education classrooms with special education personnel and were mainstreamed into the general education setting for social integration with their neurotypical peers for a period of time each day. Therefore, students with mild disabilities still did not have exposure to the general education curricula. It was not until the mid-1970s when a free, public education was guaranteed for these students with disabilities.

In 1975, the Education for All Handicapped Children Act (EAHCA or Public Law 94-142) was passed which “mandated free and appropriate public education for students with disabilities, such as autism, to take place in the least restrictive environment and most integrative environments as possible” (EAHCA, 1975 as cited in Campbell, 2006, p. 2). This law applied to children and youth ages 3–21. It provided a foundation for the special education system and helped to establish the civil rights of students with disabilities (Hossain, 2012). While Public Law 94-142 helped change education for students with disabilities, it also created some challenges. The most significant issue was that this law had been open to interpretation and it

was up to the school districts in each state to create the guidelines to implement this law. More specifically, the understanding of least restrictive environment and individualized education programs (IEPs) differed among school districts across the country. The discrepancies among school districts' guidelines and policies paved the way for revisions in future laws (Hossain, 2012).

The EAHCA was reauthorized in 1990 and became known as the *Individuals with Disabilities Education Act (IDEA)*; IDEA, 1990 as cited in Hossain, 2012). This reauthorization helped to strengthen special education policy in the United States. IDEA was reauthorized again in 1997 (IDEA, 1997 as cited in Hossain, 2012) and once more in 2004 (Campbell, 2006; IDEA, 2004 as cited in Busby et al., 2012). The most recent version of IDEA states:

Each state must establish procedures to assure that, to the maximum extent appropriate, children with disabilities...are educated with children who are not disabled, and that special education, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education services cannot be achieved satisfactorily. (IDEA, 20 U. S.C. Section 1412 [5] [B])

The IDEA of 2004 became the “most significant piece of legislation” (p. 5) at the time (Hossain, 2012). Under IDEA, every child is entitled “to a Free and Public Education (FAPE) in the Least Restrictive Environment (LRE)” (Hossain, 2012, p. 10). The least restrictive environment looks different for each person. In some cases, this may mean full inclusion into the general education classroom, and for others it could mean their time learning alongside their neurotypical peers is more limited (Campbell, 2006). This law also requires school districts to adopt a more proactive intervention model called *Response to Intervention (RTI)*. With the RTI model, students with disabilities are provided with intervention services earlier when there are first concerns regarding a student's progress as opposed to waiting until the child fails over a long period of time. This intervention model is employed by the multidisciplinary team to ensure

that the child receives a free and public education. The team will receive a referral and then must meet to discuss whether or not the child is eligible for an IEP prior to implementing any special education services (Hossain, 2012). The IDEA of 2004 strengthened the original policies of the EAHCA and removed students with disabilities from segregated settings (e.g., state institutions) by including the goal of finding the least restrictive environment. As previously mentioned, there was confusion for schools trying to implement the EAHCA policies. IDEA is clearer with how to evaluate and serve those students with disabilities from the ages of 3 to 21 (Hossain, 2012).

Individualized Education Programs

Under the IDEA of 2004, if a student is found to have a disability that requires specialized services, he or she is considered eligible for an Individualized Education Program (IEP; IDEA, 2004). An IEP is an individualized document that “informs and guides the delivery of instructions and services required to fulfill the student’s goals” (Hossain, 2012, p. 11). The multidisciplinary team meets to develop the IEP, discusses the student’s challenges and progress, and how the services identified in the IEP meet the student’s needs (Hossain, 2012). EAHCA required public schools to include parental input when creating educational plans for these students. Parents were also able to dispute any decisions made about their child’s education (EAHCA, 1975). This remained a requirement during the revisions of EAHCA and IDEA (Hossain, 2012).

IDEA specifies 13 categories of disability (e.g., autism, specific learning disability, etc.) in which a student is considered eligible for special education services. The student must present with one or more of the qualifying disabilities and the disability must be adversely affecting the student’s educational performance to be considered for special education services (IDEA, 2004). This document states what services the student receives, the duration of those services, and

where those services are implemented (e.g., general education classroom). The student's current and target levels of functioning are also included in the IEP. The school districts are required to implement the IEPs and are allocated funds in order to support their students with disabilities (Hossain, 2012). IEPs are reviewed annually to ensure that each student is showing progress with the supports and services put in place (IDEA, 2004).

Evidence Based Interventions. According to the *IDEA* of 2004 and the No Child Left Behind Act of 2001, general education teachers must be highly qualified and use evidence-based interventions to teach students with disabilities in the mainstream classroom (IDEA, 2004; NCLB, 2001 as cited in Loiacono & Valenti, 2010). Busby et al. (2012) found that this was particularly challenging for teachers within elementary and secondary education classrooms, many of whom had not received formal training in ASD and had little to no experience working with these individuals compared to some of their more specialized colleagues (e.g., special education teachers and school psychologists). Ethically, teachers should not teach this population if they have not received adequate training in how to work with individuals with ASD (Loiacono & Valenti, 2010). In the field of ASD, this means that teachers should use evidence-based practices such as applied behavior analysis (ABA). Through extensive research, ABA techniques were proven to be efficacious for working with ASD. However, educational staff rarely utilize ABA methodologies due to a lack of training or the variation in learning outcomes for students with ASD which subsequently requires the ABA instruction to vary (Loiacono & Valenti, 2010).

In the fields of medicine and education, using EBPs is a necessity. Several professional organizations and insurance companies require the medical and education systems to implement EBPs; however, in many instances, the personnel working with individuals with ASD have not received guidance regarding what is considered an EBP or how to implement the intervention(s)

(Odom et al., 2010). Previous research suggested most general education teachers received minimal training in evidence-based interventions from the institutions they attended and graduated from (Loiacono & Valenti, 2010). Although collaboration between general and special education teachers is helpful, there are still many special education teachers who have also not received adequate training in ASD. Unfortunately, time and money investments have been wasted in the utilization of unsupported interventions (Loiacono & Valenti, 2010). According to the *IDEA* of 2004, the utilization of unsupported interventions is considered unethical because the teacher is not considered qualified to teach these students (IDEA, 2004 as cited in Loiacono & Valenti, 2010). The numerous interventions used with individuals with ASD not only varies in effectiveness, but also in the cost of implementation (Ganz, 2007).

Effectiveness of Inclusion

Benefits

There are many benefits to placing a student with ASD within the inclusive classroom. Students with ASD in the mainstream classroom have access to the general education curriculum, which is often more advanced than the curriculum in segregated school settings for ASD. Therefore, the students with ASD in a mainstream classroom are given access to the same education as their neurotypical peers. When children with ASD are placed in an inclusive educational context with their typically developing peers, they often demonstrate improvement in their social skills and peer interactions (Anglim et al., 2018; Lindsay et al., 2013). With “age-appropriate role models and skilled interactional partners” (p. 231), the behavioral expectations of students with autism increase (Chamberlain et al., 2007). There was research that suggested students with ASD may have experienced less social exclusion and an increase in caring friendships with their neurotypical peers when placed in an inclusive setting (Chamberlain

et al., 2007). These positive peer interactions require the teachers to model acceptance of their students with autism and other disabilities to help their nondisabled students learn how to treat their peers. This could help reduce the possibility of rejection of students with ASD by typically developing peers (Campbell, 2006). Just being placed in the proximity of typically developing peers does not improve social experiences, but rather they are enhanced by a combination of proximity and acceptance by neurotypical peers (Anglim et al., 2018; Lindsay et al., 2013). Able et al. (2015) found that as students grew older, especially in middle school and high school, discussions about autism that were facilitated by the teachers often created more positive attitudes from neurotypical peers regarding their peers with ASD.

Negative Effects

Although some research showed benefits for children with ASD in the mainstream classroom, there were also numerous studies that suggested there were minimal to no gains to mainstreaming autistic students (Waddington & Reed, 2017). The biggest issue students with ASD face when placed in the mainstream classroom is bullying by their typically developing peers. Students with ASD are at a greater risk for being the victims of bullying and social exclusion due to their impaired social skills and “odd” behaviors (Humphrey & Symes, 2010). As children grow older, social relationships become more complex and peers become more selective in their peer groups (Able et al., 2015; Kasari et al., 2011). Peer victimization often impacts a student with ASD’s educational outcomes, such as the student’s academic achievement, level of enjoyment of school, and feelings of safety or fear of school. The possibility of an adolescent with ASD dropping out of school is increased when bullying is involved. The association between peer victimization and educational outcomes typically stem

from verbal and relational (e.g., ignoring) forms of victimization, and less from physical forms (Adams et al., 2016).

Another issue students with ASD face when integrated into the general education classroom is not receiving the services they require. Some school districts experience problems with keeping up with the increase of students on the autism spectrum in general education classrooms and often do not have the funding to effectively provide these students with the required services. This subsequently could affect the successes of the students with ASD in the mainstream classroom and create challenges for various school personnel involved in the special education process (Humphrey & Symes, 2010).

Inclusion Obstacles

General Education Teachers

Schools typically have high expectations for their students including active participation and involvement of the children in group work and unstructured, child-directed play activities (Majoko, 2016). For students on the autism spectrum, their impairments may limit their ability to meet those expectations, and subsequently limit their ability to be successful in mainstream classrooms on their own. The responsibility is placed on the teachers to help their students with ASD be successful. Two of the greatest challenges for general education teachers in mainstream classrooms are (a) acquiring the appropriate level of knowledge about the autism spectrum and (b) receiving adequate training and preparation to teach those students. In previous studies researching the self-efficacy of teachers in a mainstream classroom, higher levels of teacher self-efficacy were associated with more support for the inclusion of students with ASD, and more willingness from the teachers to modify their teaching methods to accommodate all of their students (Majoko, 2016). When self-efficacy levels and support are low, teachers often feel

higher levels of burnout (Bottini et al., 2020). Bottini et al. also found that receiving adequate training could have helped in preventing burnout of these school personnel. More successful inclusion often leads to increased student engagement and higher levels of social support when compared to their counterparts in segregated school settings (Lindsay et al., 2013). However, successful inclusion expands beyond greater teacher self-efficacy. Access to funding and effective instructional practices, as well as parental involvement in the process, are major components to successful inclusion (Barnhill et al., 2011; Lindsay et al., 2013; Majoko, 2016).

In a study conducted by Anglim et al. (2018), general education teachers expressed many concerns regarding the inclusion of students with ASD in the mainstream classroom. The researchers found teachers to lack confidence in their ability to teach this population within an inclusive setting. This apprehension was associated with a lack of preparation and training in the specific needs of this population and how to manage challenging behaviors. The management of challenging behaviors was a common obstacle across various studies and included learning how to handle unstructured time and transitions, keeping these students engaged in the lessons because of possible co-occurring attention difficulties, and getting past the child with autism's rule-bound nature (e.g., inability to accept exceptions and individuality; Anglim et al., 2018; Rodríguez et al., 2012). Individuals with ASD may also present with repetitive, ritualistic behaviors and have strong attachments to certain objects or topics, and it may be challenging for teachers who are unfamiliar with ASD to work with these behaviors. Various research has shown general education teachers linked their self-efficacy to how much support they received in the school setting, which was often minimal. The teachers also described systemic issues that impacted their abilities to include these students in their classrooms. These systemic issues include access to resources and services; delayed diagnosis; safety concerns; and the need for

more involvement from other school personnel (e.g., school psychologists, school counselors, and behaviorists). Strict school policies also create challenges for teachers because they must meet a standard on test scores each year (Able et al., 2015; Anglim et al., 2018; Lindsay et al., 2013; Majoko, 2016).

Due to the diverse nature of autism, the characteristics are not fully understood, and they may change as the individual grows up. The uniqueness of autism spectrum disorder is a challenge for new educators who do not have adequate training and prior experience working with individuals with ASD (Syriopoulou-Delli et al., 2011). Poor knowledge, outdated beliefs, and confusion about the origin of ASD are a few of the reasons why general education teachers have trouble including students on the autism spectrum in the mainstream classroom. There is a need for more specialized training for general education teachers to work with students with ASD (Sanz-Cervera et al., 2017; Scheuermann et al., 2003). The dilemma school systems face is that teacher training and licensure requirements have moved away from the specialized training (Barnhill et al., 2011). The resulting lack of understanding and awareness of unique student characteristics impact the ability to create a successful inclusive environment for students with autism. When teachers lack this knowledge, it is more difficult for them to have an open line of communication with parents and keep parents actively engaged in the inclusion process (Lindsay et al., 2013; Scheuermann et al., 2003).

School Psychologists and School Counselors

General education teachers are not the only personnel affected by the inclusion of students with ASD; school psychologists and school counselors have seen their roles change as well. The jobs of school counseling personnel involve not only working with the students with disabilities, but also “offering support, information, and recommendations” (p. 130) to all parties

involved, including the family (Williams et al., 2005). Over time, they become more involved in facilitating inclusion as well as helping the students assimilate in this educational environment. Due to the difficulties with social communication and interaction typical of students with ASD, school counseling personnel are frequently asked to help facilitate these students' social development. This often involves empowering the teachers and neurotypical students to be more accepting of the differences of the individual with autism (Williams et al., 2005).

There is also a greater demand for school psychologists and counselors to be knowledgeable in evidence-based practices (EBPs) for working with ASD and to support the teachers in implementing these interventions. Collaboration between the teachers and counselors is proven to be extremely valuable for all parties involved (Rodriquez et al., 2012). School psychologists and counselors help with "bridging the gap between research and practice" (p. 118) for the care of students with disabilities (Williams et al., 2005). Counseling personnel's position at the school, training background, and unique skill set provide them with the ability to provide support networks within the school system for students with ASD. It is predicted that school counseling personnel will continue to see their roles change as the number of students with ASD and other disabilities increases (Williams et al., 2005).

Students with ASD

Students with ASD also face many obstacles with integrating into mainstream classrooms. Although high functioning individuals on the autism spectrum often have strong intellectual abilities, the challenging behaviors they present with are often misunderstood by school personnel and their peers. For example, the frequency of changes in the school schedule is difficult for these individuals and cause a significant increase in their stress levels (Ashburner et al., 2010). In the limited studies that looked at students' with autism perceptions of inclusion,

one major source of stress was “the lack of order and predictability of the school environment” (Ashburner et al., 2010, p. 19). For students with ASD, stress and anxiety may also result from their peer relationships. Students with ASD are frequently the victims of social exclusion, loneliness, and bullying. Resiliency is often limited in this population which affects their ability to cope with bullying and feelings of isolation. This leads to greater distress and problems with mental health and make it more difficult to succeed in the school setting (Humphrey & Lewis, 2008). However, research suggests that this social exclusion and bullying often stems from stereotypes and an overall misunderstanding of ASD. Increasing the knowledge of ASD and fostering acceptance may help to limit this social exclusion in the school setting (Campbell, 2006; Martin & Bassman, 2013; Samsel & Perepa, 2013).

Statement of Purpose

The goal of the present study was to understand teachers’ experiences and thoughts about working in inclusive elementary school classrooms with students with autism. In addition, by including teachers from two different grade levels and three schools, hypotheses were made about the differences in experiences and opinions across grade levels, as well as across communities. The present research study examined the qualitative research questions listed below. Many of the studies in autism research that looked at inclusive educational settings focused on a very narrow or specific age range, particularly the very young children who were receiving early intervention services, and not across a child’s school career (Wei et al., 2014). When I developed the goals for this study, I recognized how children experienced major changes in their development at the elementary level, which was frequently when children were diagnosed with autism, if not earlier (CDC, 2017). Additionally, the academic demands and milestones also increase as students grew older (Morin, 2018). As academic demands increase at

each subsequent grade level, it becomes increasingly difficult for students, disabled and nondisabled, to achieve those benchmarks. My first hypothesis was that elementary school teachers would report their experiences of the mainstreaming students with autism as more difficult in later grade levels (i.e., Grade 4) compared to those who taught earlier grade levels (i.e., kindergarten) due to the developmental changes coupled with the higher academic demands and milestones. Research exploring teachers' perceptions of mainstreaming students with ASD across geographic locations (e.g., rural versus suburban) was also very limited. Services were often more limited in rural communities which made the inclusion of students with disabilities more difficult (Antezana et al., 2017). Consistent with these previous findings of limited services in rural communities, it was also hypothesized that teachers in a rural school community would have more negative experiences of the inclusion of students with ASD in the mainstream classroom compared to teachers in a suburban school community (Antezana et al., 2017).

Research Questions

1. How do general education teachers perceive their ability to teach students with ASD in the mainstream classroom?
2. How do these perceptions vary across schools in different geographic locations?
3. How do these experiences vary across grade level?
4. How has this view changed since the teachers' first experience working with this population?
5. What do general education teachers view as the most challenging aspects of inclusion?
6. What do general education teachers perceive as the benefits of inclusion?
7. What do general education teachers believe would be helpful for promoting the successful inclusion of ASD?

Methodology

Interpretative Phenomenological Analysis (IPA)

The Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) research approach was chosen to guide this study. By adopting an IPA approach, I was able to gain insight into general education teachers' subjective experiences (Smith et al., 2009). More specifically, I was able to look at the "essence" of general education teachers' experiences of working with students with ASD in the mainstream classroom (Mertens, 2010). The IPA method was chosen for this particular study based on its theoretical underpinnings, which strongly aligned with the goals of this study. It was impossible to completely share another person's experience. Therefore, when I participated in a dialogical process of interpretation with the teachers, I gained a better understanding of what their experiences meant to them.

IPA Theoretical Foundation

The IPA method was rooted in the theories of phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014; Smith et al., 2009). Husserl, the founder of phenomenological inquiry, was interested in finding a way to examine a person's lived experiences in a way that "someone might come to accurately know their own experience of a given phenomenon" through the identification of the "essential qualities of that experience" (Smith et al., 2009, p.12). The philosophers Martin Heidegger, Maurice Merleau-Ponty, and Jean-Paul Sartre expanded upon Husserl's approach to focus on an individual's personal involvement in the lived world; this involvement was unique to everyone. A second theoretical foundation of IPA was hermeneutics. The process of hermeneutics brought the skill of interpretation into the IPA model. Through interpretative activity and standing in another person's shoes, researchers were able to make meaning from a person's experience. A third

theoretical foundation of IPA, idiography, focused on each individual case prior to making general statements about the narratives (Pietkiewicz & Smith, 2014; Smith et al., 2009).

Participants

Purposeful Sampling Strategy

According to the IPA method, a small sample size between six to fifteen participants is sufficient for gathering data; an ideal sample size is typically nine participants (Pietkiewicz & Smith, 2014; Smith et al., 2009). A smaller sample size is typical because IPA analyzes the unique experiences of individuals and focused on “depth rather than breadth” (Pietkiewicz & Smith, 2014, p. 9). Due to the relatively small sample size, my sampling method was purposive (Mertens, 2010; Pietkiewicz & Smith, 2014). I used a purposeful sampling strategy (Mertens, 2010), which ensured that the interested teachers matched my requirements for participation in the study.

Eligibility

The inclusion criteria for the participants in this study included having: (a) worked as a general education teacher; (b) taught either kindergarten or fourth grade; (c) having experienced teaching students with ASD in the mainstream classroom; and (d) at least two years of teaching experience, one of which was in the current school district. Participants must have been willing to share their personal experiences of having worked in an inclusive classroom that included students diagnosed with ASD alongside their neurotypical peers.

Recruitment

Before recruiting participants, I gained permission from the three school districts in which I conducted my study. I contacted superintendents and principals via email to gain permission, as well as obtained the name of a contact person in each school to assist in the

recruitment process. I was connected to either school psychologists, counselors, or special educators within the school districts and discussed my inclusion criteria for participation and my research goals for this study. From there, participants were recruited through these contacts. I provided the designated employee with an email with an attachment (see Appendix B) that described my study, the inclusion criteria, and how to contact me to ask questions and volunteer. The teachers were able to contact me via a dedicated email. I was unable to recruit participants from a rural or semi-rural school district, which is discussed more in the limitations to my study.

Participants

The participants for this research study were seven general education teachers who have had the experience of teaching students with and without ASD in an inclusive classroom setting. Four of these participants taught in a Massachusetts school district, two taught in a New Jersey school district, and one taught in a New York City public school. Out of the seven participants, three were kindergarten teachers (Participants 1, 4, and 5) and four were fourth-grade teachers (Participants 2, 3, 6, and 7). The kindergarten teachers from the Massachusetts school district (Participants 1 and 4) had a program within their elementary school dedicated towards individuals with autism. All participants were female with a master's degree in either elementary or special education. Six participants identified as Caucasian, and the remaining participant identified as Luso-American (Portuguese). The total amount of years taught ranged from 6 years to 24 years. Four audio-recorded interviews took place in person at the participants' respective classrooms, and the remaining three interviews took place over the telephone.

Data Collection

Participants were given a demographic questionnaire to fill out and returned it to me prior to the interview (see Appendix D). This questionnaire asked questions about the participants'

age, gender, race and ethnicity, highest degree earned, years on the job site, years worked in education, and years they had taught ASD students.

The data were collected via semi-structured interviews. These interviews were conducted within the final two of months of the school year. Before interviews were conducted, participants signed the informed consent form (see Appendix C) and filled out the demographic questionnaire (see Appendix D). Smith et al. (2009) suggested interview questions be “open and expansive” (p. 59) to allow for participants to provide in depth accounts of their experiences. I started with a consistent set of questions (see Appendix E) that were modified or expanded upon as needed during each interview to probe the participants for important details about their experiences. I avoided questions that were overempathic, manipulative, leading, and closed, based on the suggestions made by Smith et al.

The interviews lasted approximately 30–45 minutes. Each interview was audio-recorded and then transcribed verbatim. Transcriptions were utilized to minimize flawed analyses and capture the important aspects of each participant’s experiences. In-person interviews were held in the participants’ own classrooms, at their request. Interviews held over the telephone were held while each participant was in a comfortable, quiet setting with minimal distractions and where the participants felt comfortable speaking in-depth about their experiences. After each interview was completed, I verbally summarized my understanding of their experiences and had each participant either confirm or correct my summarizations.

Data Analysis

An important part of IPA is to transcribe the interviews conducted. IPA required that transcriptions included all words spoken by every person present in the interview. This method also required transcription of all nonverbal utterances (e.g., laughter), hesitations, and pauses

(Smith et al., 2009). I transcribed each interview by listening to the audio recordings shortly after each interview was conducted. I listened to each recording in its entirety before transcribing. Once transcriptions were completed, I followed the required IPA data analysis step-by-step process as described below.

Reading Through the Data

This first step involved immersing myself in the data by reading and rereading each transcript (Smith et al., 2009). I had taken the time to familiarize myself with the participants' descriptions of their experiences. By reading and rereading one transcript at a time, I was able to focus on each participant's experience and my own reactions and thoughts about that particular set of data.

Initial Noting

While rereading through the first transcript, I completed some initial noting within one of the margins to comment on significant aspects of the text and initial impressions of the participant's descriptions. I first made more general notes about what was said. As I reread, I looked at the transcripts at a more conceptual level and noted those ideas that appeared to hold more importance within these descriptions of experiences. Through this reading and noting process, I was able to gather a full understanding of the first transcript and noticed how my comments changed as I became more familiar with the text.

Developing Emergent Themes

Once I had completed the first two steps for the first transcript, I read through my notes within this transcript and began a new set of notes in the other margin. This step was a way of working through what I had initially pulled out as important aspects of the text and reduced the amount of notes as I recognized patterns across those important aspects. This resulted in the

creation of clusters. After I clustered similar themes, I created superordinate themes while I found the patterns between those emergent themes. After I completed the steps for the first transcript, I moved on to each remaining transcript and followed the same protocol.

Pattern Identification

Once the initial theme exploration was completed for each transcript, I looked for patterns across the full data set. Based on the research goals, the pattern exploration involved looking for similarities across all cases, looking for similarities and discrepancies across grade levels, and looking for similarities and discrepancies across the different schools. In order to maintain organization, I began with the full data set, then focused in on each grade level, compared the two grade levels of participants, and finally, analyzed the data across the different schools.

External Audit

To ensure confirmability, I conducted an external audit. Once I completed my own transcription and exploration of themes, I sought a volunteer who did not have expertise in ASD research to perform my audit and peer review. This volunteer was also a doctoral level psychology student who expressed enthusiasm to help after I sent an email to clinical psychology students at Antioch and similar doctoral clinical psychology programs (Appendix F). This auditor performed the audit to ensure that the data collection procedures had been followed correctly, the data supported my interpretations, and the interpretations were clear and absent of any bias. Upon completion of her own data interpretation, the auditor and I spoke about her findings and compared them to what I found. Most of the auditor's findings were similar to mine. We talked through discrepancies in wording and identified those themes that were synonymous in meaning. Having this auditor also assisted me in recognizing elements that were not as

apparent when I first reviewed the transcripts (e.g., one participant identified different state licensure requirements). Due to synonymous findings and the ability to talk through any minor discrepancies, a second auditor was not required.

Results

This section provides a summary of the superordinate themes and emergent themes developed from the seven transcripts during data analysis. The superordinate themes and emergent themes (Appendix G) were divided to look across the full data set, across grade levels, and across schools, as described in the Methodology section.

Full Data Set

When I looked across all seven participants, there were three superordinate themes that appeared to be significant aspects of these participants' experiences of teaching students with ASD in a mainstream classroom. These superordinate themes highlighted that all participants' experiences are challenging but rewarding, they experience varied support, and there is a balance of knowledge gathering.

Challenging but Rewarding

All seven participants discussed how teaching students with ASD in a mainstream classroom was challenging but rewarding. Within this superordinate theme, the emergent themes included (a) learning diversity and acceptance, (b) seeing beyond the diagnosis, (c) parental commitment differs, (d) need for process changes, (e) mixed emotions, and (f) multiple roles.

Learning diversity and acceptance. Five of the seven participants identified diversity and acceptance as concepts both teachers and neurotypical peers learned through their experiences of working with and alongside students with autism in an inclusive classroom. Participant 1 stated, "I feel like it's good. It's good life experience. As we grow, we are going to

meet all sorts of different people and try to accept lots of differences.” Participant 1 generalized her experiences in the classroom to those experiences in her personal life when she has met different people. Participant 2 reflected on her approach to accepting and treating students as her own children. Participant 2 highlighted one instance where a mother expressed gratitude for Participant 2 who accepted her student for who he was and looked beyond just his difficulties. Participant 3 spoke about how her experiences have helped her view and better understand the challenges these students are facing in and out of the classroom. Beyond just understanding, Participant 3 stated, “And I think you see the world through different eyes sometimes and appreciate things a little bit differently.” Participant 3 ended her interview by talking about reducing stigma; “If you’re hush hush about things, they become these scary things like, ‘Oh so and so has autism’ and things like that. Which it shouldn’t be!” Participant 6 also saw the value of being inclusive of these students and explained, “I think definitely some of the benefits (of including these students) is just the diversity of the classroom...I would want my kid to be in a classroom with as many different kinds of people as possible.” Participant 7 spoke about how different her classes are year to year and how she tries to enter with non-bias when she has a student with ASD instead of worrying about what her colleagues may have warned her about. She continued on to talk about understanding how everyone has their own opinions, but she tries to be open to whomever enters her classroom.

Seeing beyond the diagnosis. Four of the seven participants spoke about how they look beyond the diagnosis. This emergent theme described how participants viewed these students as more than someone with ASD. Participant 1 spoke about how she understood the change in diagnosis to using the word “spectrum.” She mentioned how she has observed her students with ASD may look similar or completely different. Participant 1 emphasized, “They’re just great

kids and they just need support and they need to be understood. You just need to understand what their particular needs are because they're different from each other." Participant 2's views around using the word "spectrum" differed from those of Participant 1. Participant 2 stated, "I think that [changing the diagnosis to a spectrum disorder] almost stigmatizes it a little bit more because you can't (pause) without a smaller classification, you're like 'autism, is autism, is autism' now which I don't agree with as much, but I think that's hard until you get to know the kid." Participant 2 emphasized that you are not able to highlight the child's strengths with that one classification. Participant 2 discussed the importance of getting to know the child and not assuming a certain trait based on a child's diagnosis. Participant 4 expressed the need to meet the students where they are when they enter her classroom. She identified there is no one correct way, or no "cookie cutter," for working with individuals with autism. Similarly, Participant 5 stated, "It's not like getting a health diagnosis where you have a plan or percentage of recovery. This is nothing like that."

Parental commitment differs. Three participants spoke about how challenging it can be when commitment from the students' parents differs. Participant 2 mentioned, "And then we have the kids whose parents don't accept the diagnosis...they're like, 'I don't want to label. Don't worry, they're going to grow out of it.'" She highlighted how this rejection impacts the children in getting the services they need because the process often drags on. Participant 3 also described the challenges of trying to get services for students because parents may not agree with the diagnosis. She described an instance when she had tried to convince the parents of their child's need, "A lot of my colleagues were like, 'Why are we even doing this? The parents aren't going to agree to it.' And I'm just like, 'Because we have to try.'" Participant 6 mentioned the stigma around the word "IEP" and having parents agree that their child needs services. She

described, “So it can be kind of tricky to navigate [the idea of needing special services] with the kids depending on what they are hearing at home.”

Need for process changes. Six of the seven participants spoke about what changes they believe the special education process needs for these students. Participant 1 spoke about how long the special education process can take, which has made her feel poorly about the special education process at her school and her work. She mentioned, “I would change the (special education) process...you know there’s this huge push to share aides. They are trying to take one-on-one services away.” Participant 2 described her belief that grade level special education teachers would be more beneficial for these students so that there is one designated person to go to. Participant 3 also spoke of the need for one special education teacher per grade level. She highlighted that “[Special educators] are being pulled in many different directions. You know, if we could have one special ed teacher per grade level, they could really learn the curriculum, be in the classroom.” In general, Participant 3 described the entire special education process as “frustrating” and in need of some changes. Participant 4 also highlighted frustrations around the process and how it impacts both the teacher and the students with ASD. Participant 4 described “...we are seeing children lose services. The expectations of the classroom teachers are on the rise in terms of taking over some of the duties that their paraprofessional would have handled more so.” Participant 5 was not critical of her district’s special education process and servicing, but rather she prefers a different approach to inclusion that is not provided in her district. Participant 5 spoke highly of the cotaught model to inclusion which she has seen in her own children’s school district and she believes this model would be more beneficial for her students on the autism spectrum. Participant 7 described the challenges of the district not following through with some cases that come through special education. In addition, she mentioned “It’s a

little dicey with teachers missing their prep time and um, like not knowing when to fit in [IEP or 504] meetings.”

Mixed emotions. Six participants demonstrated their mixed emotions throughout their interviews. These were mixed emotions about the teachers’ experiences as those emotions related to the challenges and rewards of the work. Participant 1 stated, “I think my classroom challenges me in a great way. I love it.” She also spoke often about the frustrations and complications that come with working in an inclusive classroom with students with autism. Participant 2 expressed an openness to having diverse students in her classroom. However, she mentioned the challenge of how individualized the needs can be for students with autism and the impact it has on her feelings surrounding her work in supporting these students. Participant 3 stated, “So you have 3 kids who are all very different and trying to figure out how to reach all of them and support all of them.” However, Participant 3 believes that having these students in her classroom makes her a better teacher because she seeks help in understanding how to support them. Participant 4 spoke about her “fluid experience” and how she keeps an open mind because each child is so different. Her challenges stem from “If they’re not supported properly, we’re not giving the kids what they need. That really tears teachers apart. You know, really demoralizing and just so stressful.” Participant 6 described her adoration for working in an inclusive classroom with these students. Her challenges stem from the need for more support for teachers and the work that they are doing every day, which they are often not receiving. Participant 7 was open about her challenges: “Um, it’s draining. I can’t say it’s not. Like emotionally, physically sometimes, I’m drained.” However, she continued on to say that despite these challenges, she has learned a lot and that working in this setting is “eye-opening.”

Multiple roles. Three of the seven participants described having multiple roles in an inclusive classroom beyond just a teacher. Participant 2 expressed the need to create a safe environment for all students where the teacher is not going to point out the differences in a student. She described being the model for all students in how to show acceptance and understanding just by how she demonstrates the appropriate ways to behave. Participant 4 also spoke about teaching more than just academics. Participant 4 mentioned how “These are the skills that can be taught so they are accepted by peers. So, I think that’s a big part of our responsibility so they can function socially.” Participant 7 described wearing different hats in the classroom that go beyond teaching academics in an inclusive classroom. Participant 7 described how “...you’re not just a teacher either. Some days you are the psychologist. Some days you’re the nurse. Some days you’re the um (pause) oh I don’t know the list goes on.” These responsibilities come with the diversity of her classroom based on all the different needs of the students.

Varied support

Six of the seven participants described having varied support for them and their inclusive classrooms. Factors that create these feelings included (a) budget constraints, (b) support in their building, and (c) feeling unheard by the district.

Budget constraints. Four participants described monetary constraints that have an impact on their inclusive classrooms as well as direct impacts on those students with ASD. Participant 2 stated, “I think there’s always those times when it’s like, ‘a little bit more, a little bit more, a little bit more.’ But I understand the constraints, you know, it’s not an endless budget.” Participant 3 spoke of the need for the district to devote resources to hiring more staff. With more staff, Participant 3 believed the district will be able to better serve the students with

autism and other needs. Participant 4 also described ways inclusion has been impacted by monetary constraints and mentioned, “[Her school district] has had a good reputation for servicing students with special needs. But over the past 5 years or so, um, it’s been unfortunate, but we’ve been losing a lot of ground in that way. Cutting a lot of corners that end up affecting the students individually.” Participant 6 highlighted many areas of need that her district should address, including monetary issues. For Participant 6, the monetary issues and other areas of need are related to teachers’ needs for more support. Her argument was that without providing more support in these areas, it makes teachers feel less supported, which eventually impacts the students and their education.

Support in the building. Four participants mentioned the importance of having support directly in their building that they can receive when faced with questions or an issue regarding their students on the autism spectrum. Participant 1 spoke often throughout her interview about how important the paraprofessional in her classroom and the special education teacher in the school are to her success as a teacher in an inclusive classroom. Participant 1 mentioned, “And I couldn’t do it on my own if the support were not in place...If we didn’t have the special ed teacher here or a paraprofessional helping in the classroom with the child, it would be (pause) no, it would not be doable.” Participant 2 also identified her main support for questions as the special education teacher who works directly with the student with ASD. She stated, “So it is one of those things where if there are gray areas or questions, I can say ‘Ok let me go run by [special education teacher’s name] first.’ Even within our [specialized] classroom, they have had tons of exposure. If I have questions, those are the people I can go to.” Participant 5 mentioned “There are several people just within my building that I can go to for support. They are, like I said, the LDTC [Learning Disabilities Teacher Consultant], the speech pathologist, the occupational

therapist, the physical therapist, my teaching staff, and even my building principal are all really supportive.” Additionally, Participant 6 spoke about the special education teachers within her school and how their knowledge supports her in the classroom with her students with ASD.

Feeling unheard by the district. Three of the seven participants spoke about challenges they have faced with feeling unheard by district administrators. Of these three participants, two had also spoken out about how they felt more support within their building. Participant 1 had mixed feelings around her support from the district. When asked about the support throughout the district, she stated “um, sometimes. Sometimes not. But mostly it depends on the year. Like sometimes we really had to fight for things we needed.” Participant 4 expressed her frustration about the lack of support from administrators in her district. Participant 4 stated, “The administrators that are making decisions are across town in an office and they look at a grid on the computer and they don’t see a kid. So that’s disappointing. It certainly changes those rose-colored glasses, you know?” She spoke about how important it is for district administrators to listen to those teachers who work directly with these students and take their recommendations into consideration. Participant 5 also expressed difficulty getting what she needs for her classroom and students in terms of services, materials, or physical support. She mentioned “I don’t find that when it goes beyond our building it’s that supportive...when I’m pushing for evals and things like that in my own building, amazing support.” However, she had an understanding that, for example, not every child is able to be tested and these district administrators must wear a “business hat.”

Balance of Knowledge Gathering

All seven participants spoke about the balance of knowledge gathering. Important emergent themes that demonstrate this balance include with experience comes comfort,

flexibility, and never too much training.

With experience comes comfort. Five participants described how gaining more experience working with this population has helped them develop comfort in teaching students with autism in an inclusive classroom. Participant 1 spoke about having no formal training in Autism Spectrum Disorders throughout her 19 years of teaching. For her, she felt like “At this point, yeah I do [feel comfortable with no formal training]. In the beginning probably not. Um, at this point, I am...I feel steeped in autism honestly.” Participant 2 had more training experience than Participant 1 and she expressed comfort in that amount. Participant 2 believes that while there is always more a person could learn about autism, its individualized nature makes it difficult to pinpoint what is applicable to the children who come through her classroom. She continued to talk about how she has learned to get to know the children and their needs through working with them. Participant 4 spoke about how “the inclusive model has always been how I operated...I don’t pretend to know anything about [data the paras are collecting]. But it also doesn’t impact my work with the kids as the classroom teacher.” Participant 5 spoke about learning through experience to distinguish what is an immediate need versus something that can be addressed later. For Participant 5, it was about understanding the specific child as well as what the district was able to provide. Participant 6 spoke frequently about how experience-related the job of teaching in an inclusive classroom is with this population. Like Participant 1, Participant 6 mentioned, “When I first started teaching, I did not feel super prepared teaching students with special needs.” Participant 6 stated that each child has their own individual needs and you learn what they need as you get to know them. She also stated, “You don’t really learn until the responsibility is on you...that kind of baptism by fire experience forces you to grow.”

Flexibility. Three participants spoke about the need for flexibility as a teacher who taught students with ASD in an inclusive classroom. Participant 1 related this need for flexibility to the fact that each student with autism who comes through her classroom is different and they have different areas of needs as well as different strengths. According to Participant 1, "...the kids can be very different from every year and we try to figure out what's going to happen when they get here." Participant 2 described her experience as "different and engaging" because most of the time, it is unexpected how the students with ASD can act. Participant 2 spoke from experience of being flexible with what may happen during the day, even if that means a chair being thrown at her. Participant 7 spoke about her implementation of flexibility and said, "You're trying to meet all of the kids' needs...you need to be flexible and you try to like let the kids or give the kids the opportunity to succeed..."

Never too much training. Three participants spoke about areas where more training would be beneficial. Participant 1 described questions around the testing for the diagnosis and how the examiners differentiate individuals who have the diagnosis versus those who do not. Participant 1 spoke about confusion she experiences when she believes a child should not have received the diagnosis but comes in with one and vice versa. Participant 1 also mentioned "I've heard little things like there's no longer Asperger's. I know what I'm dealing with every day, but I don't know a lot about things like that, that are going on." With regard to feeling comfortable with the minimal amount of training she received, Participant 3 stated, "For the most part, yeah. I think that the more training you get on anything, you know, would be better." Participant 3 desired a greater understanding of how to speak about autism in a developmentally appropriate way, especially because her school celebrates autism awareness and she has experienced students

asking her about autism. Both Participants 3 and 5 believed that in general, education requires more information about the best approaches to working with students with autism.

Across Grade Levels

After I divided the participants into kindergarten teachers (N=3) and fourth-grade teachers (N=4), one superordinate theme arose for each the kindergarten teachers and fourth grade teachers. The kindergarten teachers spoke about their challenge of guessing versus reality, while fourth-grade teachers spoke about their experience of observing growth and transitions.

Guessing versus reality

All three participants identified as kindergarten teachers spoke about their experiences of having many students without a formal diagnosis that were later diagnosed and having to navigate providing support despite the lack of a label. Two of the three participants also spoke about the unknown around the student's history at the beginning of the year.

Less identified. All three of the kindergarten teachers spoke about how many of their students come in and may not be identified yet as an individual with ASD, but present with similar challenges and are later diagnosed. Participant 1 mentioned how the student(s) may not be identified yet with ASD, and “sometimes not all of their IEPs are in place. At this age level, it can be very difficult because preschool will move them on and think they're set, they're ready to go. And we're going to put so much more demand on them the following year and they lose some of the services that they need.” Participant 4 mentioned how even though her school did not have the ASD program when she first began several years ago, that did not mean that she did not have students with autism in her classroom. They likely were not diagnosed yet. Participant 5 also spoke about how these students are not typically identified with the ASD diagnosis when entering her classroom. She spoke about how “at the age group I'm working with, so many of

these things are considered developmental. So even though in your gut, you know this is a bigger problem, it doesn't look that way on paper. So that can be frustrating.”

The unknown. As mentioned, two of the three kindergarten teachers in this study spoke about the unknown when a teacher is assigned a kindergarten student with the ASD diagnosis, especially because they are typically new to the school. Participant 4 mentioned, “Right so depending on the profile, um, this time of year it could be a little scary. We just did placement and all we see is the IEP...Then they are yours for 180 days. So, it can be a little stressful.” Participant 5 mentioned “the children that I work with that have this diagnosis are so young. I don't have a ton of history to go on.” Participant 5 described the challenges of those unknowns and how they impact her ability to properly include a student at a young age when they do not have previous experiences as a starting point.

Growth and Transitions

All four participants identified as fourth-grade teachers spoke about the growth in the students' mindsets and transitions that occur when these students are in the fourth grade. The growth and transitions include social relationships change and a greater understanding of the student. Therefore, the growth and transitions are not just for the students but also for the teachers.

Social relationships change. Three of the four fourth-grade teachers spoke about observing how social relationships change throughout the fourth-grade year, including peers being unkind towards students with ASD and other challenges, which impact the teachers as well. Participant 3 compared the academic challenges to those social challenges she has observed her students experience. In her experience, Participant 3 has observed “It was more of that social piece where it impacted [current student], and kind of that filter and being able to know when to

say things and when to not. And that's mostly my experience with kids I've worked with." This places more responsibility on those who work with the student to support them socially.

Participant 6 spoke about the developmental changes that occur as the students get older, especially with regard to how they treat their "different" peers. Participant 6 emphasized "So unfortunately, I would say the main difference I've seen as kids get older, the social stigma might become a little bit more heightened." Participant 7 spoke about these students who demonstrate behavioral challenges and how those behaviors impact the students' social relationships in the classroom. Participant 7 mentioned how the behavioral challenges are also distracting to her and how she encourages her entire class to do mindfulness as a way to center them and support the student who is having the challenges controlling his or her behaviors by taking the attention away from that student.

Greater understanding of the student. Two participants spoke about how they felt a greater understanding of the student(s) with ASD by the time the student(s) entered fourth-grade. Participant 2 spoke about those instances where parents had difficulty accepting the diagnosis which impacted the support the teacher and school can provide. She stated, "I'm just like, 'Ok well in the meantime, we could be helping and we're not helping as much as we could.' And that is when it falls much more on a teacher, you know, to kind of do that. At the fourth-grade level (pause) that's kind of weaned out a little bit more in the younger grades. So, we don't find that as much. Sometimes some of the things become, all of a sudden, a bit more apparent in fourth grade too." Participant 2 also spoke about how often, by the time the student(s) reached fourth grade, they have already been in the school for a few years and teachers have gotten to know the child well to understand what works well and what does not. Participant 7 brought up a similar point of knowing students better by the time they have entered fourth grade and mentioned, "...I see

them in fourth grade, so by the time I see them, they've already had 504s and IEPs established, things in place, you know, behavior plans.”

Across Schools

There appeared to be no significant differences when I looked at the data from the different schools in the Northeast. Participant 6 mentioned how licensure requirements differ across state lines based on her former experience working in a different state. However, when I analyzed the data, there were no apparent superordinate or emergent themes when I compared across the different schools from Massachusetts, New Jersey, and New York.

Discussion, Limitations, and Future Directions

Discussion

This qualitative study explored general education teachers' perspectives of teaching students with autism in a mainstream classroom and sought answers to the following research questions: (a) How do general education teachers perceive their ability to teach students with ASD in the mainstream classroom? (b) How do these perceptions vary across schools in different geographic locations? (c) How do these experiences vary across grade level? (d) How has this view changed since the teacher's first experience working with this population? (e) What do general education teachers view as the most challenging aspects of inclusion? (f) What do general education teachers perceive as the benefits of inclusion? (g) What do general education teachers believe would be helpful for promoting the successful inclusion of ASD? In this section, I discuss themes that emerged that answer the research questions, which were also discussed in relation to the existing literature.

How do general education teachers perceive their ability to teach students with ASD in the mainstream classroom

This study found that teachers experience a challenging but rewarding experience when they teach students with autism in the mainstream classroom. The lack of formal training initially resulted in feelings of unpreparedness to teach in this setting. A common challenge faced by teachers was the lack of systemic support which often impacted their ability to help these students be successful. Similarly, the literature suggested that by receiving adequate training and support from their school and the district, teachers felt more able to teach these students in the inclusive setting. Anglim et al. (2018) had participants who linked their self-efficacy to the amount of support they received as well as the amount of preparation and training they had in specific needs of their students. Majoko (2016) and Able et al. (2015) also discussed the challenge teachers face when they have not received adequate training and how they may lack confidence in their ability to help their students be successful. This study highlighted how paraprofessionals often received more specialized trainings than general education teachers with regard to children with special needs. Busby et al. (2012) also pointed out how teachers' colleagues (e.g., special education teachers) often had more of those specialized trainings when compared to the general classroom teachers.

In many ways my findings were similar to that of the literature, although there was a significant difference that did not come up in the literature. My study showed that some teachers felt they have learned on the job and became more comfortable over time with the experience they received. They often perceived their ability to teach students with ASD in the mainstream classroom differently after years of experience compared to when they first began. Teachers also had trouble with obtaining administrative support outside of their school building, which made

this experience more challenging. However, teachers often looked for support to rely on within their own buildings.

How do these perceptions vary across schools in different geographic locations

Due to challenges with obtaining volunteers from a rural/semi-rural school setting, this research question was left largely unanswered. The literature suggested rural communities often experienced more limited resources and services; therefore, inclusion of students with ASD was often more challenging in rural areas (Antezana et al., 2017). My motivation to view experiences across different geographic locations (suburban/urban vs. rural/semi-rural) was to explore if more limited resources in a rural community led to different experiences from those in urban communities among teachers working with students with ASD. Due to my inability to recruit teachers from rural districts, I was unable to observe whether the findings would differ based on a rural versus urban location. What my findings did show was that the experiences of teachers who have taught within the Northeast did not differ much from each other.

How do these perceptions vary across grade levels

Based on my findings from seven teachers, kindergarten teachers experienced students who frequently did not have a formal diagnosis but demonstrated apparent needs related to that of ASD (who were later given the diagnosis). Additionally, kindergarten teachers did not have much of a student's early childhood history to review. This challenge is often faced more by kindergarten teachers because their students were typically "new" to the school, compared to fourth-grade teachers who had students who had been in the same school for several years. These findings should be viewed with some caution based on the small sample size of the study. The literature did not focus much on younger grade levels besides comparing social relationships. Much of the literature focused on how students with ASD experienced more social challenges as

they aged. Able et al. (2015) and Humphrey and Symes (2010) spoke about the higher prevalence of bullying from neurotypical peers as the students get older as a result of the student with ASD's lagging social skills. Kasari et al. (2011) also focused on the increasing challenges faced as the students get older in terms of their social relationships. This study found that fourth-grade teachers saw how some peers became unkind towards their peers with ASD as they got closer to middle school. When kindergarten teachers spoke about peer relationships, they were overall very positive and did not mention challenges with combating social stigma. This demonstrated an additional responsibility of fourth-grade teachers. Part of successful inclusion was that teachers provided safe environments and modeled appropriate social behaviors. Campbell (2006) spoke directly about how teachers got involved in this area of functioning by being models of acceptance for their students.

Based on these findings, I was unable to prove my hypothesis that teachers who teach older grade levels experience more challenges than those teaching younger grade levels. The data demonstrated that each grade level came with its own set of challenges, and these participants expressed an overall positive experience.

How has this view changed since the teachers' first experience working with this population

The findings suggested some changes seen since teachers first began their careers. A common challenge that may change is the feeling of low self-confidence experienced by teachers when they first taught in this setting. Teachers gained more confidence in their work through experience and support. Similarly, Anglim et al. (2018) found that many teachers lacked the self-efficacy to teach this population in this setting. The literature also confirmed the notion that more support and preparation boosted teacher confidence (Majoko, 2016). Additionally, the findings described how the rising numbers of students with ASD was very clear when teachers

looked back at their first few years of teaching, as well as the changes in diagnostic criteria since they started. Barnhill et al. (2011) as well as Busby et al. (2012) identified the importance of the rising numbers of cases in special education and across the country in general, and highlighted how this has made professionals jobs more challenging when working with this population.

The topic of comparing first teaching experiences to current experiences was not a focus of much of the literature, and it was not a focus for my study beyond how teachers described their initial low confidence levels when they first began. The important takeaway from this study's findings is that as teachers gained more experience and had more support in this setting with these students, they became more comfortable.

What do general education teachers view as the most challenging aspects of inclusion

There were numerous challenges expressed within this study. Parent commitment has posed a challenge for many teachers. When parents do not accept the diagnosis or the idea that their child requires an IEP, the teachers' responsibility of helping their students be successful becomes more difficult. Another challenge that teachers have faced is the need for changes within the special education process. A lagging process, children losing services or slipping under the radar, and more responsibilities placed on the general education teacher were all common frustrations expressed during the interviews. Humphrey and Symes explored the challenges of students with ASD who had not received the services they required. The authors related some of this to the lack of adequate funding and how not receiving the services impact both the student and the school personnel who worked with them as well (Humphrey & Symes, 2010). This current study showed how teachers received varying levels of support. Teachers often feel unsupported by the district and must advocate strongly for what they need. Unfortunately, teachers do not always receive the materials or support they require.

There is a need for administrators to listen more openly to teachers who work directly with these students. In relation to district-wide support, there are budget constraints that posed a challenge in two major ways. First, the budget constraints impact what resources and services are available for students and their teachers, which means some students may not get what they need to thrive in the classroom. Second, teachers report that they are not compensated enough for the work they are doing. Participants may feel “drained” and frustrated a lot due to many of these challenges. The literature confirms these feelings and found that teachers in this setting often have felt high levels of burnout due to their low self-efficacy levels, lack of proper support, and lack of appropriate training (Bottini et al., 2020). Additionally, the literature indicated that successful inclusion required access to funding, effective institutional practices, and parental involvement in the process. These aspects as well as the lack of support from administrative personnel, were systemic issues that teachers faced regularly (Able et al., 2015; Barnhill et al., 2011; Lindsay et al., 2013; Majoko, 2016).

What do general education teachers perceive as the benefits of inclusion

Despite facing many challenges, all participants also saw many benefits to working in a mainstream classroom with students on the autism spectrum. Teachers and their students learn about diversity and acceptance through these experiences, and these experiences also support the teachers’ growth. For example, one participant became emotional talking about the “joy” of this experience. Through the acceptance, teachers have seen these students beyond their diagnosis and recognized what they (the teacher) and the other students have been able to learn from students with ASD. Additionally, teachers have often experienced positive support within their own schools, which was sometimes a challenge posed within the literature. While most of the literature focused on the benefits of inclusion for students with ASD, there was not much

literature about the benefits teachers perceived for themselves. Yet the participants in this study found numerous benefits for themselves, their students with ASD, and their neurotypical students. However, one potential benefit highlighted in Campbell's (2006) research was that teachers modeling positive peer interactions and accepting behaviors supports more successful social inclusion of these students with ASD.

What do general education teachers believe would be helpful for promoting the successful inclusion of ASD

There were several suggestions posed by participants that may support more successful inclusion practice. The cotaught model has been another approach to inclusion. The cotaught model was explained as the pairing of a general education teacher and a special education teacher within one classroom. Additionally, some teachers felt that special education teachers were overwhelmed with multiple grade level curricula that one special education teacher per grade level may promote more successful inclusion. This practice would have beneficial for all individuals involved in the process (i.e., teachers and students) because they would understand one level of academic, social, and behavioral expectations. The literature did not mention ideas similar to these two approaches, but it could be areas of further research. This study also highlighted the need for more support around how teachers can speak about autism in a developmentally appropriate way for their students. This idea is supported by Able et al. who found the benefit of older grade level teachers, especially those in the middle school and high school levels, providing information about the diagnosis to their students. The exploration found that by providing this information, they were helping to develop more positive attitudes in the neurotypical peers towards their peers with ASD (Able et al., 2015). This is also an area worth

exploring more in future research, especially as it relates to teachers' experiences working in a mainstream classroom with students with and without ASD.

Limitations

This study came with a few limitations. The first limitation was the low transferability of the data due to the small sample size. The IPA method called for smaller sample sizes due to the theoretical foundations of the approach. By looking at a smaller sample size, I was able to analyze in more depth as opposed to breadth (Smith et al., 2009). While focusing on depth came with many benefits, it did not yield findings that could be generalized to all general education teachers who have worked with students with ASD in the mainstream classroom. Therefore, I cannot conclude that these experiences were representative of those experiences of the population of general education teachers.

Another limitation to my study was the diversity in geographic locations the participants work in. When I proposed the study initially, my goal had been to research how the experiences differed in a suburban or urban school setting versus rural or semi-rural setting. Unfortunately, I was unable to obtain volunteers from a semi-rural or rural setting; therefore, my research question was left unanswered. Additionally, all of my participants were from the Northeast which limited the diversity of locations. Without the input from teachers in a semi-rural/rural setting or in another area of the country, we cannot conclude whether there were differences in including students with ASD in these schools compared to those schools in the Northeast urban/suburban areas.

A third limitation to my study was how the data did not conclude that one grade level experiences more challenges than another. What the data concluded was that there are differences across grade levels; however, there are challenges across both kindergarten and

fourth grade. A final limitation to my study was that two of my participants taught within a school that had an autism program. Although they expressed challenges, this detail may have also limited my transferability of the data because this was a unique aspect of these participants' experience.

Clinical Implications

There are clinical implications that can be derived from this study. First, all of the participant teachers noted strengths and challenges in working in mainstream classrooms. Despite seeing many advantages for themselves and their students of having a diverse classroom composition, they also experienced a great amount of stress related to the high level of responsibility when working with students who have various needs. The participants in this study received general training but were left feeling less confident in their ability to work with a population such as, autism, particularly when they had to meet the needs of many students with different educational and social needs. Not only have they experienced stress in the work within the classroom, but they also experienced stressors outside of the classroom. As the literature suggested, these factors all contribute to teacher burnout. As one participant mentioned, the teachers' feelings often "trickle down" to their students. Another participant highlighted how teacher turnover is high, which also had a negative impact on their students. This begs the questions: (a) What qualities or characteristics must teachers have to feel secure and choose to stay in their jobs? (b) Are there systems-level issues, particularly at the district level, that need modification? It is important to consider how this has impacted the individual of focus.

Psychologists are skilled in diagnosing and working with individuals with ASD. After evaluating an individual, psychologists often play a role in ensuring that the individual receives the proper accommodations necessary to be successful. Based on this study, there are several

ways clinical psychologists can offer support on both an individual and a systems level. Psychologists can provide support in school meetings (e.g., IEP/504 planning meetings) to better explain a child's areas of strengths and needs. Through this support, they can provide insight on evidence-based practices commonly used with individuals with ASD. This has the potential to decrease some of the teacher burnout and stress by providing teachers and other staff with more confidence around working with these students. On a systems level, information on best practice to school districts can help build a stronger process around supporting these students and their success in the classroom. This could result in the alleviation of some of the school and social related anxiety and depressive symptoms that individuals with ASD commonly experience. Clinical psychologists often provide psychotherapy to individuals with ASD when they are experiencing these co-occurring disorders. Family acceptance is equally as important in obtaining the services necessary. Clinical psychologists work directly with the family of clients and part of the job of diagnosing ASD is helping parents accept and understand the areas of need. This is where some of the challenges teachers face with parent commitment may be mitigated through psychologists' support in the increased knowledge and acceptance from parents. Additionally, psychologists can provide families with recommendations of parent support groups that may help to normalize what they (the families) are experiencing.

Clinical psychologists will benefit from viewing how systemic issues and other stressors trickle down to impact the students with ASD when seeking ways to mitigate the pressure teachers are feeling. As many of the participants mentioned in their interviews, inclusion may not work for every child, but the children who have the developing skills needed, should have the opportunity to be successful. Therefore, it is important to help teachers find ways they can receive the support they need to, in turn, support their students with ASD.

Future Directions

This study has demonstrated many areas where further research can be done. I believe it is important to inquire about teachers' views on how they believe school psychologists and counselors can be more supportive in this area of their work. My questions did not probe for the mention of psychologist and counselor support and there was minimal discussion brought up about support by these staff members. It would be worth exploring more how these personnel can be supportive in other areas of need, such as teaching teachers how to explain ASD to their students, how to balance the needs of diverse students, and to examine how this support may change teachers' experiences in the inclusive classroom with this population. Based on the emphasis of a cotaught model within this study, future research could be done to compare a cotaught model compared to other forms of inclusion. Future research might explore those benefits and risks of switching to a cotaught model, including any obstacles with a school's budget. Additionally, it would be worth exploring the impact of having one special education teacher per grade level and how they could be helpful to successful inclusion.

Another area of further research and development is obtaining a larger sample size to explore challenges across grade levels. The data obtained in this study demonstrated some differences is the exploration across geographic locations through access of rural school communities. Due to the limitation of not obtaining consent from rural schools, it is worth further exploration of the hypothesis that those teachers in a rural school would perceive their experiences differently from those of teachers in an urban or suburban school. I believe that by understanding this, the field could be another step closer to helping this population be successful within all types of school districts. Finally, the field and this population may benefit from further

exploration about how the family's culture impacts their interactions with schools and the special education services obtained for an individual with ASD.

Researcher's Personal Reflection

Throughout this process, I found myself having mixed emotions, similar to those my participants discussed. I ran into many obstacles during different aspects of the research process, but I was fortunate to find colleagues who were willing to help. There were frustrations in the recruitment process that often led me to think I might have a much smaller number of participants than planned. I worried that I would not obtain results that would create a meaningful study. However, I was pleasantly surprised with the willingness and dedication of my participants. As a graduate student who had minimal research experience prior to this study, I recognize that although I had to focus some of my time just on learning the IPA approach, I obtained information that was meaningful to me.

I have a strong interest in the work with people with Autism Spectrum Disorders. As a graduate student gaining experience testing and providing therapy to individuals with autism, I am concerned about these individuals and their functioning in school, the second most important place in their lives (second to home). Reading the literature and comparing it to my findings speaks volumes about the need for teachers to have more of a voice on this topic. We often focus on how the education system impacts students and forget that the teacher is just as important. From my 7 Participant volunteers, I caught a glimpse of the challenges and joys teachers face with this population.

My study indicates several areas of strengths in the inclusion process as well as several areas of need that could benefit the teachers and their students. This study also highlights the importance of collaboration and areas where clinical psychologists can support this process.

Despite this being a commonly misunderstood spectrum of disorders, clinical psychologists have the insight about how to work with these individuals and support their successful functioning.

The education realm requires more collaboration with the field of psychology to foster the development of individuals with ASD.

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Appendix A

Permission Request Email to School Districts

Dear [Principals or Superintendents],

My name is Alyssa Maiuri and I am a doctoral student in clinical psychology at Antioch University New England. I am writing to request permission to conduct my dissertation study in your school district. I am interested in learning how teachers view the benefits and challenges of teaching children with and without autism in the same classroom. My dissertation study is entitled, *The Inclusion of Autism Spectrum Disorder in the Mainstream Classroom: Teachers' Perspectives*.

I am recruiting four elementary school teachers (two teaching kindergarten and two teaching Grade 4) to be interviewed about their experience of teaching students with and without autism in the general education classroom. Prior to conducting these interviews, I will obtain each teacher's consent for participating in my study. The purpose of this project is to gain a better understanding of teachers' experiences with autistic students in inclusive classrooms and their perceptions about what promotes or inhibits successful inclusion with this population. Participants will not be asked to disclose any information about specific students. I also am interested in the differences between grade levels (kindergarten and Grade 4). As a result of these interviews, I hope to understand how best to support general education teachers who are working with the ASD population in the mainstream classroom.

My study will address the following research questions:

1. How do general education teachers perceive their ability to teach students with ASD in the mainstream classroom?
2. How do these perceptions vary across schools in different geographic locations?
3. How do these experiences vary across grade level?
4. How has this view changed since the teachers' first experience working with this population?
5. What do general education teachers view as the most challenging aspects of inclusion?
6. What do general education teachers perceive as the benefits of inclusion?
7. What do general education teachers believe would be helpful for promoting the successful inclusion of ASD?

I would be happy to answer any questions or concerns you may have regarding my study. Please email me with times that will work best for your schedule to set up a phone call to address any questions or concerns and to discuss your decision about your school district's participation. I can be reached via email at [primary email], or by phone at [primary number].

Thank you,
Alyssa Maiuri, M.S.
Doctoral Candidate
Antioch University New England

Appendix B

Participation Email Request from Teachers

Dear _____ ,

My name is Alyssa Maiuri and I am a doctoral student in clinical psychology at Antioch University New England. As part of my school requirements, I am conducting a study to learn about teachers' perspectives about teaching children with and without autism in the general education classroom. I am writing to request your participation in my dissertation study. My dissertation study is entitled, *The Inclusion of Autism Spectrum Disorder in the Mainstream Classroom: Teachers' Perspectives*.

I am recruiting four elementary school teachers (two teaching kindergarten and two teaching Grade 4) to be interviewed about their experience of teaching students with and without autism in the general education classroom. The purpose of this project is to gain a better understanding of teachers' experiences with autistic students in inclusive classrooms and their perceptions about what promotes or inhibits successful inclusion with this population. Participants will not be asked to disclose any information about specific students. I also am interested in the differences between grade levels (kindergarten and Grade 4). As a result of these interviews, I hope to understand how best to support general education teachers who are working with the ASD population in the mainstream classroom.

To be eligible to take part in this study, teachers must:

- Work as a general education teacher
- Teach either Kindergarten or Grade 4
- Have experience teaching students with autism in the general education classroom
- Have at least two years of teaching experience, one of which was in your current school district

I would be happy to answer any questions or concerns you may have regarding my study. If you have questions or are interested in volunteering for my dissertation study, please contact me via email, [[primary_email](#)].

Thank you,

Alyssa Maiuri, M.S.
Doctoral Candidate
Antioch University New England

Appendix C

Informed Consent Form

Thank you for volunteering to participate in an exploratory study designed to understand teachers' unique experiences of teaching students diagnosed with autism spectrum disorder (ASD) alongside their peers without ASD in the general education classroom. My name is Alyssa Maiuri and I am a doctoral student in the clinical psychology program at Antioch University New England. The following may be of interest to you as a participant in this study:

Introduction to the Study

This study will include an interview about your experience teaching students with autism in the mainstream classroom. You will not be asked to disclose any information about specific students. This interview will be approximately 60 minutes and will take place at a time that is convenient for you. The interview will be held at your current place of employment. The interview will be audio taped. I will ask you to fill out a questionnaire in which you will provide some basic demographic information. During the interview, I will ask you to tell me about your experience working in an inclusive classroom with students on the autism spectrum. I will be actively listening and may ask questions to clarify or learn more about your experiences. After I have completed all of the interviews and I have worked on understanding the various teachers' experiences, I will contact you by phone to share with you a summary of the interview and my understanding of your experience. I want to get your feedback to ensure that I have fully understood your unique experience. The purpose of these interviews is to look at how your experience and views about the inclusion of students with ASD are similar or differ from other participants in this study.

Participation

All participation in this study is entirely voluntary. There is no penalty for not participating. You may withdraw from the study at any time without penalty.

Risks and Benefits

Participation in this study carries minimal to no risk. There will be no direct benefit to you, but it may contribute to teacher education and to the field of psychology.

Compensation

You will receive a \$10 Dunkin Donuts gift card for your participation in this study.

Protection of Confidentiality

You will not be identified by name at any point in this research study. I will take the necessary steps to ensure that all information provided by you will be treated as strictly confidential. This interview will be audio taped for later analysis. The audio tapes will be destroyed after the completion of this study. All data will be coded and stored securely electronically and will be password-protected. My faculty advisor and I will be able to access the data. By agreeing to participate in this study, you are acknowledging that parts of what you say may be printed in the doctoral dissertation, which will be available to the public. However, all identifying information about you, any students you talk about, and the school district in which you work will be changed or removed completely from the data.

I have read and understand the conditions listed above, and I agree to participate in this research study. If at any point I have any questions regarding the research or my participation, I can contact the researcher, Alyssa Maiuri, M.S. who will answer my questions (phone number: [primary phone number]; email: [primary email]). I may also contact the researcher's faculty advisor, [name of faculty advisor] via her email, [[faculty advisor email](#)].

If you have any questions about your rights as a research participant, you may contact [[name of chair](#)], Chair of the Antioch University New England Institutional Review Board [chair's primary email] or [name of Provost], Antioch University New England Provost [primary email of Provost].

Signature of Participant
Date

Printed Name

Appendix D
Demographic Questionnaire

Name:

Gender:

Race:

Ethnicity:

Employer (School District):

Highest degree earned:

Current grade level teaching:

Number of years teaching at (current employer) :

Total number of years teaching:

Total number of years teaching students with autism:

Appendix E

Teacher Interview Protocol

1. I see you have been teaching for _____ years. How many years as a [grade level] teacher?
 - a. If applicable: What grade(s) level(s) have you taught previously? How long?
2. Have you worked with students on the autism spectrum in the general education classroom prior to this school year?
 - a. Do you have experience working with students with ASD in a different school setting? If yes, explain.
 - b. Do you have experience working with children with ASD in any other type of setting? If yes, explain.
3. Have you received training in ASD?
 - a. Do you feel comfortable with that amount? Explain.
 - b. Does your employer provide trainings?
4. Tell me about your understanding of the autism spectrum disorder diagnosis.
 - a. Do you have any questions about the diagnosis? Is there any element of that diagnosis that you find confusing and do not understand completely?
 - b. Who can you go to for more information about the ASD diagnosis?
5. Tell me your definition of “inclusion.” What does it mean to you?
6. Tell me about your experience teaching in a general education classroom with students with and without ASD.
 - a. How does it affect the students with ASD?
 - b. How does it affect the students without ASD?
 - c. How does it affect you as a teacher?

7. On average, how often are your students on the autism spectrum in the mainstream classroom? Do they get pull out services? Explain.
 - a. Do you believe that is enough time? Not enough? Too much?
8. What benefits and/or risks do you see in including students with ASD? Explain.
 - a. If no benefits (or no risks): Explain further.
9. How do you feel about the special education process at [name of school district] ?
 - a. Explain your thoughts.
 - b. Tell me about the process of inclusion in your school district. -How is this addressed?
 - c. Is there anything you would change? If so, what would you change and why?
10. Do you feel supported by [their school district] ?
 - a. If yes: Explain how they support you. Is there anything they could be doing differently to help you feel more supported?
 - b. If no: Explain what would help you feel more supported.
 - c. (*Maybe brought up already) Is there an aid in your room? What is their responsibility?
11. Are all of your students with ASD on an IEP?
 - a. Have you ever had a student with ASD who was not on an IEP? If yes, tell me more about this.
12. For those who have taught multiple grade levels: In your experience teaching multiple grade levels, how is the inclusion of students with ASD in [current grade level they are teaching] similar to inclusion of these students in [previous grade levels taught] ? How does it differ? Explain your experience(s).

13. Are you familiar with the term “evidence-based practices”? If so, what does it mean to you?
- a. Are you familiar with EBPs for students with autism? Please provide examples and discuss your experience implementing these.
 - i. Where were you introduced to EBPs?
14. Is there anything else about teaching in an inclusive classroom that you would like to share with me?

Appendix F

Request Email for External Audit

Dear [name of school] graduate students,

My name is Alyssa Maiuri. I am a fifth-year student at Antioch University New England. I am looking for someone to peer review my dissertation data! My dissertation focus was on general education teachers' experiences of teaching students with autism spectrum disorder in the mainstream classroom. I interviewed 7 kindergarten and fourth-grade teachers from different school districts. I am using the Interpretative Phenomenological Analysis (IPA) method of qualitative data analysis to identify emergent themes from the 7 transcriptions. Through this form of analysis, I am also looking for any emergent themes that may differ across the 2 grade levels and/or across the varying geographic locations.

IPA experience is preferred but not required! I would be happy to answer any questions. Please contact me directly at [primary email address].

Best,

Alyssa Maiuri, MS

Appendix G

Tables of Superordinate and Emergent Themes

Looking Across All Transcripts

Superordinate Themes	Emergent Themes	Transcript Examples
Challenging but Rewarding (N=7)	Learning Diversity and Acceptance (N=5)	<p data-bbox="1024 436 1412 667">“I feel like it’s good, it’s good life experience. As we grow, we are going to meet all sorts of different people and try to accept lots of differences.” (P1)</p> <p data-bbox="1024 758 1412 947">“And the mom, oh she was in tears yesterday and was like, ‘You finally saw him for him and accepted him as him.’” (P2)</p> <p data-bbox="1024 1037 1412 1226">“And I think you see the world through different eyes sometimes and appreciate things a little bit differently.” (P3)</p> <p data-bbox="1024 1316 1412 1547">“If you’re hush hush about things, they become these scary things like, ‘Oh so and so has autism’ and things like that. Which it shouldn’t be!” (P3)</p> <p data-bbox="1024 1638 1412 1864">“I think definitely some of the benefits (of including these students) is just the diversity of the classroom...I would want my kid to be in a classroom with as many</p>

		<p>different kinds of people as possible.” (P6)</p> <p>“But I try to go, and this is the cliché part, I try to go in with like non-bias.” (P7)</p>
	<p>Seeing Beyond the Diagnosis (N=4)</p>	<p>“The spectrum is a real word. Some are completely different. Some kids are similar.” (P1)</p> <p>“They’re just great kids and they just need support and they need to be understood. You just need to understand what their particular needs are because they’re different from each other.” (P1)</p> <p>“I think that [changing the diagnosis to a spectrum disorder] almost stigmatizes it a little bit more because you can’t (pause) without a smaller classification, you’re like ‘autism, is autism, is autism’ now which I don’t agree with as much, but I think that’s hard until you get to know the kid.” (P2)</p> <p>“We meet kids where they are...there is really not a cookie cutter for individuals with autism.” (P4)</p>

		<p>“It’s not like getting a health diagnosis where you have a plan or percentage of recovery. This is nothing like that.” (P5)</p>
	<p>Parental Commitment Differs (N=3)</p>	<p>“And then we have the kids whose parents don’t accept the diagnosis...they’re like, ‘I don’t want to label. Don’t worry, they’re going to grow out of it.’” (P2)</p> <p>“It’s a little bit harder for those kids who aren’t diagnosed to go through the (SPED) process which kind of drags through sometimes or you can’t get the parents on board and what not.” (P2)</p> <p>(While speaking about a previous student) “A lot of my colleagues were like, ‘Why are we even doing this? The parents aren’t going to agree to it.’ And I’m just like, ‘Because we have to try.’” (P3)</p> <p>“...I feel like in the educational realm, speaking with parents especially, the word ‘IEP’ has such a negative connotation sometimes.” (P6)</p> <p>“So it can be kind of tricky to navigate [the idea of needing</p>

		special services] with the kids depending on what they are hearing at home.” (P6)
	Need for Process Changes (N= 6)	<p>“I don’t feel great about [special education process]. I feel like things take too long.” (P1)</p> <p>“I would change the (special education) process...you know there’s this huge push to share aides. They are trying to take one-on-one services away.” (P1)</p> <p>“I think that grade level SPED would be more supportive of the kids.” (P2)</p> <p>“For me, the (special education) process I find can be frustrating.” (P3)</p> <p>“[Special educators] are being pulled in many different directions. You know, if we could have one special ed teacher per grade level, they could really learn the curriculum, be in the classroom.” (P3)</p> <p>“...we are seeing children lose services. The expectations of the classroom teachers is on the rise in terms of taking over some of</p>

		<p>the duties that their paraprofessional would have handled more so.” (P4)</p> <p>“While I do think we do a great job special education-wise servicing the students in our district, I’m personally a bigger fan of the cotaught model...I just think it’s a more inclusive way to handle this...the cotaught model is my personal preference but we don’t have that.” (P5)</p> <p>“There have been cases where things are not always followed up on.” (P7)</p> <p>“It’s a little dicey with teachers missing their prep time and um, like not knowing when to fit in [IEP or 504] meetings.” (P7)</p>
	Mixed Emotions (N=6)	<p>“I think my classroom challenges me in a great way. I love it.” (P1)</p> <p>“There is a frustration that comes with it sometimes.” (P1)</p> <p>“I’m more than happy to have whoever comes my way.” (P2)</p>

		<p>“It’s a tough one sometimes. It’s so individualized.” (P2)</p> <p>“Its pushed me to be a better teacher. To go ask questions and figure out what else I can do to help this child.” (P3)</p> <p>“So, you have 3 kids who are all very different and trying to figure out how to reach all of them and support all of them.” (P3)</p> <p>“It’s really kind of a fluid experience dependent upon the kids that land in your class.” (P4)</p> <p>“If they’re not supported properly, we’re not giving the kids what they need. That really tears teachers apart. You know, really demoralizing and just so stressful.” (P4)</p> <p>“I mean I absolutely love it. I can’t see myself doing any other career...I’ve just really grown to adore it. But I mean it’s not a surprise to anybody but teachers just need more support in every possible way...” (P6)</p>
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		<p>“Um, it’s draining. I can’t say it’s not. Like emotionally, physically sometimes, I’m drained.” (P7)</p> <p>“Again just things like it is a challenge, it’s not easy. You do learn a lot. Um, I think being in an inclusion classroom is eye-opening.” (P7)</p>
	Multiple Roles (N=3)	<p>“It needs to be a safe place for everybody... We don’t just go and say, ‘Ok so, this is this kid’s problem and this is what they’re going to do and this is how we’re going to react.’ We try not to do that. The kids kind of pick up on that the more they see adults adjust to it. So, ‘if adults are ok with this then I can’t go and tattle on it. So it must be ok for this situation. Ok fine.’ And I think that that’s kind of that whole environment you create and it’s one they feel comfortable with.” (P2)</p> <p>“These are the skills that can be taught so they are accepted by peers. So I think that’s a big part of our responsibility so they can function socially.” (P4)</p> <p>“...you’re not just a teacher either. Some days you are the psychologist. Some days</p>

		<p>you're the nurse. Some days you're the um (pause) oh I don't know the list goes on.” (P7)</p>
Varied Support (N=6)	Budget Constraints (N=4)	<p>“I think there's always those times when it's like, 'a little bit more, a little bit more, a little bit more.' But I understand the constraints, you know, it's not an endless budget.” (P2)</p> <p>“I think if we could invest in a way that we had more staffing to really give these kids what they need, then we'd all be better off.” (P3)</p> <p>“[School district] has had a good reputation for servicing students with special needs. But over the past 5 years or so, um, it's been unfortunate, but we've been losing a lot of ground in that way. Cutting a lot of corners that end up affecting the students individually. “(P4)</p> <p>“...teachers just need more support in every possible way, um, around teaching their students, around professional development, monetarily...any way there can be more support for teachers, I think it would just be beneficial for kids because it all trickles down in the end</p>

		and it affects the outcome of their education.” (P6)
	Support in the Building (N=4)	<p>“And I couldn’t do it on my own if the support were not in place...If we didn’t have the special ed teacher here or a paraprofessional helping in the classroom with the child, it would be (pause) no, it would not be doable.” (P1)</p> <p>“So it is one of those things where if there are gray areas or questions, I can say ‘Ok let me go run by [special education teacher’s] first.’ Even within our [specialized] classroom, they have had tons of exposure. If I have questions, those are the people I can go to.” (P2)</p> <p>“There are several people just within my building that I can go to for support. They are, like I said, the LDTC, the speech pathologist, the occupational therapist, the physical therapist, my teaching staff, and even my building principal are all really supportive.” (P5)</p> <p>“We have such a knowledgeable group of SPED teachers that I can go to at any point.” (P6)</p>

	<p>Feeling Unheard by the District (N=3)</p>	<p>When asked about feeling supported by district- “um, sometimes. Sometimes not. But mostly it depends on the year. Like sometimes we really had to fight for things we needed.” (P1)</p> <p>“The administrators that are making decisions are across town in an office and they look at a grid on the computer and they don’t see a kid. So that’s disappointing. It certainly changes those rose-colored glasses, you know?” (P4)</p> <p>“They need to listen us, you know, take our recommendations seriously. They need to understand that we are on the frontline and we know what we’re talking about.” (P4)</p> <p>“I don’t find that when it goes beyond our building it’s that supportive...when I’m pushing for evals and things like that in my own building, amazing support.” (P5)</p> <p>“I also think that the director of special services while he or she wears an education hat, also wears a business hat. It’s not their fault. Every kid in the district can’t be tested just</p>
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		because I think they need something.” (P5)
Balance of Knowledge Gathering (N=7)	With Experience Comes Comfort (N= 5)	<p>“At this point, yeah I do [feel comfortable with no formal training]. In the beginning probably not. Um, at this point, I am...I feel steeped in autism honestly.” (P1)</p> <p>With regard to feeling comfortable with level of training – “I do. Yeah I think there’s always more to learn but I also think that it is so individualized that it’s one of those things where you can go to something that doesn’t apply to anything that you’ve dealt with. And other things it applies to everybody I’ve dealt with...it’s hard to pinpoint what one kid needs.” (P2)</p> <p>“The inclusive model has always been how I operated...I don’t pretend to know anything about [data the paras are collecting]. But is also doesn’t impact my work with the kids as the classroom teacher.” (P4)</p> <p>“I found that over the years, I’ve just gotten better at what really needs to go to the front</p>

		<p>seat and what can maybe wait a little bit.” (P5)</p> <p>In response to how comfortable with minimal training - “When I first started teaching I did not feel super prepared teaching students with special needs.” (P6)</p> <p>“You just kind of learn on the job. Every kid is so different, you just kind of figure it out as you go.” (P6)</p> <p>“You don’t really learn until the responsibility is on you...that kind of baptism by fire experience forces you to grow.” (P6)</p>
	Flexibility (N= 3)	<p>“...the kids can be very different from every year and we try to figure out what’s going to happen when they get here.” (P1)</p> <p>“It’s different and engaging. It’s like, ‘Ok, what are we going to have today? Are you going to pick up a chair and throw it at me?’” (P2)</p> <p>“You’re trying to meet all of the kids’ needs...you need to be flexible and you try to like let the kids or give the kids</p>

		the opportunity to succeed...” (P7)
	Never Too Much Training (N=3)	<p>“Um, you know I understand that they will do neurological testing on the kids. A few times I’ve had kids come with the diagnosis that shouldn’t have the diagnosis. And sometimes I have kids who don’t have the diagnosis and it’s just like, ‘Why wouldn’t they have a diagnosis?’ ...yeah so I have questions about that.” (P1)</p> <p>“I’ve heard little things like there’s no longer Asperger’s. I know what I’m dealing with every day, but I don’t know a lot about things like that that are going on.” (P1)</p> <p>“So we do take some special ed in school when we are preparing for our degree. When I was in school, there were not as many autistic kids as there are now...” (P1)</p> <p>With regard to feeling comfortable with minimal amount of training-“For the most part, yeah. I think that the more training you get on anything, you know, would be better.” (P3)</p>

		<p>“You know, my Masters was in special education so I knew, kind of, coming in, even though I was a general ed teacher that I was probably going to have a variety of students come through.” (P3)</p> <p>“...I feel like I need help with is...how do you explain to the classroom in a developmentally appropriate way and respecting other students, kind of, what autism is.” (P3)</p> <p>“I think it would have been beneficial for education as a whole to have more of an understanding of the best approaches, especially because I don’t think any 2 children with the diagnosis represents the same.” (P5)</p>
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Across Grade Levels

Superordinate Themes	Emergent Themes	Transcript Examples
K: Guessing versus Reality (N=3)	Less Identified (N= 3)	“Sometimes not all of their IEPs are in place. At this age level, it can be very difficult because preschool will move them on and think they’re set, they’re ready to go. And we’re going to put so much more demand on them the

		<p>following year and they lose some of the services that they need.” (P1)</p> <p>“...even [many] years ago, [participant’s school] didn’t have the program in our building, but it doesn’t mean kids didn’t have autism. And maybe they just haven’t been diagnosed yet.” (P4)</p> <p>“The thing is, they’re not typically identified yet.” (P5)</p> <p>“At the age group I’m working with, so many of these things are considered developmental. So even though in your gut, you know this is a bigger problem, it doesn’t look that way on paper. So that can be frustrating.” (P5)</p>
	The Unknown (N=2)	<p>“Right so depending on the profile, um, this time of year it could be a little scary. We just did placement and all we see is the IEP...Then they are yours for 180 days. So it can be a little stressful.” (P4)</p> <p>“But had [current student] come to me from another district, I think I would have spent a lot of those first few months as her mainstream teacher really trying to , you</p>

		<p>know, kind of figure out where does she need me the most...there are times with students, we want previous experiences...it becomes very difficult to properly help a student in an inclusive classroom at a young age.” (P5)</p> <p>“The children that I work with that have this diagnosis are so young. I don’t have a ton of history to go on.” (P5)</p>
<p>Fourth: Growth and Transitions (N= 4)</p>	<p>Social Relationships Change (N=3)</p>	<p>Comparing social to academic challenges- “It was more of that social piece where it impacted [current student], and kind of that filter and being able to know when to say things and when to not. And that’s mostly my experience with kids I’ve worked with.” (P3)</p> <p>“The closer kids get to middle school, social relationships are tricky...[transition from fourth to 5th grade] there are some pretty large developmental changes that are happening, especially in regards to how they treat each other.” (P6)</p> <p>“So unfortunately, I would say the main difference I’ve seen as kids get older, the social stigma might become a</p>

		<p>little bit more heightened.” (P6)</p> <p>Speaking about when the ASD student has behavioral challenges- “The other kids (pause) like I need to go on, you know? I can’t wait for [ASD student] all the time. And they see it too. They are not immune to it. Sometimes I’m just like, ‘Ok we’re all just going to take a deep breath.’ Like, I’ve done mindfulness stuff...but it is so distracting to the other kids.” (P7)</p>
	<p>Greater Understanding of the Student (N=2)</p>	<p>While talking about parents who do not accept the diagnosis – “I’m just like, ‘Ok well in the meantime, we could be helping and we’re not helping as much as we could.’ And that is when it falls much more on a teacher, you know, to kind of do that. At the fourth grade level (pause) that’s kind of weaned out a little bit more in the younger grades. So we don’t find that as much. Sometimes some of things become, all of a sudden, a bit more apparent in fourth grade too.” (P2)</p> <p>“But by the time they get to fourth grade, I think we’ve learned more about them as students and we can understand what makes them</p>

		<p>tick, or what makes them work well inclusion-wise versus what do we really need to send them out for (out of district).” (P2)</p> <p>“...I see them in fourth grade, so by the time I see them, they’ve already had 504’s and IEP’s established, things in place, you know, behavior plans.” (P7)</p>
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