

The Effect of a Scenario Autism Spectrum Disorder Diagnosis and Teacher Experience and Professional Development Training on Perceptions of Appropriate Behavior Interventions

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Abstract

This study sought to discover the difference that the number of years of teaching experience and professional development had on how teachers implemented behavior interventions for a child diagnosed with Autism Spectrum Disorder. Teachers from a school district in the southern region of the United States were given one of two scenarios and asked to complete related questions to the best of their ability. The teachers were then asked to complete a demographics survey that assessed their years of teaching experience as well as their professional development training regarding autism. The information from the demographics survey was then compared to how the teacher responded to the scenario. It was hypothesized that the years of experience and professional development training would positively affect the way a teacher implemented behavior interventions. However, the research showed no significant difference in either hypothesis. There was also no significant interaction effect found.

Keywords: autism spectrum disorder, autism, teaching experience, professional development

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders defines Autism Spectrum Disorder (ASD) as a single disorder which includes autism, Asperger's syndrome, and pervasive developmental disorder not otherwise specified (American Psychiatric Association, 2013). Children diagnosed with autism experience persistent deficits in social communication and social interaction. More specifically, they struggle with the normal back-and-forth of conversations and have a reduced concern for sharing their interests and emotions with others. An autistic child's capability to understand verbal and nonverbal language is limited; they do not understand how to engage in and interpret normal eye contact and body language. Additionally, autistic children are often

restricted, rigid, and even obsessive in their behaviors, activities, and interests (American Psychiatric Association, 2013).

In the last decade, there have been an increasing number of children diagnosed with autism (Center for Disease Control and Prevention, n.d.; Finke, McNaughton, & Drager, 2009; GAO-05-220, 2005; & Newman, 2007). Because of this increase, educational settings must be prepared to manage possible behaviors related to the diagnosis of autism. However, Boardman (2010) states that most teachers lack training in how to prevent troubling behaviors in the classroom; therefore, since autistic children have problematic behaviors, teachers are not educated to help them. Despite this deficit, there has been little research conducted on

how a teacher's classroom experience and professional development training could affect their perception of appropriate behavior interventions for ASD students in the classroom. Therefore, this study focused on the effect of an ASD diagnosis in combination with teacher experience and training on perceptions of appropriate behavior strategies in school settings.

The Center for Disease Control and Prevention (2016) stated that one in every 59 children born is diagnosed with ASD, and a study conducted in 2006 concluded that almost 194,000 U.S. students ages 6-21 were identified as having autism. These school-age children have received some form of special education services under the Individuals with Disabilities Education Act (GAO-05-220, 2005; IDEA, 2004), which entitles all students with disabilities the right to learn in inclusive classrooms where they are able to participate alongside regular and special education students for part or all of the day (GAO-05-220, 2005; Myles et al., 2005). A study conducted by the United States Department of Education stated that almost 60% of special education students in K-12 go to school and receive 80% of their education from general education teachers (US DOE, 2011).

Additionally, the commands of IDEA were clear: teaching children with autism was not just the responsibility of the special education teacher, and these children could no longer be confined to the special education classroom. IDEA created a paradigm shift in education that required all teachers to focus on the children in their classrooms and how their needs were met rather than send the children with autism to a resource classroom full time. This shift proved to be effective, as a 2009 study noted that 88.4 percent of children with autism in the United States spent at least a small portion of their day in a general classroom setting (Finke et al., 2009). Therefore, with the increasing number of students diagnosed with ASD, the large number of special education students taught by regular education teachers, and the requirements of IDEA, the chances of teachers encountering a child with autism in their regular classroom settings are extremely high. As a result, the teacher's role of classroom manager becomes even more important when dealing with the behaviors of children with autism (Busby, Ingram, Bowron, Oliver, & Lyons, 2012; GAO-05-220, 2005; Myles et al., 2005).

One of the most critical roles a teacher plays is that of classroom manager and dealing with student

behaviors (Wright et al., 1997). Specifically, effective teachers make distinctions about the most appropriate behavior interventions to use with individuals based on their unique needs. Effective classroom managers will even adapt different types of strategies for different types of students (Brophy & McCaslin, 1992). Wright, Horn, and Sanders (1997) documented that improving the effectiveness of teachers could do more to improve education than any other single factor. Despite this conclusion, there has been lack of empirical research on teachers' attitudes towards autism (Park & Chitiyo, 2011). Of the few studies related to this topic, Alexander and Strain (1978) stated that when deciding whether or not to place a child with autism into mainstream education, teachers' attitudes can play a crucial role. Another declared that a teacher's perceptions and attitudes towards inclusion of autistic children are necessary to these children's success when incorporated into these inclusion settings (Busby et al., 2012). Avramidis, Bayliss, and Burden (2000) also suggested that one of the most important factors affecting teachers' attitudes is the level and nature of support the teachers receive.

Park and Chitiyo (2011) exclusively looked at teacher attitudes towards children with autism. The researchers discovered significant differences in attitudes between teachers who had attended multiple workshops and training and those who had not. The more training a teacher had, the more confident and prepared they felt teaching children with autism. The researchers did not know if the workshop's attendance contributed to the positive attitudes or if the teachers with positive attitudes were more inclined to attend the workshops. However, there was significant correlation, and the research suggests that teachers with better attitudes are better prepared to help children with autism.

Finke et al. (2009) looked at the opinions of five K-5 general education teachers who had children with autism in their classrooms. Four of the teachers felt they had an extremely positive attitude toward their students. Because of this positive attitude, they changed their curriculum and instructional strategies, and these changes benefited every student in the classroom. On the other hand, Lambe (2007) suggested that most general education teachers have expressed concerns about teaching children with autism because they do not feel prepared. This lack of self-efficacy has long been a root cause of teachers not effectively teaching

children with autism (Avramidis et al., 2000; Busby et al., 2012). If teachers could recognize their professional competence, according to Rodriguez, Saddaña, and Moreno (2012), teachers' attitude and expectations towards their students with autism would improve. They also discovered that predominately positive teacher expectations regarding the education of pupils with ASD influenced students' own ability to influence their development; their relationships with families increased as the teachers became more confident in themselves.

According to Busby et al. (2012), teachers felt there were perceived challenges that had been difficult to overcome when dealing with children with autism, one of the most common being their lack of basic knowledge and skills regarding classroom inclusion. They also perceived that it would take an excessive amount of time to collaborate with other general education teachers, special education teachers, and professionals in order to be well-prepared to handle the difficult behaviors that can arise with children who have autism. These challenges and the perceived effort to overcome them caused teachers to feel hopeless.

Avramidis et al. (2000) conducted a study of 81 teachers' attitudes toward the inclusion of special education children in regular school settings. Analysis of the data found teachers' level of professional development to be significantly related to their attitude toward inclusion. The more training the teachers had, the higher their positive attitudes. Furthermore, teachers with substantial training demonstrated more confidence when meeting the requirements of students' Individualized Education Plans, demonstrating that high-quality professional development results in the teaching expertise necessary to meet all children's needs.

In conclusion, due to the increase in the number of students diagnosed with ASD (Center for Disease Control and Prevention, n.d.; Finke et al., 2009; GAO-05-220, 2005; & Newman, 2005;), the large number of special education students taught by regular education teachers, and the requirements of IDEA, the chances of teachers having a student with autism in their regular classroom settings are extremely high (Busby et al., 2012; GAO-05-220, 2005; Myles et al., 2005). However, since the passage of IDEA, general education teachers feel unprepared to resolve the challenges of teaching children with autism (Busby et al., 2012). Teachers' attitudes towards special education children in general are examined in research, but there is minimal research

specifically conducted on how a teacher's number of years of experience and professional development training affect their perception of appropriate behavior interventions for ASD students in the classroom. Therefore, this study sought to examine the relationship between the years of experience and training a teacher has and their perception of how to deal with the behaviors of children with autism in their regular education classroom.

Research Questions

Based on the evidence provided, I believed more years of teacher experience would positively affect the way a teacher implements behavior intervention for a child diagnosed with ASD. Furthermore, consistent with previous evidence, I believed that more professional development training would also positively affect a teacher's implemented interventions.

Method

Participants

After the Harding University IRB Review Board exempted this project from IRB approval, a total of 76 teachers from a school district in the southeastern United States were gathered to participate in this study. Two surveys did not contain enough data and had to be discarded, resulting in a total of 74 surveys analyzed. The teachers were recruited during a mandatory district-wide meeting on October 17, 2016, thus ensuring the widest variety of participants available. Additionally, each teacher was given a demographics survey attached to their study survey to answer to the best of their ability. Out of the 76 surveys given, 21 were from the Elementary School, 27 from the Middle School, 15 from the Junior High School, and 13 from the High School. Sixty-eight of the participants were female, while only six were male. Of the teachers participating, 43 had Bachelor's degrees, 26 had Master's degrees, and 4 had Educational Specialist degrees, while only one had a Doctorate degree. The majority had taught or was currently teaching a child with autism. Specifically, 56 had classroom experience with children who have autism.

Materials

The materials used in this survey were comprised of two different surveys, each containing a different scenario (See Appendix B). Brief instructions were given as well as a statement expressing the confidentiality and voluntariness of the study. The scenarios only differed on the diagnosis of the child (a child diagnosed with Autism Spectrum Disorder child and a child that is new to the district and is undiagnosed for any disorder). The scenarios were then followed by 14 survey questions related to the scenario. These questions assessed the perceptions of how prepared the teacher felt to implement behavior interventions for this child, as well as what actions they would take in order to react appropriately to the child's behavior. Once they completed the scenario questions to the best of their ability, the teachers were instructed to complete the demographics section of the survey. Teachers were asked a combination of questions from numerous sources. A few of the survey questions came from The Autism Attitude Scale for Teachers (AAST) by Olley et al. (1981). This survey was originally used for assessing the attitudes of teachers in school with regards to ASD children. Additionally, Kern (2006) looked at the attitudes regarding inclusive education within a school district in Texas, and I adapted some of her teacher survey questions for the demographics section. I also used Hayes (2014), as she looked at general education teachers' perceptions of inclusion and autism. Along with adapting questions from Olley et al. (1981), Kern (2006), and Hayes (2014), I added questions specifically for this study. Most questions were asked on a 6-point Likert scale. If a Likert scale could not be used, teachers were asked open-ended questions.

Procedure

The two scenarios were distributed randomly to all of the teachers at the meeting. A teacher was given one of the two scenarios. Each teacher was then asked to read the instructions thoroughly, including the confidentiality and voluntary statement required by the IRB regulations. Teachers were instructed both verbally and on paper that they were not required to participate in this study. After teachers read the scenarios, each participant was asked to read and answer the 14 questions that followed. These questions were based on a 6-point Likert scale and

ranged from: 1 (Extremely Unlikely) to 6 (Extremely Likely) or 1 (Extremely Unprepared) to 6 (Extremely Prepared) (see Appendix C). The participants were then instructed to complete the demographic section of the survey. After their general information was completely filled out, teachers answered questions regarding their own feelings and beliefs towards students with ASD.

Results

For the analysis of the study, two different two-way analyses of variance (ANOVA) were conducted. Both tests of significance were run using an alpha level of $p = .05$. The first two-way ANOVA analyzed the relationship between teacher experience and the behavior interventions used for the scenario child. When looking at teacher experience, the mean overall response for teachers who had less than five years of teaching experience was higher ($M = 3.9444$) than those who had more than five years of experience ($M = 3.7586$) (see Table 2). However, there was no significance found as $F(1, 72) = .424, p = .517$ (see Table 1). Additionally, when looking at the scenario diagnosis, $F(1, 72) = .735, p = .394$ (see Table 1), there was also no significance discovered, meaning that the number of years teaching did not affect the way the teacher handled the behavior difficulties of those with autism. For the scenario, the teachers who received the ASD diagnosis were more likely to suspect the child had autism ($M = 3.9722$) than those who had the non-diagnosed child ($M = 3.7297$) (see Table 2). There was, however, a significant interaction effect found between the two as $F(1, 72) = .6287, p = .015$ (see Table 1). According to this data overlap, no matter the teaching experience, teachers were slightly more likely to call out the child whom they perceived to have autism rather than the child whom they assumed did not have ASD (see Figure 1). Furthermore, teachers who received the scenario of the child with autism and had more years of experience were the most likely to call out and correct the child's behavior, while teachers who had more experience and received the non-diagnosed child scenario were the least likely to implement behavior interventions (see Table 2), concluding that there were findings, but they were not significant.

The second two-way ANOVA investigated the relationship between the amounts of professional development training and how the teacher implemented behavior interventions for the scenario child. Teachers

who had no professional development training were more likely to implement behavior interventions ($M = 3.9444$) than those who had one or more hours of training ($M = 3.7586$) (see Table 4). Furthermore, teachers with the ASD scenario were also more likely to state the child had autism ($M = 3.9091$) than teachers who had the non-diagnosed child scenario ($M = 3.8125$) (see Table 4). The scenario diagnosis of a child resulted in $F(1, 64) = .192, p = .505$ (see Table 3), while the professional development training of the child outcomes were $F(1, 64) = .451, p = .505$ (see Table 3), thus concluding that the hours of professional development training a teacher had did not affect the way they perceived how they would implement behavior interventions for a child. Like the first ANOVA, the means showed that the teachers who had the non-diagnosed child and the most experience were less likely to call out and correct the child. However, teachers who were given the non-diagnosed scenario and who had the least amount of professional development were the most likely to implement behavior interventions (see Table 4). Finally, the interaction effect between the two variables was found to be insignificant, $F(1, 64) = .683, p = .412$ (see Table 3).

In conclusion, neither overall teacher experience nor professional development training showed significance. Thus, the null hypothesis was accepted, and the alternative rejected in both tests.

Discussion

With the constant growth of Autism Spectrum Disorder in a general education classroom, this study was conducted to determine if a teacher's years of experience or professional development training affected the way they implemented behavior interventions in the classroom. It was hypothesized that more years of teacher experience would positively affect the way a teacher implemented behavior interventions for a child diagnosed with ASD because they would have better attitudes toward the children. Furthermore, it was believed that the more professional development training a teacher had would positively affect the way the teacher implemented behavior interventions for a child diagnosed with ASD in their general education classroom because of what Park and Chitiyo (2011) discovered. After analyzing the data, neither hypothesis was supported, as neither showed a significant difference.

This study presented a number of limitations. First, there was a small sample size. Because the researcher was only looking at one school district, there was a very selective group of teachers who answered the survey and it may not generalize to all teachers in all geographic locations or background training. If the survey were conducted nationally, or even throughout the entire state, it is possible that significant results would have been found.

Second, half of the teachers recorded that they had never received any professional development training in autism. I believe if there had been more teachers who had received training, there would have been more of a significant difference found. Additionally, half of the teachers in the school district had only been there for 4.9 years or less. The multitude of new teachers also could have resulted in skewed results.

On the other hand, when analyzing the data further, significant results were found. Teachers who had the least amount of teaching experience, regardless their professional development training, felt that inclusion was beneficial academically to all students with ASD, ($F(1, 62) = 9.906, p = .003$). Additionally, the same results occurred with the newer teachers who had less university training ($F(1, 66) = 6.566, p = .000$). The mean response for a teacher who had no professional development training was significantly higher ($M = 4.5937$) than those who had five or more years of experience ($M = 3.5806$). The researcher believes this was found to be significant because of the increasing prevalence of ASD in recent years.

Furthermore, there were also significant findings when evaluating the teacher's attitude toward their autistic students. Teachers who had the least amount of experience and the most professional development training had the most helpful and accepting attitudes toward their students ($F(1, 61) = 6.138, p = .016$). The average response of a teacher who had less than five years of experience and more than one hour of professional development training was much higher ($M = 4.8065$) than those who had more than five years of experience and more than one year of teaching experience ($M = 4.2963$). Teachers who also had the most university training and the least amount of experience had significantly higher scores on their attitudes towards their students with autism ($F(1, 57) = 5.163, p = .027$). The mean for teachers with at least one hour of university training and less than five years' experience was much higher ($M = 4.8182$) than those who had at least one

hour of university training and more than five years of experience ($M = 4.3103$). I believe this reinforces the idea that the teachers who have just graduated college are better versed in autism than the more experienced teachers who have been out of college for years.

Future research needs to focus on how the teachers were trained to handle children with autism, if they were trained at all. It should also include more survey questions dealing with how their schooling and professional development approached children with autism. Some of these questions would include: How were you taught to approach behavioral issues that occur with children with autism? How were you instructed to work with the parents on helping the child's behavior to become better? How was autism taught to you or did you have any classes specifically on autism? Similarly, for the older teachers who have not received this university and professional development training, the researcher should ask questions about how their years of experience have changed the way they combat behavioral issues in children diagnosed with ASD.

In conclusion, since the passage of IDEA, students with autism have been increasingly placed in inclusion classrooms. As a result, they have affected the educational and social environment, and teachers have been expected to adapt to these autistic students' strengths and weaknesses by modifying the way they teach (Myles et al., 2005). This study attempted to determine if there was a significant difference in teacher experience and professional development training on the way a teacher implemented behavioral interventions for children with autism. This research did not provide significant findings regarding the hypotheses. The insignificant findings could be a result of the small sample size or because only half of the teachers had ever received any professional development training on autism. Therefore, further research needs to address these issues so that participants are more representative of the population.

References

- Alexander, C., & Strain, P. S. (1978). Review of educators' attitudes toward handicapped children and the concept of mainstreaming. *Psychology in The Schools*, 15390-396.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Avramidis, E., Bayliss, P., & Burden, R. (2000). A survey into mainstream teachers' attitudes towards the inclusion of children with special educational needs in the ordinary school in one local education authority. *Educational Psychology*, 20(2), 191-211.
- Boardman, R. M. (2010). Behavior modification. *American School & University*, 82(7), 42-44.
- Brophy, J., & McCaslin, M. (1992). Teachers' reports of how they perceive and cope with problem students. *The Elementary School Journal*, (1), 3.
- Busby, R., Ingram, R., Bowron, R., Oliver, J., & Lyons, B. (2012). Teaching elementary children with autism: Addressing teacher challenges and preparation needs. *Rural Educator*, 33(2), 27-35.
- Centers for Disease Control and Prevention. Autism information center. (2016) Retrieved September 27, 2016, from <http://www.cdc.gov/ncbddd/autism/>
- Finke, E. H., McNaughton, D. B., & Drager, K. R. (2009). 'All children can and should have the opportunity to learn': General education teacher's perspectives on including children with autism spectrum disorder who require ACC. *AAC: Augmentative and Alternative Communication*, 25(2), 110-122. doi:10.1080/07434610902886206
- GAO-05-220, Special Education: Children with autism. (n.d.). Retrieved September 27, 2016, from <http://www.gao.gov/htext/d05220.html>
- Hayes, Deborah. (2014). *Inclusion and autism: General education teachers' perceptions*. (Doctoral Dissertation). Retrieved from Digital Commons @ East Tennessee State University.
- Individuals with Disabilities Education Act 42 U.S.C. 12101 et.seq. (2004)
- Kern, Evangeline. (2006). *Survey of teacher attitude regarding inclusive education within an urban school district* (Doctoral Dissertation). Retrieved from Digital Commons @ PCOM.
- Lambe, J. (2007). Northern Ireland student teachers' changing attitudes towards inclusive education during initial teacher training. *International Journal of Special Education*, 22(1), 59-71.
- Marzano, R. J., Marzano, J. S., & Pickering, D. (2003) Classroom management that works: Research-based strategies for every teacher. Alexandria, VA: *Association for Supervision and Curriculum Development*.
- Mayo Clinic (2014). Autism spectrum disorder. Retrieved October 08, 2016, from <http://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/basics/definition/con-20021148>
- Myles, B. S., Hagen, K., Holverstott, J., Hubbard, A., Adreon, D., Trautman, M., & Organization for Autism, R. (2005). Life journey through autism: an educator's guide to asperger syndrome. Organization for Autism
- Newman, L., Institute of Education Sciences (ED), W. D., & SRI International, A. V. (2007). Secondary school experiences of students with autism. Facts from NLTS2. NCSER 2007-3005. National Center for Special Education Research
- Olley, J. G., & And, O. (1981). Suggestions for administration of the autism attitude scale for teachers.
- Park, M., & Chitiyo, M. (2011). An examination of teacher attitudes towards children with autism. *Journal of Research in Special Educational Needs*, 11(1), 70-78. doi:10.1111/j.1471-3802.2010.01181.x
- Rodríguez, I. R., Saldaña, D., & Moreno, F. J. (2012). Support, inclusion, and special education teachers' attitudes toward the education of students with autism spectrum disorders. *Autism Research and Treatment*, 2012259468. doi:10.1155/2012/259468
- US Department of Education (2011). The condition of education. Retrieved October 08, 2016, <http://nces.ed.gov/search/index.asp?q=special+education+2011&btnG=Search&client=nces>
- Wright, S. P., & And, O. (1997). Teacher and classroom context effects on student achievement: Implications for teacher evaluation. *Journal of Personnel Evaluation in Education*, 11(1), 57-67.
- Wright, S. P., Horn, S. P., & Sanders, W. L. (1997). Teacher and classroom context effects on student achievement: Implications for teacher evaluations. *Journal of Personnel Evaluation in Education*, 11, 57-67.

Table 1

ANOVA Summary: Scenario Diagnosis by Years of Teaching Experience

Dependent Variable: How likely are you to call the child out and correct the child?

Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Between Groups	10.015	3	3.338	2.522	.065	.099
Scenario Diagnosis	.973	1	.973	.735	.394	.011
Teaching Experience	.561	1	.561	.424	.517	.006
Scenario Diagnosis * Teaching Experience	8.8321	1	8.8321	6.287	.015	.084
Error	91.327	69	1.324			
Total	101.342	72				

Table 2

Table of Means: Effect of Scenario Diagnosis and Teaching Experience at the Senatobia Municipal School District on Behavior Interventions

		Diagnosis		
		ASD	Non-ASD	
School District Experience	0-4.9 years	M = 3.7222 SD = 1.01782 n = 18	M = 4.1667 SD = 1.24853 n = 18	M = 3.9444 SD = 1.14504 n = 36
	5+ years	M = 4.2222 SD = 1.06027 n = 18	M = 3.3158 SD = 1.24956 n = 19	M = 3.7586 SD = 1.23391 n = 37
		M = 3.9722 SD = 1.05522 n = 36	M = 3.7297 SD = 1.30488 n = 37	M = 3.8493 SD = 1.8640 N = 73

Table 3

ANOVA Summary: Scenario Diagnosis by Professional Development Training

Dependent Variable: How likely are you to call the child out and correct the child?

Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Between Groups	1.614	3	.538	.410	.747	.020
Scenario Diagnosis	.252	1	.252	.192	.663	.003
Teaching Experience	.592	1	.592	.451	.505	.007
Scenario Diagnosis * Teaching Experience	.898	1	.898	.683	.412	.011
Error	80.140	61	1.314			
Total	81.754	64				

Table 4

Table of Means: Effect of Scenario Diagnosis and Professional Development Training on Behavior Interventions

		Diagnosis		
		ASD	Non-ASD	
Professional Development	0 hours	M = 3.8889 SD = 1.13183 n = 18	M = 4.0000 SD = 1.02899 n = 18	M = 3.9444 SD = 1.06756 n = 36
	+1 hours	M = 3.9333 SD = 1.03288 n = 15	M = 3.5714 SD = 1.39859 n = 14	M = 3.7586 SD = 1.21465 n = 29
		M = 3.9091 SD = 1.07132 n = 33	M = 3.8125 SD = 1.20315 n = 32	M = 3.8615 SD = 1.13022 N = 65

Appendix A

Disclaimer

Your participation in this survey is in no way required but is greatly appreciated. All responses will be kept confidential, so please refrain from putting your name anywhere on this form. Additionally, please answer everything to the best of your ability so the results may be as accurate as possible. You may at any point choose not to participate, and if you do so choose, please turn the survey in unfinished. Thank you.

Appendix B

Scenarios

Instructions: Read the following scenario and answer the questions related to it.

Scenario 1:

The administration decides to place a child diagnosed with autism in your general education classroom full time. The child behaves appropriately for the first few hours or even days, but soon begins to act up in class at important instructional times or even when moving between activities. The student is very inflexible in behavior and has issues coping with the slightest adjustment in the schedule. The child gets upset by minor changes such as transitioning from reading to math and throws temper tantrums during these transitions. Furthermore, when the student is upset or frustrated, the child starts to avoid eye contact and noticeably wants to be alone. You have also noticed the child has had some communication problems while talking with other children and even when asking you questions.

Scenario 2:

The administration decides to place a child undiagnosed for any disorder in your general education classroom full time. The child behaves appropriately for the first few hours or even days, but soon begins to act up in class at important instructional times or even when moving between activities. The student is very inflexible in behavior and has issues coping with the slightest adjustment in the schedule. The child gets upset by minor changes such as transitioning from reading to math and throws temper tantrums during these transitions. Furthermore, when the student is upset or frustrated, the child starts to avoid eye contact and noticeably wants to be alone. You have also noticed the child has had some communication problems while talking with other children and even when asking you questions.

Appendix C

Scenario Questionnaire

1. How likely is it that this child has autism?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

2. How likely is it that this child has a conduct disorder?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

3. How prepared do you feel to deal with this situation?

- | | | |
|-------------------------|-----------------|------------------------|
| 1. Extremely Unprepared | 2. Not Prepared | 3. Not Really Prepared |
| 4. Somewhat Prepared | 5. Prepared | 6. Extremely Prepared |

4. How prepared do you feel to deal with an autistic child?

- | | | |
|-------------------------|-----------------|------------------------|
| 1. Extremely Unprepared | 2. Not Prepared | 3. Not Really Prepared |
| 4. Somewhat Prepared | 5. Prepared | 6. Extremely Prepared |

5. How prepared do you feel to deal with a child with a conduct disorder?

- | | | |
|-------------------------|-----------------|------------------------|
| 1. Extremely Unprepared | 2. Not Prepared | 3. Not Really Prepared |
| 4. Somewhat Prepared | 5. Prepared | 6. Extremely Prepared |

6. How likely is it that you will seek help to write a behavior intervention plan for this child?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

7. How likely is it that you will write a behavior intervention plan on your own for this child?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

8. How likely is it that you will implement a behavior intervention plan if one exists for this child?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

9. How likely are you to call the child out and correct the child?

- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |

10. How likely are you to write the child up and send the child to the principal's office?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
11. How likely are you to purposely overlook the child and continue teaching?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
12. How likely are you to dismiss the child's behavior and continue teaching?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
13. How likely are you to take away the child's recess or break time?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
14. How likely are you to suggest sending the child to a special education classroom?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
15. How likely is it that the child should be evaluated for an IEP (if the child does not have one)?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
16. How likely are you to suggest moving the child to another teacher's classroom who you feel is more qualified?
- | | | |
|-----------------------|---------------|----------------------|
| 1. Extremely Unlikely | 2. Not Likely | 3. Somewhat Unlikely |
| 4. Somewhat Likely | 5. Likely | 6. Extremely Likely |
17. What do you think is the most appropriate classroom setting for this child?
1. Inclusion Classroom Setting All Day
 2. Inclusion With A Teacher Assistant Present for Part of the Day
 3. Inclusion Classroom Setting for Two Hours a Day
 4. Resource Classroom Setting for Two Hours a Day
 5. Resource Classroom Setting for Half a Day
 6. Resource Classroom Setting All Day

Appendix D

Demographic Questionnaire

Instructions: Please answer the following questions about your personal experiences and opinions to the best of your ability.

1. What is your gender?

1. Male 2. Female

2. What is your age? _____

3. Your educational level:

1. Bachelors 2. Masters 3. Specialist 4. Doctorate

4. What is your degree(s) in? _____

5. What are your licensure teaching endorsements? _____

6. How many years have you been teaching all together? _____

7. How many years have you been teaching in the Senatobia Municipal School District? _____

8. What is the grade level you mainly teach? _____

9. How many hours of training do you have at the university setting in autism? _____

10. How many hours of training do you have in professional development in autism? _____

11. Does your primary content area involve state testing?

1. Yes 2. No

12. I have taught or am currently teaching student(s) with autism.

1. Yes 2. No

13. I have taught or am currently teaching student(s) with an IEP.

1. Yes 2. No

14. My university training has prepared me to effectively teach students who need behavior interventions.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

15. My professional development has prepared me to effectively teach students who need behavior interventions.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

16. I feel supported by my administrators when faced with challenges presented by students with behavioral difficulties in my classroom.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

17. I should only be responsible for teaching students who are not identified as having special needs.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

18. Only teachers with extensive special education training can help an autistic child.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

19. I am adequately prepared through my university training to work with students identified with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

20. I am adequately prepared through professional development to work with students identified with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

21. Teaching students identified with autism is within my job description.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

22. I am adequately trained to manage the behavioral difficulties that may occur with students identified with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

23. I feel intimidated by students identified with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

24. I have adequate time to appropriately modify curriculum or manage time/attention needs of students identified with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

25. Inclusion is beneficial academically to all students with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

26. Inclusion is beneficial socially to all students with autism.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

27. Inclusion of students identified with autism is beneficial to regular education students.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

28. Students identified with autism should be educated in special education classes.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

29. Students identified with autism should have a teacher assistant present with them in general education classes.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

30. Autistic children cannot socialize well enough to profit from contact with regular education children.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

31. A regular education teacher can do a lot to help an autistic child.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |

32. My experiences with students identified with autism have been positive.

- | | | |
|----------------------|-------------|----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Somewhat Disagree |
| 4. Somewhat Agree | 5. Agree | 6. Strongly Agree |